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Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
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Information about Form 990 and its instructions is at [www.irs.gov/foi990](http://www.irs.gov/foi990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 10-01-2015, and ending 09-30-2016**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Sharp Memorial Hospital		<b>D</b> Employer identification number 95-3782169
	Doing business as		<b>E</b> Telephone number (858) 499-5150
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ 1,307,476,740
	8695 Spectrum Center Blvd		
City or town, state or province, country, and ZIP or foreign postal code San Diego, CA 921231489		<b>F</b> Name and address of principal officer Daniel Gross 8695 Spectrum Center Blvd San Diego, CA 921231489	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J</b> Website: <a href="http://www.sharp.com">www.sharp.com</a>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>H(c)</b> Group exemption number	
		<b>L</b> Year of formation 1981	<b>M</b> State of legal domicile CA

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities Sharp Memorial Hospital provides comprehensive medical services to the San Diego community		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 17	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 12	
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a)	<b>5</b> 5,982	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 632	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 1,282,364	
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> -895,733		
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year 4,124,965	Current Year 2,482,995
	<b>9</b> Program service revenue (Part VIII, line 2g)	1,202,868,764	1,205,386,387
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,951,066	14,984,315
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,839,965	1,982,691
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,231,784,760	1,224,836,388
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,310,749	527,341
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	463,789,577	486,690,694
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	496,502,783	494,182,219
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	961,603,109	981,400,254
<b>19</b> Revenue less expenses Subtract line 18 from line 12	270,181,651	243,436,134	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 2,141,283,477	End of Year 2,395,536,073
	<b>21</b> Total liabilities (Part X, line 26)	501,453,530	473,236,310
	<b>22</b> Net assets or fund balances Subtract line 21 from line 20	1,639,829,947	1,922,299,763

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		2017-08-02		
	Kan Cormicelli CFO		Date		
<b>Paid Preparer Use Only</b>	Prnt/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00634378
	Firm's name Ernst & Young US LLP			Firm's EIN 34-6565596	
	Firm's address 4370 La Jolla Village Dr Suite 500			Phone no (858) 535-7200	
	San Diego, CA 92122				

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

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

See Schedule O

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 907,620,212 including grants of \$ 527,341 ) (Revenue \$ 1,205,386,387 )  
See Additional Data

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

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

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 907,620,212

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Answer. Rows include questions 21 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, charitable contributions, and health insurance issuers.

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No responses. Includes questions 1a-1b, 2-9 regarding governing body structure and officer relationships.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a-16b regarding local chapters, conflict of interest, whistleblower, and document retention policies.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
Tim Handgis 8695 Spectrum Center Blvd San Diego, CA 921231489 (858) 499-5150





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>						
	<b>b</b> Membership dues . . . . . <b>1b</b>						
	<b>c</b> Fundraising events . . . . . <b>1c</b>						
	<b>d</b> Related organizations . . . . . <b>1d</b>	2,398,053					
	<b>e</b> Government grants (contributions) <b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	84,942					
	<b>g</b> Noncash contributions included in lines 1a-1f \$	99,412					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶		2,482,995				
<b>Program Service Revenue</b>	<b>2a</b> Patient Services	Business Code 900099	848,919,855	848,919,855			
	<b>b</b> Medicare/Medical	900099	353,288,834	353,288,834			
	<b>c</b> Reference Lab	621500	1,282,364		1,282,364		
	<b>d</b> Medical Office Rent	532000	1,184,475	1,184,475			
	<b>e</b> Contract Pharmacy	446110	276,222	276,222			
	<b>f</b> All other program service revenue		434,637	434,637			
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶		1,205,386,387				
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		17,445,057			17,445,057
<b>4</b> Income from investment of tax-exempt bond proceeds . . ▶							
<b>5</b> Royalties . . . . . ▶							
<b>6a</b> Gross rents		(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)					
		<b>d</b> Net rental income or (loss) . . . . . ▶					
<b>7a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		79,769,642	409,968				
		<b>b</b> Less cost or other basis and sales expenses		82,640,352	0		
		<b>c</b> Gain or (loss)		-2,870,710	409,968		
<b>d</b> Net gain or (loss) . . . . . ▶				-2,460,742		-2,460,742	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>							
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events . . ▶					
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>							
		<b>b</b> Less direct expenses . . . . . <b>b</b>					
		<b>c</b> Net income or (loss) from gaming activities . . . ▶					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>							
	<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
<b>11a</b> Parking	812930	1,000,962			1,000,962		
<b>b</b> SMBHWN Gift Shop	446199	389,353			389,353		
<b>c</b> Cash Discounts	900099	140,788			140,788		
<b>d</b> All other revenue . . . . .		451,588			451,588		
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		1,982,691					
<b>12 Total revenue.</b> See Instructions . . . . . ▶		1,224,836,388	1,204,104,023	1,282,364	16,967,006		

**Part IX Statement of Functional Expenses**

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

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	527,341	527,341		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,643,393	2,130,830	2,512,563	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	384,564,805	374,299,291	10,265,514	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	13,835,449	13,398,398	437,051	
<b>9</b> Other employee benefits . . . . .	55,289,585	53,343,846	1,945,739	
<b>10</b> Payroll taxes . . . . .	28,357,462	27,562,884	794,578	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	23,420,610	22,050,186	1,370,424	
<b>b</b> Legal . . . . .	1,559,443	111,242	1,448,201	
<b>c</b> Accounting . . . . .	9,566,220		9,566,220	
<b>d</b> Lobbying . . . . .	73,181		73,181	
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees . . . . .	651,763		651,763	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	60,507,175	56,859,646	3,647,529	
<b>12</b> Advertising and promotion . . . . .	9,408,539	1,191,719	8,216,820	
<b>13</b> Office expenses . . . . .	35,142,236	31,802,530	3,339,706	
<b>14</b> Information technology . . . . .	42,145,796	37,088,300	5,057,496	
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	13,113,695	10,708,026	2,405,669	
<b>17</b> Travel . . . . .	756,153	717,254	38,899	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	1,081,238	274,839	806,399	
<b>20</b> Interest . . . . .	15,856,929	14,939,199	917,730	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	44,296,871	41,815,659	2,481,212	
<b>23</b> Insurance . . . . .	4,366,569	3,787,027	579,542	
<b>24</b> 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 )				
<b>a</b> Medical Supplies	142,372,688	142,343,316	29,372	
<b>b</b> Medi-Cal Provider Tax	37,995,955	37,995,955	0	
<b>c</b> System Allocation	32,846,586	18,575,380	14,271,206	
<b>d</b> Repairs and Maintenance	15,037,261	14,054,599	982,662	
<b>e</b> All other expenses	3,983,311	2,042,745	1,940,566	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	981,400,254	907,620,212	73,780,042	0
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,505,071	<b>1</b>	4,456,658
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	170,031,446	<b>4</b>	159,430,285
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	18,491,498	<b>8</b>	18,092,673
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,833,063	<b>9</b>	5,004,516
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	806,537,532		
	<b>b</b> Less accumulated depreciation . . . . .	397,566,065	<b>10c</b>	408,971,467
	<b>11</b> Investments—publicly traded securities . . . . .	19,998,193	<b>11</b>	9,845,803
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	1,510,285,187	<b>15</b>	1,789,734,671
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,141,283,477	<b>16</b>	2,395,536,073	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	90,660,995	<b>17</b>	78,439,607
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	4,050,000
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	410,792,535	<b>25</b>	390,746,703
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	501,453,530	<b>26</b>	473,236,310
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	1,639,829,947	<b>27</b>	1,922,299,763
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	1,639,829,947	<b>33</b>	1,922,299,763	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,141,283,477	<b>34</b>	2,395,536,073	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,224,836,388
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	981,400,254
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	243,436,134
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,639,829,947
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	47,120,568
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-8,086,886
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,922,299,763

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3782169

**Name:** Sharp Memorial Hospital

### Form 990, Part III, Line 4a

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**4a** (Code ) (Expenses \$ 907,620,212 including grants of \$ 527,341 ) (Revenue \$ 1,205,386,387 )

The hospital provides inpatient and outpatient healthcare services to the community For fiscal year 2016, patient days totaled 208,939 and outpatient visits totaled 472,059 See Community Benefits Report on Schedule O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Linnea Arrington ..... Director	2 00 .....	X						0	0	0
Manlyn Brown ..... Chair	2 00 .....	X		X				0	0	0
Gary Cady ..... Chair	2 00 .....	X		X				0	0	0
Anna Carrillo MD ..... Director	12 00 .....	X						77,930	0	0
Stephen Cushman ..... Director	2 00 .....	X						0	0	0
Daniel L Gross ..... EVP - Hospital Ops-SHC	10 00 .....	X		X				0	1,254,096	65,360
Gilbert Harrison ..... Director	10 00 .....	X						0	0	0
Frederick G Johnson MD ..... Director	10 00 .....	X						11,500	0	0
Keith Jones ..... Director	2 00 .....	X						0	0	0
James Lyon MD ..... Director	2 00 .....	X						90,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Cary Miller ..... Treasurer	2 00 .....	X		X				0	0	0
Lori Moore ..... Treasurer	2 00 .....	X		X				0	0	0
Chnstopher Morache MD ..... Director	40 00 .....	X						115,407	0	0
Michael W Murphy ..... President/CEO-SHC	6 00 .....	X		X				0	1,679,369	104,766
Maynard Rasmussen MD ..... Director	58 00 .....	X						300	0	0
Sanjoy Sathpathy MD ..... Director	22 00 .....	X						89,086	0	0
David Slagle ..... Director	2 00 .....	X						0	0	0
Mark Trotter ..... Secretary	4 00 .....	X		X				0	0	0
Timothy Watt MD ..... Director	0 00 .....	X						1,300	0	0
Pam Wells ..... VP Patient Care	2 00 .....	X						0	278,566	18,199

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sheryl White ..... Director	2 00 .....	X						0	0	0
Paul Wozniak MD ..... Director	40 00 .....	X						336,000	126,000	0
Ann Pumpian ..... SVP/CFO-SHC	2 00 .....			X				0	890,348	49,708
Carlisle C Lewis III ..... SVP Legal and HR Services-	10 00 .....			X				0	734,929	57,661
Kan Comicelli ..... CFO - SMH	60 00 .....			X				0	286,779	37,213
Janie T Kramer ..... COO - SMH	0 00 .....				X			0	360,275	40,555
Kathleen Lencioni ..... CEO - SMV/Sharp McDonald C	50 00 .....				X			0	553,556	29,217
Tim Smith ..... CEO - SMH	55 00 .....				X			0	750,629	43,304
Mana Columbo ..... CNO - SMBHWN	0 00 .....				X			0	245,206	13,748
John Johnson ..... Pharmacy Director	45 00 .....				X			0	240,393	23,435

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Beverly Self ..... VP Clinical Support	50 00 ..... 0 00				X			0	235,935	18,626
Patncia Khaleghi ..... CEO - SMBHWN	50 00 ..... 0 00				X			0	500,783	41,554
Cheryl Odell ..... CNO - SMV	40 00 ..... 0 00				X			0	243,152	32,008
Anthony Guerra ..... VP Campus Pln & Dvlpmnt	50 00 ..... 0 00					X		0	261,261	29,987
Michael G Plopper ..... Chief Medical Officer	40 00 ..... 0 00					X		0	474,017	34,665
Geoffrey M Stiles MD ..... Chief Medical Officer	45 00 ..... 2 00					X		0	308,327	14,801
Shinsh K Jani ..... Director Medical Physics	50 00 ..... 0 00					X		0	227,535	28,560
Charles Norconk ..... Pharmacist	40 00 ..... 0 00					X		0	224,284	39,754
Kevin Thompson ..... Former CFO	0 00 ..... 40 00						X	0	343,429	33,829
Susan Stone ..... Former Key Employee	0 00 ..... 52 00						X	0	422,260	39,077

**SCHEDULE A  
(Form 990 or 990EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No 1545-0047

**2015**

**Open to Public Inspection**

**Name of the organization**  
Sharp Memorial Hospital

**Employer identification number**  
95-3782169

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants.)						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b> Public support percentage for 2014 Schedule A, Part II, line 14	<b>15</b>	
<b>16a 33 1/3% support test—2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test—2014.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2014.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

**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 organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">▶ <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2015.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 33 1/3% support tests—2014.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**Part VI Supplemental Information.**

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

**Facts And Circumstances Test**

**SCHEDULE C  
(Form 990 or  
990-EZ)**

Department of the  
Treasury  
Internal Revenue  
Service

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

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](http://www.irs.gov/form990).

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).****A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)**B** Check  if the filing organization checked box A and "limited control" provisions apply**Limits on Lobbying Expenditures**  
(The term "expenditures" means amounts paid or incurred.)**(a) Filing organization's totals****(b) Affiliated group totals**

<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns														
	<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

 **Y e s**  **N o****4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	<b>(a)</b> 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	<b>(d)</b> 2015	<b>(e)</b> Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

- 1** During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of
  - a** Volunteers?
  - b** Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?
  - c** Media advertisements?
  - d** Mailings to members, legislators, or the public?
  - e** Publications, or published or broadcast statements?
  - f** Grants to other organizations for lobbying purposes?
  - g** Direct contact with legislators, their staffs, government officials, or a legislative body?
  - h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?
  - i** Other activities?
  - j** Total. Add lines 1c through 1i.
- 2a** Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?
- b** If "Yes," enter the amount of any tax incurred under section 4912
- c** If "Yes," enter the amount of any tax incurred by organization managers under section 4912
- d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

	(a)		(b)
	Yes	No	Amount
		No	
		No	
		No	
		No	
		No	
		No	
		No	
		No	
	Yes		73,181
			73,181
		No	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

- 1** Were substantially all (90% or more) dues received nondeductible by members?
- 2** Did the organization make only in-house lobbying expenditures of \$2,000 or less?
- 3** Did the organization agree to carry over lobbying and political expenditures from the prior year?

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

- 1** Dues, assessments and similar amounts from members
- 2** Section 162(e) nondeductible lobbying and political expenditures (**do not include amounts of political expenses for which the section 527(f) tax was paid**).
  - a** Current year
  - b** Carryover from last year
  - c** Total
- 3** Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues
- 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?
- 5** Taxable amount of lobbying and political expenditures (see instructions)

<b>1</b>	
<b>2a</b>	
<b>2b</b>	
<b>2c</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	

**Part IV Supplemental Information**

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

Return Reference	Explanation
Part II B Lobbying Expenses	Sharp Memorial Hospital (SMH) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level. CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2016, SMH's annual dues calculated to have been used for lobbying purposes was \$73,181.

**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**Name of the organization**  
Sharp Memorial Hospital

**Employer identification number**  
95-3782169

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

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

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

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

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year  
► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

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

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

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

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

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

(continued)

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

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

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

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g balance and expenditures

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

- a Board designated or quasi-endowment 5 000 %, b Permanent endowment 95 000 %, c Temporarily restricted endowment

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

Table for 3a(i) unrelated organizations and 3a(ii) related organizations with Yes/No columns

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)	▶	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)	▶	

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Intercompany receivable	1,786,316,344
(2) Unamortized Financing Costs	2,981,787
(3) Receivable from Foundation designated fund	428,175
(4) Deferred Rent	8,365
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	▶ 1,789,734,671

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
Federal income taxes	
2003 A&B Mark to Market Swap	900,057
Long term pension liability	17,217,317
Allocated Tax Exempt Bonds	369,547,050
Deferred Rent Expense	133,519
Other Deferred Liabilities	121,024
Long Term Workers' Compensation	349,632
Estimated Settlements from Gvmnt Programs	2,478,104
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	▶ 390,746,703

**2. Liability for uncertain tax positions** In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,271,129,261
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	47,120,569	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	104,403	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 47,224,972
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 1,223,904,289
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	651,763	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	280,336	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 932,099
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 1,224,836,388

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	980,852,894
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	104,403	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 104,403
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 980,748,491
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	651,763	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 651,763
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 981,400,254

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 95-3782169

**Name:** Sharp Memorial Hospital

## Supplemental Information

Return Reference	Explanation
Part V, Line 4	Sharp HealthCare Foundation holds 17 board designated and permanent endowments for Sharp Memorial Hospital that are restricted for a variety of purposes, such as emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more

**Supplemental Information**

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

## Supplemental Information

Return Reference	Explanation
Part XI, Line 2d - Other Adjustments	Foundation Donations to Other Organizations/Individuals 104,403

## Supplemental Information

Return Reference	Explanation
Part XI, Line 4b - Other Adjustments	Donated Capital 262,324 Medical Staff/Gift Shop revenue 18,012

## Supplemental Information

Return Reference	Explanation
Part XII, Line 2d - Other Adjustments	Foundation Donations to Other Organizations/Individuals 104,403

**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

## 2015

**Open to Public Inspection**

<b>Name of the organization</b> Sharp Memorial Hospital	<b>Employer identification number</b> 95-3782169
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 50000 0000000000 %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	No
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			7,500,630		7,500,630	0.760 %
<b>b</b> Medicaid (from Worksheet 3, column a)			205,530,579	177,154,223	28,376,356	2.890 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			9,992,662	3,979,792	6,012,870	0.610 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			223,023,871	181,134,015	41,889,856	4.260 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,512,138		1,512,138	0.150 %
<b>f</b> Health professions education (from Worksheet 5)			1,431,402		1,431,402	0.150 %
<b>g</b> Subsidized health services (from Worksheet 6)			31,228,319	18,189,216	13,039,103	1.330 %
<b>h</b> Research (from Worksheet 7)			164,590	164,590		
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			836,515		836,515	0.090 %
<b>j Total.</b> Other Benefits			35,172,964	18,353,806	16,819,158	1.720 %
<b>k Total.</b> Add lines 7d and 7j			258,196,835	199,487,821	58,709,014	5.980 %

**Part II Community Building Activities**

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
<b>1</b> Physical improvements and housing			64,600		64,600	0.010 %
<b>2</b> Economic development						
<b>3</b> Community support			58,116	57,284	832	0 %
<b>4</b> Environmental improvements						
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building						
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development						
<b>9</b> Other						
<b>10 Total</b>			122,716	57,284	65,432	0.010 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
<b>1</b> Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? . . . . .		No
<b>2</b> Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .		
<b>3</b> Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit . . . . .		
<b>4</b> Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

**Section B. Medicare**

<b>5</b> Enter total revenue received from Medicare (including DSH and IME) . . . . .	<b>5</b>	132,796,627
<b>6</b> Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	<b>6</b>	143,780,360
<b>7</b> Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	<b>7</b>	-10,983,733
<b>8</b> Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

<b>9a</b> Did the organization have a written debt collection policy during the tax year? . . . . .	<b>9a</b>	Yes
<b>b</b> If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	<b>9b</b>	Yes

**Part IV Management Companies and Joint Ventures**

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

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

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**4**

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
<b>a</b>	If "Yes" (list url) <u>See Part V, Section C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Sharp Memorial Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Sharp Memorial Hospital

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 2 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
<b>a</b>	If "Yes" (list url) <u>See Part V, Section C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Sharp Mary Birch Hospital for Women

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Sharp Mary Birch Hospital for Women

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why		Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 3 \_\_\_\_\_

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
<b>a</b>	If "Yes" (list url) <u>See Part V, Section C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Sharp Mesa Vista Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b>	Yes
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Sharp Mesa Vista Hospital

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 4

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply) <b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility <b>b</b> <input checked="" type="checkbox"/> Demographics of the community <b>c</b> <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community <b>d</b> <input checked="" type="checkbox"/> How data was obtained <b>e</b> <input checked="" type="checkbox"/> The significant health needs of the community <b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups <b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs <b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests <b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs <b>j</b> <input type="checkbox"/> Other (describe in Section C)			
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 15</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V, Section C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 15</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website?	Yes	
<b>a</b>	If "Yes" (list url) <u>See Part V, Section C</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		No
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Sharp McDonald Center

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
<b>13</b>	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP		
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>500 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b>	Yes
<b>15</b>	Explained the method for applying for financial assistance? . . . . .	<b>15</b>	Yes
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Included measures to publicize the policy within the community served by the hospital facility? . . . . .	<b>16</b>	Yes
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .	<b>17</b>	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>e</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

**Part V Facility Information** (continued)

Sharp McDonald Center

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>d</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
<b>b</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
<b>c</b>	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
<b>d</b>	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
<b>a</b>	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
<b>b</b>	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
<b>c</b>	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . . If "Yes," explain in Section C		No
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . . If "Yes," explain in Section C		No



**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

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

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

**Part VI Supplemental Information**

Provide the following information

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

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

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

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

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

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

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

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

Form and Line Reference	Explanation
Part VI, Line 2	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) over the past 20 years. Sharp hospitals, including those comprising the Sharp Metropolitan Medical Campus (SMMC) - Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), Sharp Memorial Hospital (SMH), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) - base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. In 2016, each of the hospital entities of SMMC conducted a CHNA, examining the health needs of the community members they serve in San Diego County (SDC). In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed distinct CHNAs in 2016. The 2016 CHNA processes and findings for SMH, SMV and SMC (SMMC) are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) 2016 Community Health Needs Assessment process and findings for SDC. This collaborative process was conducted under the auspices of HASD&amp;IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The complete 2016 Community Health Needs Assessments for SMMC's entities (SMH/SMBHWN, SMV and SMC) are available online at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a> or by contacting Sharp HealthCare Community Benefit at <a href="mailto:communitybenefits@sharp.com">communitybenefits@sharp.com</a>. SMMC's hospitals reviewed their 2016 CHNAs and used the assessments to help inform priority needs for members of the communities they serve. In identifying these priorities, the entities also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region. For both SMBHWN and SMH, the community education and support elements of behavioral health care are addressed through the programs and services provided through SMV and SMC, which are the major providers of behavioral health and chemical dependency services in SDC. Relatedly, although additional priority health needs were identified for community members served by SMV and SMC through the 2016 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cancer, cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy Clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. Through further analysis of SMBHWN's community programs and consultation with SMBHWN's community benefit team, SMBHWN's community benefit plan also addresses the following priority health needs for community members served by SMBHWN: Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery; Meeting the needs of new mothers and their families; Health professions education and training, and collaboration with local schools to promote interest in health care careers. Similarly, through analysis of SMH's community programs and consultation with SMH's community relations team, SMH's community benefit plan includes programs and services that address the following health needs for community members served by SMH: General health education and wellness; Prevention of unintentional injuries; Health professions education and training, and collaboration with local schools to promote interest in health care careers; Support during the transition of care for high-risk, underserved and underfunded patients. In alignment with the identified need of mental/behavioral health, the community benefit</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>plan for SMV/SMC details programs that specifically address Mental health and substance abuse education and support for the community Improving behavioral health outcomes for seniors at risk Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY 2016 Community Benefit Plan and Report, available for public viewing/download at <a href="http://www.sharp.com/about/community/benefit-report.cfm">http://www.sharp.com/about/community/benefit-report.cfm</a> In addition, the entities of SMMC Incorporate community priorities and community relations into its strategic plan and develops service line-specific goals (SMBHWN, SMH, SMV/SMC) Estimate an annual budget for community programs and services based on community needs, the prior years' experience and current funding levels (SMBHWN, SMH, SMV/SMC) Consults with representatives from a variety of departments to discuss, plan, and implement community activities (SMH) Hosts a bimonthly committee to discuss, plan, and implement community activities (SMV/SMC) Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants (SMBHWN)</p>

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

Form and Line Reference	Explanation
Part VI, Line 4	<p>The community served by SMMC (SMBHWN, SMH, SMV and SMC) encompasses the entire community of San Diego County (SDC), including all six regions - central, east, north central, north coastal, north inland and south. In SDC in 2015, 96.7 percent of children ages 0 to 11, 94.9 percent of children ages 12 to 17, and 88.9 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP2020) national targets for health insurance coverage. In addition, 15.6 percent of adults ages 18 to 64 did not have a usual source of care and 12.3 percent of these adults had health insurance. Further, 22.5 percent reported fair or poor health outcomes. Further, 45.2 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level (FPL) reported as food insecure.</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>Sharp Memorial Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care. Maintaining a healthy environment is central to the health of our community. By improving environmental health, Sharp HealthCare is helping fulfill its mission to improve the health of the communities it serves. As San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices to reduce the costs of green practices and facilitate implementation of sustainable initiatives. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer car pool parking spaces, designated bike racks, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. In addition, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. Throughout FY 2016, Sharp provided education and training to community members, staff and other health care professionals on emergency and disaster preparedness. This included a standardized, on-scene federal emergency management training for hospital management titled National 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 recent years, global endemic events had the potential to impact public health in the local San Diego community. Sharp continues to partner with community agencies, SDC Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the continued delivery of uninterrupted care to the community in the face of public health threats.</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 22 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2016, Sharp is licensed to operate 2,084 beds and has more than 2,900 Sharp-affiliated physicians and 18,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. With 1,036 licensed beds, SMMC (including SMH, SMBHWN, SMV and SMC) features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego. SMH is also a Magnet hospital for nursing and patient care excellence. SMH received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence. In January 2012, SMH was designated a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centered Hospital in 2015. SMH has been a part of San Diego health care history for more than 50 years. A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, SMBHWN delivers more babies than any other private hospital in California. The largest private freestanding psychiatric hospital in California, SMV is a premier provider of behavioral health services. SMC is SDC's only licensed chemical dependency recovery hospital.</p>

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

Form and Line Reference	Explanation
Part VI, Line 7	<p>Sharp HealthCare prepares an annual Community Benefit Report in accordance with the requirements of California Senate Bill (SB) 697, community benefit legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHDP)) Sharp HealthCare submits an annual Community Benefit Report to the California OSHDP For purposes of the Sharp HealthCare Community Benefit Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women &amp; Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp McDonald Center In addition, consolidated financials for these hospitals are also provided in the FY 2016 Sharp HealthCare Community Benefit Plan and Report under the section entitled Sharp Metropolitan Medical Campus The Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2016 is available online at <a href="http://www.sharp.com/about/community/community-benefits-health-needs">http //www sharp com/about/community/community-benefits-health-needs</a> cfm Additional disclosures No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall A reconciliation of what the organization classifies as Medicare shortfall is as follows Medicare revenue received reported on Parts I and III - \$150,985,843 Medicare allowable costs reported on Parts I and III - \$172,731,833 Shortfall included on Parts I and III - \$(21,745,990) Actual Medicare revenue received - \$149,704,351 Actual Medicare cost - \$186,316,075 Actual Medicare shortfall - \$(36,611,725) Additional Medicare shortfall not on Parts I and III - \$(14,865,735)</p>

**Schedule H (Form 990) 2015**



Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number

95-3782169

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 10
3 Enter total number of other organizations listed in the line 1 table.

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

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

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

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

**Additional Data**

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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Heart Association PO Box 4002030 Des Moines, IA 50340	15-5613797	501(c)(3)	10,000				Luncheon Sponsorship
Alzheimers Association 6632 Convoy Street San Diego, CA 92123	95-3565388	501(c)(3)	17,000				Annual Sponsorship
Fighting Chair Sports 4245 West Overlook Drive San Diego, CA 92115	20-2234519	501(c)(3)	7,000				Rehabilitation Event Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
San Diego Crew Classic 1875 Quivira Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	10,000				Presenting Sponsor For Crew Classic Event
San Diego Family Care 6973 Linda Vista Road San Diego, CA 92104	95-2700856	501(c)(3)	65,000				Donation
California Health Foundation & Trust 1215 K Street Suite 800 San Diego, CA 92111	94-1498697	501(c)(3)	324,780				Medi-Cal program

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Donate Life America 701 East Byrd Street Richmond, VA 23219	54-1626038	501(c)(3)	6,250				Annual Sponsorship
John Brockington Foundation 1835 Fort Stockton Drive San Diego, CA 92123	68-0526419	501(c)(3)	15,000				Fan for Life Gala Sponsorship
Seany Foundation 3530 Camino del Rio North Suite 101 101 San Diego, CA 92108	20-5970939	501(c)(3)	7,500				Family Camp for Cancer Patients

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
USD Robert Woods Johnson Foundation 5998 Alcalá Park San Diego, CA 92110	22-6029397	501(c)(3)	5,001				Scholarship Program

**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**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.**

**2015**  
**Open to Public Inspection**

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

Name of the organization Sharp Memorial Hospital	Employer identification number 95-3782169
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes								
<p><b>2</b> 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?</p>	2	Yes								
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p>										
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	4a	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p>	4c	No								
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>										
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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:</p>										
<p><b>a</b> The organization?</p>	5a	No								
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p><b>6</b> 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:</p>										
<p><b>a</b> The organization?</p>	6a	No								
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p><b>7</b> 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.</p>	7	No								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

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

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

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

**Part III Supplemental Information**

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

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

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Daniel L Gross EVP - Hospital Ops-SHC	(i)	0	0	0	0	0	0	0
	(ii)	958,612	230,318	65,166	49,565	15,795	1,319,456	0
<b>1</b> Michael W Murphy President/CEO-SHC	(i)	0	0	0	0	0	0	0
	(ii)	1,278,042	330,001	71,326	84,109	20,657	1,784,135	0
<b>2</b> Pam WellsVP Patient Care	(i)	0	0	0	0	0	0	0
	(ii)	237,559	37,686	3,321	10,030	8,169	296,765	0
<b>3</b> Paul Wozniak MDDirector	(i)	336,000	0	0	0	0	336,000	0
	(ii)	126,000	0	0	0	0	126,000	0
<b>4</b> Ann PumpianSVP/CFO-SHC	(i)	0	0	0	0	0	0	0
	(ii)	721,938	135,971	32,439	34,068	15,640	940,056	0
<b>5</b> Carlisle C Lewis III SVP Legal and HR Services-	(i)	0	0	0	0	0	0	0
	(ii)	594,116	114,888	25,925	37,509	20,152	792,590	0
<b>6</b> Kan ComicelliCFO - SMH	(i)	0	0	0	0	0	0	0
	(ii)	224,255	43,286	19,238	18,368	18,845	323,992	0
<b>7</b> Janie T KramerCOO - SMH	(i)	0	0	0	0	0	0	0
	(ii)	278,763	47,962	33,550	26,371	14,184	400,830	0
<b>8</b> Kathleen Lencioni CEO - SMV/Sharp McDonald C	(i)	0	0	0	0	0	0	0
	(ii)	414,023	116,831	22,702	16,898	12,319	582,773	0
<b>9</b> Tim SmithCEO - SMH	(i)	0	0	0	0	0	0	0
	(ii)	614,682	110,216	25,731	23,198	20,106	793,933	0
<b>10</b> Mana Columbo CNO - SMBHWN	(i)	0	0	0	0	0	0	0
	(ii)	193,452	41,423	10,331	12,867	881	258,954	0
<b>11</b> John Johnson Pharmacy Director	(i)	0	0	0	0	0	0	0
	(ii)	212,015	28,076	302	15,527	7,908	263,828	0
<b>12</b> Beverly Self VP Clinical Support	(i)	0	0	0	0	0	0	0
	(ii)	195,968	34,585	5,382	0	18,626	254,561	0
<b>13</b> Patricia Khaleghi CEO - SMBHWN	(i)	0	0	0	0	0	0	0
	(ii)	384,453	83,525	32,805	22,215	19,339	542,337	0
<b>14</b> Cheryl OdellCNO - SMV	(i)	0	0	0	0	0	0	0
	(ii)	174,828	41,618	26,706	18,281	13,727	275,160	0
<b>15</b> Anthony Guerra VP Campus Pln & Dvlpmnt	(i)	0	0	0	0	0	0	0
	(ii)	213,535	38,632	9,094	11,282	18,705	291,248	0
<b>16</b> Michael G Plopper Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	352,819	71,456	49,742	25,881	8,784	508,682	0
<b>17</b> Geoffrey M Stiles MD Chief Medical Officer	(i)	0	0	0	0	0	0	0
	(ii)	251,905	36,612	19,810	13,220	1,581	323,128	0
<b>18</b> Shinsh K Jani Director Medical Physics	(i)	0	0	0	0	0	0	0
	(ii)	225,529	603	1,403	14,941	13,619	256,095	0
<b>19</b> Charles Norconk Pharmacist	(i)	0	0	0	0	0	0	0
	(ii)	217,461	553	6,270	21,429	18,325	264,038	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Kevin Thompson Former CFO	(i)	0	0	0	0	0	0	0
	(ii)	266,195	45,727	31,507	20,442	13,387	377,258	0
1 Susan Stone Former Key Employee	(i)	0	0	0	0	0	0	0
	(ii)	342,451	70,352	9,457	19,944	19,133	461,337	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

2015 Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Contributor # 2 from Schedule B	See Part V	451,179	SEE Part V		No
(2)					No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule L, Part IV	Sharp Memorial Hospital purchased equipment and service agreements from Contributor #2 from schedule B, a substantial contributor of Sharp Memorial Hospital

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

**Open to Public Inspection**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**  
▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization  
Sharp Memorial Hospital

Employer identification number  
95-3782169

## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 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 . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Scan Equip )	X	1	84,942	Cost
26 Other ▶ ( Med Equip )	X	1	14,470	Fair market value
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	Number in column (b) represents number of contributions

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

Department of the  
Treasury  
Internal Revenue  
Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2015**

**Open to Public  
Inspection**

Name of the organization  
Sharp Memorial Hospital

**Employer identification number**

95-3782169

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 2	Board of Directors member, Stephen Cushman, has a family relationship with another Board of Directors member, Lori Moore

## 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 Memorial Hospital

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9	Change in minimum pension liability -8,086,886

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, line 4A	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2016 Section 1 An Overview of Sharp HealthCare Sharp team members - both current and those who have come before us - have been making a difference in San 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 I'm proud that we are always striving to make our patients, their families and our community our highest priorities - Michael W Murphy, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 22 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation and urgent care Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP) Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2016, Sharp is licensed to operate 2,084 beds and has more than 2,900 Sharp-affiliated physicians and 18,000 employees</p> <p><b>FOUR ACUTE CARE HOSPITALS</b> Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the South Bay's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation T</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, line 4A	<p>HREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women &amp; New borns (206 license d beds) A freestanding w omen's hospital specializing in obstetrics, gynecology, gynecologi c oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women &amp; New borns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospita l (158 licensed beds) As the largest privately operated psychiatric hospital in San Diego, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services Shar p McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically sup ervised substance abuse recovery center in SDC Offering the most comprehensive hospital-b ased treatment program in San Diego, SMC provides services such as addiction treatment, me dically supervised detoxification and rehabilitation, day treatment, outpatient and inpati ent programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to he rein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy (SRS) are included w thin the not-for-profit public benefit corporation of Sharp, the pare nt organization The operations of SGH are reported under the not-for-profit public benefi t corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are r eported w ithin SGH Mission Statement It is Sharp's mission to improve the health of those it serves w ith a commitment to excellence in all that it does Sharp's goal is to offer q uality care and services that set community standards, exceed patients' expectations and a re provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp w ill attain this positio n by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp w ill be recognized by employees, physicians, pa tients, volunteers and the community as the best place to w ork, the best place to practice medicine and the best place to receive care Sharp w ill be know n as an excellent communit y citizen, embodying an organization of people w orking together to do the right thing ever y day to improve the health and w ell-being of those it serves Values * Integrity - Trustw orthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Ca ring - Compassionate, Communicative, Service Oriented, Dedicated to Teamw ork and Collabora tion, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, C ompetent, Inquiring, Unw avering, Resilient, Transparent, Sound Decision Making * Innovatio n - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, W illing to Accept New Ideas and Change * Excellence - Quality Focused, Compelled by Operati onal and Service Excellence, C</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, line 4A	<p>ost Effective, 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 , physicians and staff Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the people Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be * The best place to work Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe " * The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than half a century</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does In 2014, Sharp HealthCare made an important decision regarding these pillars as part of its continued journey toward excellence Each year, Sharp incorporates cycles of learning into its strategic planning process In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization At the core of HROs are five key concepts o Sensitivity to operations o A reluctance to simplify o Preoccupation with failure o Deference to expertise o Resilience Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better It begins with a culture of safety With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas</p> <p><b>Quality</b> Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations <b>Safety</b> Keep patients, employees and physicians safe and free from harm <b>Service</b> Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence <b>People</b> Create a values-driven culture that attracts, retains and promotes the best and brightest people, who are committed to Sharp's mission and vision <b>Finance</b> Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization <b>Growth</b> Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development <b>Community</b> Be an exemplary community citizen by improving the health and well-being of the community and supporting the stewardship of our environment</p> <p><b>Awards</b> Below please find a selection of recognitions Sharp has received in recent years In 2013, 2014, and 2016 Sharp was recognized as one of the World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading business ethics think tank WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, for:</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, line 4a (Continued)</p>	<p>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 new comer's list Sharp was named "Best Hospital Group" by U-T San Diego readers participating in the paper's 2015 "Best of San Diego" Readers Poll In 2016, Sharp ranked second in the same category, while SMH ranked second for "Best Hospital and SMBHWN and SGH ranked third and fourth Also in 2016, Sharp Community Medical Group (SCMG) and SRS ranked first and third, respectively, as San Diego's "Best Medical Group" In 2016, SMH and SMBHWN were named on The Leapfrog Group's Top 115 Hospitals list recognizing facilities that meet the highest standards of patient safety, care quality and efficiency SGH and SMH have both received MAGNET(r) Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence SMH was redesignated in March 2013 Sharp was named one of the nation's "Most Wired" health care systems from 1999 to 2009, and again from 2012 to 2016 by Hospitals &amp; Health Networks magazine's annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective In 2007 SCHHC became a designated Planetree Patient-Centered Hospital and is the only hospital in the state to be redesignated twice, occurring in both 2010 and 2013 Additionally, SCHHC was named a Planetree-Centered Hospital with Distinction for its leadership and innovation in patient-centered care In 2012, SMH received Planetree Patient-Centered Hospital Designation In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centered Hospital in 2015 In 2014, SCVMC joined SCHHC and SMH in Planetree recognition In 2013, both SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that are awarded ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide (CO2) into the atmosphere SCHHC first earned the ES certification in 2007 and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011, 2013 and 2015 San Diego Gas &amp; Electric (SDG&amp;E) recognized Sharp for outstanding results in energy efficiency and conservation Sharp was named San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation In 2013 and 2015, Sharp was named a "Recycler of the Year" at the City of San Diego Environmental Services Department's annual Waste Reduction and Recycle</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, line 4a (Continued)</p>	<p>g Awards Program for a successful and extensive recycling program SMH and SMBHWN were honored for their comprehensive waste reduction programs in 2013 Sharp was one of five awardees in San Diego to receive a 2016 EMIES Unwasted Food award by the San Diego Food System Alliance for developing best practices for preventing waste, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team The EMIES, Unwasted Food awards celebrate the 20th anniversary of the Bill Emerson Good Samaritan Food Donation Act to encourage the donation of food and grocery products to non-profit organizations for distribution to individuals in need In 2016, Sharp ranked third on San Diego Business Journal's list of Healthiest Companies The Healthiest Companies list honors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families In 2015, Sharp Best Health received the American Heart Association(r) (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community From 2013 to 2016, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence AwardsSM Based on one year of data, this designation recognizes recipients for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality Awarded SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRS, SCMG and Sharp Home Health for Employee Engagement, SMBHWN and the Sharp Senior Health Centers at SMH for Patient Satisfaction, and SCHHC, SMBHWN and SMV for Physician Engagement</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence Award<sup>SM</sup> (formerly named the Beacon of Excellence Award). This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the Press Ganey categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance. In 2013, 2015 and 2016, Press Ganey recognized SMH for patient experience. From 2013 to 2015, SHC was recognized for Employee Engagement. In 2013, SCHC and SMV were recognized for Physician Engagement. SHP was ranked a top 100 U.S. health plan and a top three California health plan based on the National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings 2014-2015, which rated health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results. SHP also received the highest level "Excellent" Accreditation status from the NCQA for the third year in a row (2013-2015). The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures. SHP was also rated highest in California among reporting California Health Plans for Rating of the Health Plan, Rating of Health Care, Rating of Personal Doctor, and Rating of Health Promotion and Education in NCQA's 2015 Quality Compass/CAHPS survey, which provides state, regional and national benchmarks as well as individual plan performance. From 2013 to 2016, Sharp has ranked in the top 10 of the large employers category as one of the "Best Places to Work" for information technology professionals by the International Data Group's (IDG) Computerworld survey. The list is compiled using the following criteria: benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more. SGH received a Women's Choice Award(r) as one of America's Best Hospitals for Cancer Care in 2015, and one of America's Best Hospitals for Obstetrics in 2016. In 2015, SMBHWN received the award as one of America's Best Hospitals for Obstetrics. The Women's Choice Award(r) is a symbol of excellence in customer experience awarded by the collective voice of women. For the third year in a row, and the fourth time in five years, Sharp won the top spot in the Mega Employer category in the San Diego Association of Government's (SANDAG's) iCommute Rideshare 2015 Challenge. The month-long challenge encouraged the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes. Powered by SANDAG and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, line 4a (Continued)</p>	<p>e gas emissions Sharp was named the 2015 Medical Provider of the Year at the International Travel &amp; Health Insurance Journal (ITIJ) Awards. The ITIJ honors companies that have made an outstanding contribution to the global travel and health insurance industry over the past year. Sharp's Global Patient Services program coordinates patient transfers and evacuations for medical emergencies from around the world to a Sharp hospital. Patient Access to Care Programs Uninsured patients without the ability to pay and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care. Sharp provides services to help every unfunded patient receiving care in the ED find opportunities for health coverage through PointCare - a team of health coverage experts whose main product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options. At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire allow Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options. In FY 2016, Sharp helped guide approximately 12,300 self-pay patients through the maze of government health coverage programs while ensuring that each patient's dignity was maintained throughout the process. In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service. In FY 2016, Sharp secured this benefit for approximately 1,990 unfunded patients in the ED. In support of Covered California's annual open enrollment period, 22 members of Sharp's registration staff have become Certified Application Counselors in order to better assist both patients and the general community with navigating the Covered California website (CoveredCA.com) and plan enrollment. In collaboration with San Diego-based CSI Financial Services, Sharp offers a more affordable alternative for patients struggling to resolve their hospital bills through ClearBalance - a specialized loan program for patients facing high medical bills. Through the program, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly installments, preventing unpaid accounts from going to collections. In addition, three Sharp hospitals - SCVMC, SGH and SMH - qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration. Hospital participation in the 340B Drug Pricing Program permits the purchase of out</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>patient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist patient access to medications through the Patient Assistance Team. The Patient Assistance Team helps those in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports or referred through case management, social work, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions resulting from lack of access to medication. The team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. Also in 2016, Sharp supported and provided payment options to high-risk, uninsured and underinsured patients at all Sharp hospitals with an inability to pay their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, Sharp provided patients with education during their hospital stay, and also helped them to understand their health insurance benefits, access care, as well as provided payment options. Public Resource Specialists, new to the Patient Financial Services (PFS) team, also offered support to uninsured and underinsured patients at all Sharp hospitals needing extra guidance on available funding options. The Public Resource Specialists performed field calls (home visits) to patients who left the hospital and required assistance in completing the coverage application process to facilitate coverage.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>New this past year, SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh/SNAP (Supplemental Nutrition Assistance Program) benefits prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2016, SGH's PFS team completed 227 CalFresh applications and 125 patients were granted CalFresh benefits. As a result of the success from this pilot, in February 2017 Sharp's PFS team will expand this program to the remaining acute care hospitals. In summer 2015, a pilot program was launched at SMBHWN to support and provide financial assistance to both insured and unfunded families with Neonatal Intensive Care Units (NICU) babies. This process included meeting with families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight, and evaluating those families for Supplemental Security Income (SSI) eligibility. The program provided assistance for the newborn's costs of care both within and outside of the hospital. Public Resource Specialists have assisted more than 60 families through the process of applying for SSI. In a targeted effort to provide exceptional care for vulnerable populations, since 2013, Sharp has participated in the Community-based Care Transitions Program (CCTP) for Medicare Fee For Service patients. The program began with the San Diego Care Transitions Partnership (SDCTP) under the Health and Human Services Agency, Aging &amp; 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:</p> <ul style="list-style-type: none"> <li>* Improve transition from the inpatient hospital setting to community</li> <li>* Improve quality of care</li> <li>* Reduce readmissions for high risk beneficiaries</li> <li>* Document measurable savings to the Medicare program</li> </ul> <p>CCTP improves transition from hospital to home by providing patients with tools and support that promote knowledge and self-management of their condition. Sharp's Transition coaches functioned as facilitators, coaching patients and their caregivers in order to encourage 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's 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 assistance with transportation and placement, conn</p>

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Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>                         actions to community resources, and financial support for medical equipment and medications SCHHC, SGH and SMH work with the San Diego Rescue Mission (SDRM) to identify homeless patients, or patients who have exhausted other community housing resources, who have a continuing medical need after hospital discharge Once referred to the SDRM's Recuperative Care Unit, patients receive follow-up medical care through Sharp in a safe environment, and may also receive psychiatric care, help scheduling specialty appointments, assistance with CalFresh applications, and connections to community resources including programs that support continued sobriety and residential treatment In addition, a social worker provides referrals for permanent housing and collaborates with St Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego - an effort to increase access to SSI for people who are homeless or at risk of homelessness Sharp is committed to providing free of charge medical records to support a n SSI claim Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs In FY 2016, more than 4,300 student interns dedicated nearly 638,000 hours within the Sharp system Students belonged to a variety of disciplines including nursing, allied health and professional educational programs Sharp provided education and training programs for nursing students (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice) and allied health professions such as rehabilitation therapies (speech, physical and occupational therapy), pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, lab, radiation therapy, surgical technology, paramedic, social work, psychology, business, health information management and public health Students came from local community colleges such as Grossmont College, San Diego City College, San Diego Mesa College (Mesa College) and Southwestern College, local and national university campuses such as Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California, San Diego (UCSD), and University of San Diego (USD), and vocational schools such as Concorde Career College Table 1 presents the total number of students and student hours at each Sharp entity in FY 2016 Table 1 Sharp HealthCare Internships - FY 2016 Sharp Chula Vista Medical Center Nursing 532 Students 39,642 Group Hours 15,681 Precepted Hours Ancillary 144 Students 28,058 Hours Total 676 Students 83,381 Hours Sharp Coronado Hospital and Healthcare Center Nursing 559 Students 86,102 Group Hours 3,958 Precepted Hours Ancillary 73 Students 20,778 Hours Total 632 Students 110,838 Hours Sha                     </p>

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Return Reference	Explanation
<p>Form 990, Part III, line 4a (Continued)</p>	<p>Sharp Grossmont Hospital Nursing 737 Students 64,689 Group Hours 13,004 Precepted Hours Ancillary 218 Students 50,156 Hours Total 955 Students 127,849 Hours Sharp Mary Birch Hospital for Women &amp; Newborns Nursing 183 Students 14,098 Group Hours 4,262 Precepted Hours Ancillary 12 Students 3,420 Hours Total 195 Students 21,780 Hours Sharp Memorial Hospital Nursing 449 Students 26,736 Group Hours 17,845 Precepted Hours Ancillary 277 Students 74,501 Hours Total 726 Students 119,082 Hours Sharp Mesa Vista Hospital Nursing 339 Students 24,802 Group Hours 2,516 Precepted Hours Ancillary 47 Students 34,371 Hours Total 386 Students 61,689 Hours Sharp HospiceCare Nursing 88 Students 920 Precepted Hours Total 88 Students 920 Hours Sharp HealthCare Nursing 451 Students 69,913 Precepted Hours Ancillary 195 Students 42,333 Hours Total 646 Students 112,246 Hours Total Nursing 3,338 Students 256,069 Group Hours 128,099 Precepted Hours Ancillary 966 Students 253,617 Hours Total 4,304 Students 637,785 Hours In addition, Sharp offers a graduate level Clinical Pastoral Education (CPE) program to teach students clinical theories and skills to provide spiritual care to patients and their families. In FY 2016, the program supervised six chaplain residents and eight chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services. Health Sciences High and Middle College Sharp is an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide high school students broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world application of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five career pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRS sites.</p>

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Form 990, Part III, line 4a (Continued)	<p>Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotation, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, and take additional health-related coursework at a community college, including Health 101, Public Health, Psychology and Abnormal Psychology, Nutrition, Intro to Health Professions, and Health and Social Injustice. In FY 2016, approximately 450 HSHMC students - including 280 Level I students and 150 Level II students - were supervised for approximately 57,600 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to nursing, emergency services, obstetrics and gynecology (OB/GYN), occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, rehabilitation, laboratory services, pharmacy, pathology, radiation oncology, radiology, endoscopy, engineering, nutrition, infection control, pulmonary services, and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2016, the HSHMC program graduated 153 students in its sixth full class. Each year, Sharp reviews and evaluates its collaboration with HSHMC, including outcomes of students and graduates, to promote long-term sustainability. Although many HSHMC students face financial hardship - the free and reduced-price meal eligibility rate is higher than the averages for SDC and California - the charter school excels in preparing students for high school graduation, college entrance and a future career. In 2016, 90 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 88 percent of students said they wanted to pursue careers in health care. In addition, HSHMC has a 100 percent graduation rate, which is higher than California's 82.3 percent state average. HSHMC received the 2016 Impact Award from the Classroom for the Future Foundation as the most innovative education program in SDC. Each year, Classroom for the Future Foundation awards education programs across SDC in four categories: innovate, inspire, achieve and impact. HSHMC is also a 2016 U.S. News &amp; World Report Best High Schools bronze award winner. The California Department of Education recognized HSHMC as a 2015 California Gold Ribbon School for it.</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>s outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students HSHMC was also recognized with a 2015 Model Professional Learning Community at Work(tm) Award by Solution Tree for its sustained success in raising student achievement Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is on-going, job-embedded learning for the adults who serve those students HSHMC was one in approximately 200 schools and districts in the U.S. and Canada, and the first school in SDC, to receive this honor In addition, HSHMC is a 2014 National School Safety Advocacy Council award winner Lectures and Continuing Education Sharp contributes to the academic environment of colleges and universities throughout San Diego In FY 2016, Sharp staff provided hundreds of academic hours in lectures, courses and presentations on numerous college and university campuses 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 health care setting at SDSU, advance care planning, Physician Orders for Life-Sustaining Treatment (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 physical therapy students at the University of St. Augustine in San Marcos, grief, loss and bereavement to psychiatric nursing students from CSUSM, and a variety of health administration lectures to public health graduate students at SDSU Sharp's Continuing Medical Education (CME) Department is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education Sharp's CME Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes In FY 2016, Sharp's CME Department invested more than 1,500 hours to numerous CME activities for San Diego health care providers This included conferences on primary care, vascular disease and stroke, melanoma, osteopathic medicine, and advances in OB/GYN, as well as presentations on sepsis, hip arthroscopy, infection prevention and clinical documentation improvement Research Sharp Center for Research Innovation is critical to the future of health care The Sharp Center for Research (Center for Research) supports innovation through its commitment to safe, high quality research initiatives that provide valuable knowledge to the San Diego health care community, and positively impact patients and community member</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>s The Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI) Human Research Protection Program and Institutional Review Board In FY 2016, Sharp was one of eight organizations worldwide to receive accreditation by the Association for the Accreditation of Human Research Protection Programs The accreditation acts as a public affirmation of the HRPP's commitment to following rigorous standards for ethics, quality and protection for human research To date, Sharp is the only health system in SDC to receive this accreditation The Center for Research's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp The HRPP includes three components the organization, the researchers and the IRB The IRB is the largest component of the HRPP and seeks to promote a culture of safety and respect for those participating in research for the greater good of the community All proposed entity research studies with human participants must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct In FY 2016, a dedicated IRB committee of 17 - including physicians, psychologists, research nurses, pharmacists, and non-scientists - devoted hundreds of hours to the review and analysis of both new and ongoing research studies Research is conducted during all phases of drug and device development and spans across the life cycle - from research with newborns to older adults This includes clinical trials that increase scientific knowledge and enable health care providers to assess the safety and effectiveness of a new treatment Sharp participates in approximately 250 clinical trials at any given time, covering many areas of medicine, including mental health, emergency care, infectious disease, newborn care, heart and vascular, neurology, orthopedics and oncology - the latter of which comprises the majority of Sharp's clinical trials</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>The HRPP provides education and support for researchers across Sharp as well as the broader San Diego health and research communities regarding requirements for the protection of human research participants. In addition, as part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout San Diego. Recent presentations have included Investigator Quality Improvement Activities and Assessments, Understanding Research Noncompliance, Serious Noncompliance and Continuing Noncompliance, Research Community Outreach, Understanding Privacy and Confidentiality in Research, and Clinical Trials Coverage Analysis. Outcomes Research Institute (ORI) Sharp's ORI began in 2010 as a pilot initiative funded by the Sharp HealthCare Foundation. The ORI measures the long-term results of care to continue to develop and promote best practices in health care delivery. The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC. The ORI collaborates with Sharp team members to facilitate the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions. The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University. Beginning in September 2016, the ORI expanded its capabilities by adding a full-time post-doctoral clinical psychology fellowship position and a half-time practicum placement for a predoctoral graduate student. Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care. This evolution in practice and care occurs through identifying a care problem, developing a plan to solve it and then incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between Sharp, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UC San Diego Health, VA San Diego Healthcare System (VASDHS), Elizabeth Hospice, PLNU, SDSU, APU and USD. Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom and structured mentorship throughout the program. The EBPI fellows partner with their me</p>

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Form 990, Part III, line 4a (Continued)	<p>ntors and participate in a variety of learning strategies Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel The nine-month program culminated with a community conference and graduation ceremony in November, at which the project results of all EBPI fellows were shared Thirty fellows graduated from the EBPI program in FY 2016, completing projects that address the following issues in clinical practice and patient care creating an acute care-friendly environment for altered mental status and high-risk fall patients, the effects of aromatherapy on anxiety in pediatric post-operative patients, implementing a health literacy protocol, debriefing after resuscitation, and bedside pressure mapping for ulcer prevention Volunteer Service Sharp Lends a Hand In FY 2016, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH) Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC Seventeen projects were selected for FY 2016 San Diego Blood Bank, San Diego Food Bank (Food Bank), the American Diabetes Association (ADA) Tour de Cure, the ADA Step Out Walk to Stop Diabetes, the Ssubi Foundation Greening for Good Project, Special Olympics, Habitat for Humanity, Feeding San Diego (FSD), San Diego Half Marathon, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, I Love a Clean San Diego's Coastal Cleanup and Creek to Bay Cleanup, and the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, Coastal Habitat Restoration and River Kids Discovery Days More than 2,000 Sharp employees, family members and friends volunteered over 6,570 hours in support of these projects With more than 100,000 walkers across 95 cities nationwide, the ADA Step Out Walk to Stop Diabetes is the signature fundraising walk of the ADA In October 2015, nearly 50 SLAH volunteers joined the walk in Point Loma to assist with volunteer check-in, walker registration, T-shirt distribution and the refreshment booth By volunteering their time, SLAH participants helped to ensure that more funds go to ward the ADA's mission to prevent, cure and improve the lives of all people affected by diabetes SLAH volunteers participated in the ADA Tour de Cure 2016 to support the more than 2.4 million San Diegans with diabetes or prediabetes and raise critical funds for diabetes research, education and advocacy in support of the ADA For two days in April, approximately 25 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution and first</p>

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Form 990, Part III, line 4a (Continued)	<p>t aid The Ssubi Foundation's Greening for Good project collects discarded but safe and usable supplies from U.S. hospitals and distributes them to clinics around the world that have little or no medical resources. In November, August and September, nearly 160 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare these materials for shipment. In addition to providing life-saving services to people in underserved countries, the project has protected the environment by keeping more than 400,000 pounds of medical equipment and supplies out of local landfills. In November 2015, approximately 15 SLAH volunteers joined the San Diego Chargers football team at their 37th annual Blood Drive in Mission Valley. The event supported the San Diego Blood Bank during the vital holiday season when people tend to donate less blood. Volunteers specifically included nurses and certified phlebotomists who assisted with blood typing (determining the blood type of an individual). The Special Olympics Southern California - San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities. In December 2015, nearly 20 SLAH volunteers supported the program's basketball competition at Balboa Park Municipal Gym. Volunteers assisted with score-keeping, time-keeping, lunch service and the awards ceremony. In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates two ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase. The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat homes throughout SDC. For one weekend in December, 30 volunteers organized donated items and took inventory of stock for the Mission Valley ReStore retail center.</p>

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Form 990, Part III, line 4a (Continued)	<p>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 August 2016, more than 330 SLAH volunteers inspected, cleaned and sorted donated food, assembled boxes and cleaned the Food Bank warehouse. For two days in March, approximately 140 SLAH volunteers provided registration, gear-check, water stop and finish-line support at the San Diego Half Marathon. This premier race raises money for local community service projects and charitable causes in San Diego, including the Skinny Gene Project, ALS Association Greater San Diego Chapter, Huntington's Disease Society of America, Make-A-Wish Foundation of San Diego, National Foundation of Autism Research, San Diego Police Officers Association, Widows and Orphans Fund, Team Red, White and Blue, Toys for Joy, Sienna's PlayGarden, Mama's Kitchen, Race Guards, and Hole Hearted. In April, SLAH partnered with I Love a Clean San Diego for the 14th annual Creek to Bay Cleanup. Approximately 25 SLAH volunteers participated in this countywide effort to beautify San Diego's beaches, bays, trails, canyons and parks. In September, more than 120 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including San Eljo State Beach, Miramar Lake, Mission Bay, Pacific Beach, Lake Murray, Mast Park, Eastlake and Coronado City Beach. SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-based social services to veterans without a permanent residence. On seven days in June, approximately 150 volunteers sorted and organized clothing donations and set up the event's clothing tent. During the two-day event in July, which served more than 900 veterans, 120 SLAH volunteers worked in the clothing tent to find suitable clothes for the homeless veterans. In addition, approximately 70 clinical volunteers - including Sharp nurses, doctors, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI. Through the organization's award-winning program, They Will Surf Again, paraplegics and quadriplegics can experience mobility through surfing with support from adaptive equipment and volunteers. In September, an estimated 70 SLAH volunteers assisted They Will Surf Again with eve</p>

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Form 990, Part III, line 4a (Continued)	<p>                         nt set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water FSD, part of the Feeding America network, is committed to leading the community in the fight against hunger by efficiently providing access to food and nutritious meals FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region Every week, the organization feeds more than 63,000 children, families and seniors in need On seven days in 2016, approximately 340 SLAH volunteers contributed their time to bag, box and distribute food for FSD Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River Approximately 60 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the San Diego River Garden in Mission Valley in November and the Point Loma Native Plant Garden in December Activities included trail maintenance, watering, pruning and other light gardening projects In January, 30 SLAH volunteers joined the foundation once again for the Coastal Habitat Restoration event in Ocean Beach The team worked to save and restore one of the last remaining coastal dune and wetland habitats in San Diego by removing invasive plants and litter, watering and caring for recent plantings and native plants, and providing trail maintenance In March, more than 40 volunteers participated in the San Diego River Park Foundation's second annual River Kids Discovery Days This free event provided river education and service events to teach more than 1,000 kids and families about protecting the Earth's natural resources Sharp Humanitarian Service Program In FY 2016, the Sharp Humanitarian Service Program funded more than 50 Sharp employees in programs that provided health care or other supportive services to underserved or adversely affected populations in Haiti, Jamaica, Mexico, Paraguay, Peru and other countries throughout the world A Sharp pharmacist participated in two medical missions through the Peruvian American Medical Society (PAMS), an organization dedicated to providing medical and educational missions throughout Peru During a two-week trip to the city of Iquitos through PAMS' Selva in Action project, PAMS specifically provided assistance to villagers living along the Rio Momon in the Amazon Jungle Each day, the mission team served approximately 75 patients in desperate need of medical attention In addition, in June, the team traveled to the city of Tambo in Ayacucho, Peru, where they provided medical examinations and medications for approximately 75 to 100 villagers daily for one week Project Compassion is a San Diego-based medical mission organization that attends to the physical and spiritual needs of individuals throughout                     </p>

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Form 990, Part III, line 4a (Continued)	<p>the world For one week in February, a Sharp Chaplain joined Project Compassion on a mission to Puerto Escondido, Oaxaca in Mexico, along with a team of physicians, pharmacists, nurses, educators and interpreters The team provided oral and medical care, medication, glasses and health education to more than 200 patients In March, a Sharp team member participated in a week-and-a-half long trip to Haiti through the Rock Church Global Outreach program The mission team provided a variety of services for women and children in the community, including a women's conference to strengthen participants' courage and faith, a soup kitchen serving 250 children, outreach to 25 children in an orphanage, and jewelry-making lessons to help women start their own business and create a better life for themselves On a 10-day humanitarian trip to Kingston, Jamaica, a Sharp team member worked with a team to refurbish the Youth for Christ headquarters and care for the community The mission team helped restore the building by constructing a cement wheelchair ramp, replacing the stove, oven, and refrigerator, enhancing the kitchen and serving areas, fixing the water supply system, adding new windows, and painting various areas of the building Additionally, the missionaries sang and provided ministry in alleyways, churches and schools as well as visited nursing homes and a girls orphanage A Sharp speech pathologist also spent 10 days in Jamaica to provide outreach to deaf students and their teachers through Songs for Sound, an organization dedicated to protecting and restoring hearing The team included a deaf education teacher, speech language pathologists, audiologists, nurses and other volunteers who provided hearing aids and speech and language services to approximately 50 deaf children The team also trained six deaf teachers on how to perform speech and language activities for children with hearing aids</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>In July, a Sharp team member joined Su Refugio Ministries - an organization dedicated to caring for orphans and widows - to assist local doctors and dentists in caring for more than one thousand residents of Tobati, Paraguay. During the ten-day mission, the team organized a community health clinic to provide medical, vision, and dental services as well as spiritual care, self-defense training for high school girls, and a social services fair. Since 2009, Experience Camp has provided one-week camps for youth throughout the U.S. who have experienced the death of a parent, sibling or primary caregiver. The program helps build confidence, encourages laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common bond of loss. In FY 2016, a Sharp team member served as a clinician with Experience Camp to help develop programs to meet the emotional needs of the camp's youth and provide support for other volunteer clinicians and cabin counselors. Community Walks: Heart disease is the leading cause of death in the U.S. For the past 20 years, Sharp has proudly supported the AHA annual San Diego Heart &amp; Stroke Walk. In September 2016, approximately 1,040 walkers represented Sharp at the 2016 San Diego Heart &amp; Stroke Walk held at Balboa Park. More than 100 teams representing entities across the Sharp system raised funds for the walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. Teams raised funds through numerous activities, such as auctions, drawings for prizes and a karaoke competition. Sharp was the No. 1 team in San Diego and the No. 2 team in the AHA Western Region Affiliates, raising more than \$207,700. Sharp Volunteers: Volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides many volunteer opportunities for individuals to assist with a wide variety of programs across the Sharp system. Volunteers of all ages and skill level devote their time and compassion to patients as well as the general public and are an essential element to many of Sharp's programs, events and initiatives. Sharp volunteers spend their time within hospitals and out in the community as well as in support of the foundations. On average, more than 1,830 individuals actively volunteered at Sharp each month in FY 2016, contributing a total of approximately 273,000 hours of service to Sharp and its initiatives throughout the year. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's various foundations. More than 17,400 volunteer hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient.</p>

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Form 990, Part III, line 4a (Continued)	<p>and community support Table 2 Sharp Volunteers and Volunteer Hours - FY 2016 Average Active Volunteers per Month Sharp Chula Vista Medical Center 374 Sharp Coronado Hospital and Healthcare Center 70 Sharp Grossmont Hospital 647 Sharp HospiceCare 76 Sharp Metropolitan Medical Campus 632 TOTAL 1,799 Total Volunteer Hours Sharp Chula Vista Medical Center 5,187 Sharp Coronado Hospital and Healthcare Center 9,224 Sharp Grossmont Hospital 111,289 Sharp HospiceCare 11,183 Sharp Metropolitan Medical Campus 81,426 TOTAL 264,999 In support of Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - volunteers supported various events, such as annual golf tournaments and galas In addition, Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers Program requirements vary, however all require high grade point averages and long-term commitments of at least 100 hours Junior volunteers serve in a wide range of roles throughout Sharp They enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests Through volunteering in the gift shops and thrift store, they learn about merchandising, fundraising and retail sales On the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers In FY 2016, more than 515 high school students contributed a total of 57,770 hours to the Junior Volunteer Program This included 62 junior volunteers who provided more than 5,860 hours of service at SMH and SMBHWN, 169 junior volunteers who dedicated nearly 18,000 hours of service at SCVMC, and 285 junior volunteers who contributed nearly 34,000 hours of service at SGH Volunteers on Sharp's various entity boards provide program oversight, administration and decision-making regarding financial resources In FY 2016, nearly 120 volunteers contributed their time to Sharp's boards Sharp employees also donate time as volunteers for the Sharp organization, including service on the Cabrillo Credit Union Sharp Division Board, the Sharp and Children's MRI Board, the Grossmont Imaging LLC Board, and the Sharp and UC San Diego Health's Joint Venture Board, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs This section describes the achievements of various Sharp volunteer programs in FY 2016 Sharp HospiceCare Volunteer Programs Sharp HospiceCare provided various volunteer training opportunities in FY 2016 Hospice volunteers are often working towards a career in the medical field and gain valuable knowledge and experience through volunteering Volunteers dedicate their time to the hospice organization and those they serve, including companionship to those near the end of life, support for</p>

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Form 990, Part III, line 4a (Continued)	<p>families and caregivers, and help with community outreach. Approximately 80 new hospice volunteers were trained in FY 2016. Volunteers completed an extensive 32-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. Thirteen teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2016, through which teens are assigned special projects in Sharp HospiceCare administration, or assigned patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Teen volunteers perform grooming and hygiene tasks, or simple acts of kindness, such as sitting with patients, listening to their stories and holding their hand. In addition, 17 pre-medical students from PLNU, SDSU, UCSD and CSUSM volunteered their time supporting family caregivers in private homes. Sharp HospiceCare provides the 11th Hour Program to ensure that no patient dies alone. Through the program, a Sharp Hospice Care volunteer accompanies patients who are in their final moments and who do not have family members present. The volunteer offers comfort by holding the patient's hand, reading softly to them and simply being by their side. Families who are present with their dying loved one may also prefer the comfort of a volunteer as their loved one passes away. Nearly 40 volunteers were trained through the 11th Hour Program in FY 2016. To expand their volunteers' skills, in FY 2016, Sharp HospiceCare trained 20 volunteers in integrative therapies to promote relaxation and restful sleep, and to enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and comfort hand massage.</p>

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Form 990, Part III, line 4a (Continued)	<p>Sharp HospiceCare volunteers also participate in the organization's partnership with We Honor Veterans (WHV) - a national program developed by the National Hospice and Palliative Care Organization (NHPCO) in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide veteran-centric education and training that qualifies volunteers to identify and work with veteran patients as well as provide weekly support for caregivers of veterans. This includes the Vet-to-Vet Volunteer Program, which aims to pair volunteers with military experience with veteran patients, as well as honoring veteran patients through special pinning ceremonies that present veterans with a WHV pin and certificate of appreciation for their services. In FY 2016, volunteers held nearly 70 pinning ceremonies for veterans receiving care at Sharp HospiceCare. In addition, Sharp HospiceCare continues to offer the Memory Bear Program to support community members who have lost a loved one. Through the program, volunteers create teddy bears out of the garments from those who have passed on. The bears serve as special keepsakes and permanent reminders of the grieving individual's loved one. In FY 2016, volunteers dedicated nearly 3,000 hours to sewing more than 740 bears for approximately 280 families. Recognizing the valuable impact that volunteers have on the experience of its patients, family and caregivers, Sharp HospiceCare offers a monthly support group to enhance the skills of its volunteers. Sharp HospiceCare also honors its volunteers for their valuable contributions during National Volunteer Week in April and National Hospice and Palliative Care Month in November. Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Programs Through the Community Care Partner (CCP) Program at SMH, hospital volunteers are hand-selected and trained to serve and comfort patients without family or friends to support them during their hospital stay. In FY 2016, the CCP volunteers devoted hundreds of hours to comforting patients through conversation, reading, writing letters, taking walks and playing games. In addition, the CCP volunteers helped keep patients safe by notifying medical staff when needs arise - a task that is usually performed by a family member or friend but often overlooked for patients who lack a companion. Since February 2010, the Cushman Wellness Center Community Health Library and the SMH Volunteer Department have offered the Health Information Ambassador Program to bring the library's services directly to patients and their families, and empower them to become involved in their health care. The Health Information Ambassadors are hospital volunteers who receive specialized training through the Community Health Library. Once trained, the volunteers ask patients at SMH, the SMH Rehabilitation Center and the</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>perinatal special care unit at SMBHWN, if they or their family members would like to receive additional resources on their diagnosis. Information requests are brought to the consumer health librarian who then prints consumer-oriented information from quality websites, and returns the information to the patients through the Health Information Ambassadors. Patients or family members who have already conducted their own research are offered online access to a database of reliable health information. Patients and families are welcome to keep in touch with the library after discharge to ensure they have access to quality health information at home. In FY 2016, the Health Information Ambassadors visited approximately 2,000 patient rooms and filled approximately 700 information requests. At SMMC, the Arts for Healing Program uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones. The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and theater - to help improve emotional and spiritual health, and promote a faster recovery. The program also engages visitors and members of the community during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers. At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth. Music therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction, patients receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depression. In FY 2016, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hospital Week in May, Cancer Awareness Week in June, the annual Sharp Women's Health Conference, and Sharp's annual Disaster Preparedness Expo. Additionally, in collaboration with SMMC's social workers and palliative care nurses, Arts for Healing facilitated the donation of more than 220 blankets and quilts to patients receiving end-of-life care at SMH. Seventeen of the blankets were</p>

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Form 990, Part III, line 4a (Continued)	<p>knitted and crocheted by patients at SMV's East County Outpatient Program, an activity that could also reduce anxiety and depression for those crafting and donating the blankets In FY 2016, 38 volunteers, including students from various colleges and universities, facilitated art activities for patients and their loved ones through Arts for Healing Since 2008, more than 83,000 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing team Sharp Employee Volunteer Efforts In FY 2016, Sharp's staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans Below are just a few examples of how Sharp employees served the community this past year The SGH Engineering Department engaged in a variety of volunteer initiatives in FY 2016 The team continued This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting patients and their loved ones Each week, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to visitors of both the hospital and Sharp's hospice homes The team also regularly offers single-stem roses in a small bud vase to passers-by In FY 2016, the team delivered three to five vases of flowers each day to patient rooms, with as many as 10 vases or more during peak flower season and upon additional requests In addition, more than 30 vases of flowers were delivered to new mothers in the hospital on Mother's Day The team also supports the SGH Senior Resource Center and Meals-on-Wheels partnership by providing floral centerpieces for their fundraising events to benefit East County seniors, as well as offers roses for SGH's annual patient remembrance service Now in its sixth year, This Bud's for You has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the experience of visitors to the hospital</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors that appear to need encouragement or cheer. With help from Sodexo - the hospital's food service, housekeeping and engineering vendor - a bouquet is quickly assembled with balloons, ribbon, a teddy bear or Sodexo football and an inspirational quote, and is delivered. In FY 2016, the team assembled up to eight Cheers Bouquets per month, as well as provided more than 40 bouquets to new fathers on Father's Day weekend. For the past six years, the SGH Engineering Department, landscape team, SGH Auxiliary and local businesses have collaborated to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults. In FY 2016, volunteers filled three trucks with donated food and other essential items, including 200 handmade sandwiches, 500 water bottles, clothing, socks, shoes, hygiene kits, pet food, children's toys, towels, blankets and other household items. The SGH landscape team also created the award-winning Heart 2 Heart project through which the team places stone hearts etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon. The Heart 2 Heart project earned the team the 2016 Spirit of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo business units in the U.S. and Canada. As the Gold Level finalist - the company's highest honor - the SGH landscape team demonstrates Sodexo's commitment to clients and customers as the heart of business. For more than 30 years, SGH has provided its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family - who has been vetted and referred by local service agencies - and dedicate personal time to making the holidays the best they can be for each family. Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. Santa's Korner served 28 families - equivalent to 119 individuals - during the 2015 holiday season. In August, SGH nurses held their annual Backpack Drive in collaboration with Christie's Place, a non-profit that supports women, children and families affected by HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), to prepare children and teens for academic success. Nearly 300 backpacks were filled with school supplies and distributed to youth during a back-to-school party in Balboa Park. Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight against hunger.</p>

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Form 990, Part III, line 4a (Continued)	<p>through participation in the International Relief Team's (IRT) FSD's Kids project Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives Through FSD's Kids, nutritious food is provided to children in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse Every week, labor and delivery team members fill backpacks with nonperishable, nutritious food that can feed a family of four over the weekend The backpacks are also filled with weekly nutrition-related prizes to encourage students and families to learn and participate in their own nutrition as well as with occasional holiday-related gifts Since the start of the program in May 2013, the team has dedicated more than 180 weeks of service to filling 4,500 backpacks for approximately 25 elementary school children and their families per school year More than 467,000 people in SDC face the threat of hunger every day Each month, the Food Bank distributes emergency food to approximately 400,000 children and families, active duty military, and fixed income seniors living in poverty For nearly 10 years now, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive During the 2015 holiday season, Sharp demonstrated its commitment to fighting hunger by hosting a food drive to support the Food Bank Through the food drive, team members donated nearly 1,600 pounds of food, which supplied more than 1,300 meals to those in need</p> <p>All Ways Green Initiative As San Diego's largest private employer and leading health care provider, Sharp is committed to improving the health of the environment and therefore the communities it serves Understanding that a healthy environment can influence individual well-being, Sharp helps minimize adverse impacts on the environment by creating healthy green practices for its employees, physicians and patients Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices, reduce the cost of green practices, and facilitate the implementation of sustainable initiatives The All Ways Green(tm) logo was created in 2009 to brand Sharp's environmental activities and communicate sustainability throughout the organization and the San Diego community Sharp's systemwide All Ways Green(tm) committee is charged with identifying, creating and evaluating opportunities and best practices in five distinct areas (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) commuter solutions, and (5) sustainable food practices Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system Established Green Teams at each Sharp entity are responsible for developing new</p>

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Form 990, Part III, line 4a (Continued)	<p>programs that educate and motivate employees to conserve natural resources and reduce, re use and recycle Energy Conservation The U S Department of Energy Information Agency states that hospitals and health care facilities account for more than eight percent of the nation's annual energy consumption and generate nearly eight percent of the country's CO2 emissions Unlike other industries, hospitals must operate 24 hours a day, seven days a week , and provide service during power outages, natural disasters and other emergencies The EPA estimates that 30 percent of the health care sector's current energy use can be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources Sharp has responded by implementing numerous energy conservation initiatives, including the retro-commissioning of heating, ventilation and air conditioning (HVAC) systems, lighting retrofits, pipe insulations, infrastructure control initiatives , occupancy sensor installation, energy audits, elevator modernization, and energy-efficient motor and pump replacements Sharp remains firmly committed to identifying energy conservation opportunities that bring value to the system and the community, as every dollar saved on green practices can support the provision of quality health care and community-based initiatives Sharp's Energy Conservation Guideline helps manage energy utilization practices throughout the system Since 2013, Sharp has successfully decreased energy utilization by one percent (on a per-square-foot basis), resulting in energy cost savings of nearly 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 tons of CO2 each year</p>

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Form 990, Part III, line 4a (Continued)	<p>In 2013, Sharp was the first health care system in San Diego to implement a computer power management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. This software program has been installed on more than 16,000 computers, resulting in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). This initiative earned Sharp a Certificate of Recognition from the EPA in 2013. In July 2015, Sharp implemented TSO Logic software, an innovative system that identifies opportunities for replacing inefficient hardware with energy efficient hardware in Sharp's centralized data center. In addition, the software identifies underutilized hardware, which can be permanently shut down or put to rest during periods of non-utilization. In May 2014, Sharp was named San Diego's HealthCare Energy Champion by SDG&amp;E in recognition of the innovative programs that have been implemented to reduce its carbon footprint. Furthering its dedication to energy efficiency, Sharp participates in SDG&amp;E's Major Customer Advisory Panel, a group of SDG&amp;E's largest customers who meet quarterly to receive energy updates from SDG&amp;E and provide feedback on important regional energy issues. In addition, in June 2016, Sharp joined other major San Diego hospitals in the inaugural San Diego Healthcare Sustainability Collaborative, led by SDG&amp;E. This initiative creates a platform for San Diego health care providers to advance energy conservation practices through best practice-sharing and new technology validation, with a goal of reducing operating costs and improving the health care facility environment for patients and providers. Furthermore, SDG&amp;E staff participate on Sharp's Natural Resource Sub-Committee to help Sharp identify opportunities to conserve energy as well as associated rebates and incentives to reduce the overall costs of these efforts. All Sharp entities participate in the EPA's ES database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrificing comfort or quality. According to the EPA, buildings that qualify for the ES certification typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011, 2013 and 2015, and is expected to receive the award again for 2016. In addition, Sharp's SRS Downtown medical office building is one of the first medical office buildings in San Diego to meet Leadership in Energy and Environmental Design (LEED) silver certification.</p>

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Form 990, Part III, line 4a (Continued)	<p>n specifications In April 2016, SGH virtually eliminated dependency on electrical utility by replacing a 30-year-old cogeneration turbine generator with a new state-of-the-art Central Energy Plant (CEP) The CEP contains a 52-ton, 4.4-megawatt combustion turbine generator, which generates enough electricity to meet up to 95 percent of SGH's electrical needs and reduces greenhouse gases by up to 90 percent The CEP also converts heat to steam for the operation of medical equipment, space heating and air conditioning The new CEP fully complies with state and local standards for air emissions Table 3 below highlights Sharp's energy conservation projects Table 3 Energy Conservation Projects by Sharp HealthCare Entity</p> <p>Establish energy use baseline SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Energy audits - 2016 SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Energy Star participation SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Air handler projects SCHHC - yes SCVMC - no SGH - no Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - yes SRS - no Cogeneration plant SCHHC - no SCVMC - no SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no EVC stations SCHHC - no SCVMC - yes SGH - no Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Energy-efficient kitchen/cafe appliances SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Energy-efficient chillers/ motors SCHHC - yes SCVMC - no SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no HVAC projects SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Light-emitting diode (LED) lighting SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Occupancy sensors SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Water Conservation According to the EPA, hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U.S. On any given day, Sharp uses an average of 650,000 gallons of water Of this, approximately 35 percent is used for domestic purposes such as sinks, toilets and showers, while the remaining 75 percent helps cool Sharp's buildings, sterilize equipment, prepare food and water the landscape Below are some of the numerous infrastructure changes and monitoring efforts Sharp has implemented to reduce its water consumption * Installation of motion-sensing faucets and toilets in public restrooms * Low-flow showerheads and toilets in patient and locker rooms * Mist eliminators, micro-fiber mops and other water-sa</p>

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Form 990, Part III, line 4a (Continued)	<p>                         ving devices * Installation of high-efficiency, low water use dishwashers * Installation of water-efficient chillers * Water monitoring and control systems * Water practice and utilization evaluations * Regular rounding to identify leaks * Installation of low-water sterile processing equipment To comply with mandatory water restrictions issued for California on April 1, 2015, Sharp made significant modifications to its landscape maintenance practices, including adjusting irrigation schedules, properly sizing sprinkler heads, installing water-sensing equipment and drip irrigation systems, xeriscaping, hardscaping, planting succulents and other drought-tolerant plants, and reducing watering times and frequency at all sites Each year Sharp uses over eight million pounds of textiles such as sheets, towels, scrubs and patient gowns Given the significant amount of laundry generated, Sharp selected Emerald Textiles as its environment-friendly laundry and linen provider Emerald Textiles operates a state-of-the-art plant designed to decrease utility consumption and preserve natural resources This includes a reduction of approximately 40 million gallons of water per year (50 percent of total usage) through an advanced water filtration system, savings of more than 71,000 kWh of electricity through energy-efficient lighting, and savings of more than 700,000 therms of gas by using energy-efficient laundry equipment Table 4 below highlights Sharp's water-saving initiatives Table 4 Water Conservation Initiatives by Sharp HealthCare Entity Establish water use baseline SCHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Drip irrigation systems                     </p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Drought-tolerant plants and bark-covered ground SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic low-flow faucets SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Evaluation of water utilization practices SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Faucet and toilet retrofits SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Hardscaping SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Mist eliminators SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Moisture-sensitive sprinkler controls SCHHC - yes SCVMC - no SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Plumbing projects to address water leaks SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Rain water collection for use in fountains SCHHC - no SCVMC - no SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no Water dispensers to replace bottled water SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Water-efficient dishwashing/eq uip washing/ chemical dispensing system SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Waste Minimization According to the Practice Greenhealth Healthier Hospitals Initiative (HHI), hospitals generate an average of 26 pounds of waste per staffed bed each day, approximately 15 percent of this waste is considered hazardous material Sharp has created a comprehensive waste minimization program to significantly reduce waste at each entity and extend the lifespan of local landfills Overseen by a systemwide, multi-disciplinary Waste Minimization Committee, the program includes proper waste segregation and enhanced recycling efforts Sharp was an early adopter in the commitment to waste diversion and now diverts more than 40 percent of waste through recycling, donating, composting, reprocessing, and reusing programs Sharp's waste minimization efforts have resulted in more than 4.7 thousand tons of waste diverted from the land fill (equivalent to the weight of 12 loaded Boeing 747 aircrafts) Sharp made the following achievements in waste minimization in FY 2016 * SCVMC and SGH generated nearly 44,000 pounds of green waste through the implementation of green waste recycling * More than 2.7 million pounds of trash were diverted from the landfill through recycling of non-confidential paper, cardboard, exam tab</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>le paper, plastic, aluminum cans and glass containers * Approximately 75,000 pounds of surgical instruments were collected, reprocessed and sterilized for further use * More than 153,000 pounds of plastic and cardboard were diverted from the landfill through the use of reusable sharps containers * More than 200,000 pounds of surgical blue wrap (recycled at all hospital entities) and disposable privacy curtains (recycled at SCVMC) were diverted from the landfill * Sharp continued to collaborate with Ssubi is Hope, a nonprofit charity organization that collects donated expired (though still safe and usable) medical equipment, to support a health center in rural Uganda Ssubi is Hope has collected more than 25 tons of supplies from Sharp facilities * Sharp continued to participate in Office Depot's GreenerOffice(tm) Delivery Service Through the program, paper bags composed of 40 percent postconsumer recycled material are used in place of small and midsized cardboard boxes The paper bags are then returned to Office Depot for reuse In addition, Office Depot and Sharp have arranged for 30 percent recycled copy paper to be used at all Sharp entities * Sharp donated nearly 113,000 pounds of older computer equipment through the Technology Training Foundation of America, an organization that provides donated computers to schools and nonprofit organizations in underserved communities * Sharp employees and hospital visitors donated approximately 150 pairs of eyewear to people in need, both locally and globally, through the Lion's Club Recycle Sight program As a result of its innovative waste minimization efforts, Sharp received the Recycler of the Year award in 2013 and 2015 through the City of San Diego Environmental Services Department's Waste Reduction and Recycling Awards Program See Table 5 for waste diversion rates, and Table 6 for specific waste minimization efforts, at Sharp in FY 2016 Table 5 Sharp HealthCare Waste Diversion - FY 2016 Sharp Chula Vista Medical Center Recycled Waste Per Year (lbs ) 1,089,472 Total Waste Per Year (lbs ) 3,138,051 Percent Recycled 35% Sharp Coronado Hospital and Healthcare Center Recycled Waste Per Year (lbs ) 273,929 Total Waste Per Year (lbs ) 1,347,238 Percent Recycled 20% Sharp Grossmont Hospital Recycled Waste Per Year (lbs ) 2,263,496 Total Waste Per Year (lbs ) 5,931,577 Percent Recycled 38% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women &amp; Newborns Recycled Waste Per Year (lbs ) 2,539,524 Total Waste Per Year (lbs ) 7,177,426 Percent Recycled 35% Sharp Mesa Vista Hospital Recycled Waste Per Year (lbs ) 437,214 Total Waste Per Year (lbs ) 735,503 Percent Recycled 59% Sharp Rees-Stealy Medical Centers Recycled Waste Per Year (lbs ) 1,360,812 Total Waste Per Year (lbs ) 3,014,080 Percent Recycled 45% Sharp Corporate Sites Recycled Waste Per Year (lbs ) 1,557,524 Total Waste Per Year (lbs ) 2,441,115 Percent Recycled 64% Total Sharp HealthCare Recycled Waste Per Year (lbs ) 9,5</p>

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Form 990, Part III, line 4a (Continued)	21,971 Total Waste Per Year (lbs ) 23,784,990 Percent Recycled 40% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Establish waste diversion baseline SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Single-stream recycling SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Recycled paper SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Blue-wrap recycling SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Composting SCHHC - no SCVMC - yes SGH - no Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Construction debris recycling SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic cafe menus SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Electronic patient bills and paperless payroll SCHHC - yes

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>SCHHC - no SCVMC - no SGH - no Sharp System Services - yes SHP - no SMH/SMBHWN - 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 Recycle bins distribution SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Repurposing of unused medical supplies and equipment SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - yes Reusable sharps containers SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Single serve paper napkins and plastic cutlery dispensers SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - no Surgical instrument reprocessing SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Sustainable Food Practices Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste The goal of Sharp's Food and Nutrition Best Health Committee is to promote its food sustainability efforts throughout the health care system and within the greater San Diego community This includes a focus on Sharp's Mindful food program to provide education and healthy food options to improve the health of Sharp's patients, staff, community and environment The Mindful food program includes reducing meat consumption by promoting Meatless Mondays, increased purchasing of beef and poultry raised without the routine use of antibiotics, color-coded menu labeling to highlight the healthiest food options, participation in Community Supported Agriculture (CSA) - a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm - to increase the percentage of locally sourced fresh, organic and sustainable food, food composting, increased recycling activities, promotion of sugarless beverages, and use of post-consumer recycled packaging solutions Additional food sustainability efforts at Sharp in FY 2016 are described below * In August, Sharp partnered with the SDRM and the Food Bank to begin an innovative food recovery program that donates imperfect, yet still edible and safe, food from its kitchens to nearly two dozen hunger relief organizations in SDC An estima</p>

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Form 990, Part III, line 4a (Continued)	<p>ted average of 1,100 pounds of food will be donated to the community each week through the program Sharp is the first health care system in SDC to donate food to those in need in San Diego on such a wide-scale level * In February, Sharp launched a soup stock program which turns previously unused vegetable scraps into soup stock and saves an average of 174 pounds of food each week * Each month, Sharp's imperfect produce program purchases an average of 700 pounds of surplus fruits and vegetables that are nutrient-rich and full of flavor but would otherwise be thrown away * SCVMC started a food waste composting program through the Otay Landfill, joining SMH and SMV (participants through the Miramar Greenery site since 2015) Through the program, food waste is processed into a rich compost product and is provided to residents at no charge for volumes of up to two cubic yards The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials In total, Sharp's composting efforts have diverted approximately 358,000 pounds of waste from landfills According to the City of San Diego, such waste diversion programs help extend the lifespan of the landfill from 2012 to at least 2022 * Sharp's cooking oil recycling program collected 11,824 pounds of oil for conversion into safe biodiesel oil * SCHHC, SMV and SMH continued to operate the first county-approved hospital-based organic gardens Produce from the gardens is used in meals served at the hospital cafes * Sharp increased purchasing of 100 per cent recycled goods at all sites as well as continued its systemwide recycling campaign * Sharp has implemented self-audit checklists to help kitchen teams be mindful of waste between food preparation and cleanup In recognition of these initiatives, the San Diego Food System Alliance awarded Sharp and Sodexo the inaugural 2016 EMIES Unwasted Food award Named after the Emerson Good Samaritan Food Donation Act, the award was created to encourage food donation to nonprofit organizations by minimizing liability Sharp was among five organizations in SDC to receive the award for demonstrating exemplary practices in waste prevention, food donation, and composting and recycling Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative and facilitated by Community Health Improvement Partners (CHIP) In December 2015, seven SDC hospital representatives experienced a "Mindful Meal" at SCHHC's newly renovated cafeteria to learn how they can implement similar best practice food initiatives at their organizations Sharp participates in the Healthier Food Initiative sponsored by Practice Greenhealth's HHI As a participant, Sharp manages and measures the impact of its food initiatives by</p>

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Form 990, Part III, line 4a (Continued)	<p>(1) reducing the purchase of animal protein, (2) of the animal protein that is purchased, increasing the percentage that is sustainable, and (3) increasing the purchase of locally-grown food. The results of these efforts in FY 2016 are described below:</p> <p>1) Sharp reduced animal protein purchases by more than 150,000 pounds from FY 2015, and by more than 465,000 pounds from FY 2014. This represents an overall reduction in animal protein purchases of 25.5 percent since FY 2014.</p> <p>2) Sharp and Sodexo have made a concerted effort to increase the amount of locally-grown produce in order to support community-based farmers and reduce the time and miles required to receive these products in Sharp's kitchens. Approximately 303,000 pounds of locally-sourced produce were used in Sharp's kitchens in FY 2016, representing an increase of 16,200 pounds of locally-sourced produce compared to FY 2015 (an increase of 5.6 percent). Sharp expects to increase its focus in this area over the next five years as more farmers are identified and certified to provide locally-sourced produce.</p> <p>3) Sharp purchased approximately 102,000 pounds of sustainable animal protein (including beef and cage-free chicken that are grass-fed and antibiotic and hormone free), representing a two percent increase from FY 2015 and a 16.3 percent increase from FY 2014.</p> <p>Commuter Solutions: Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer carpool parking spaces, designated bike racks and lockers, and motorcycle spaces. Employees can also purchase discounted monthly bus passes.</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>As part of the nationwide Electric Vehicle Project, Sharp installed 34 electric vehicle chargers (EVCs) at its corporate office location, SCVMC and SMMC Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil The use of EVCs at Sharp has resulted in a reduction of approximately 20,000 pounds of CO2 and 3,700 gallons of fuel saved during FY 2016 Sharp will continue its efforts to expand EVCs at other entities In its long-standing partnership with SANDAG, Sharp offers SANDAG's iCommute free online ride-matching tool, RideMatcher, to help employees find convenient carpool and vanpool partners and promote sustainable commuting In addition, employees can use iCommute's TripTracker tool to log trips and monitor the cost and carbon savings resulting from their alternate commuting methods In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling, and public transit Sixty-nine organizations in SDC, representing more than 178,000 employees, competed in the challenge in FY 2016 Sharp won the top spot in the Mega Employer category for the third year in a row and for the fourth time in five years Through the challenge, Sharp employees logged more than 8,000 trips, reduced CO2 emissions by approximately 177 tons, and saved more than \$104,000 in commuting costs To further reduce the number of cars on the road, Sharp's Commuter Solutions Subcommittee continuously works to develop innovative accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other alternative modes of transportation The committee has overseen the implementation of bike racks and designated car pool spots, as well as a Bicycle Commuter Benefit, which provides employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage Sharp participates in SANDAG's Bike to Work Day each year In May 2016, Sharp employees were among nearly 10,000 San Diegans who opted to ride their bike to work During the event, Sharp provided food and beverages at several pit stops located throughout SDC Furthering Sharp's commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for nearly 500 employees who are able to efficiently and effectively telecommute to work These employees work in areas that do not require an onsite presence, such as information technology support, transcription, and human resources Sharp also provides compressed work schedule options to eligible full-time employees enabling them to complete the basic eighty-hour biweekly work requirement in less than ten</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>workdays, thus reducing commute costs, lowering parking demand, and helping the environment Sharp's ongoing efforts to promote alternative commute choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award winner consistently between 2001 and 2010, and again from 2013 through 2016 Education, Communication and Community Outreach Sharp conducted the following environmental community education and outreach activities in FY 2016 * Sharp shared e-newsletters with employees throughout the year to highlight the organization's recycling efforts and accomplishments, as well as to provide reminders for proper workplace recycling, carpooling, and energy and water conservation * In April 2016, Sharp held its annual systemwide All Ways Green(tm) Earth Week celebration, including Earth Fairs at each Sharp hospital and system office During the fairs, employees learned how to help preserve the planet and its precious resources Many of Sharp's key vendor partners participated in the fairs to help raise awareness of various green initiatives at Sharp * Sharp continued to participate in SDG&amp;E's Major Customer Advisory panel and Health Care Collaborative to provide input and education relating to energy reliability, fees and cost structure and their impacts on the health care environment * In partnership with the County, Sharp hosted a complimentary community workshop on pharmaceutical waste management to educate medical providers, pharmacy and hospital personnel, and other participants about safe and proper pharmaceutical waste disposal, including pharmaceutical waste liability, regulatory compliance and cost-effective disposal strategies * Sharp provided confidential paper shredding through Shred-it(r), a secure paper shredding and document destruction service, at Sharp's annual Disaster expo * Sharp's corporate office location served as a drop-off location during National Drug Take Back Day, a day dedicated to curbing prescription drug theft and abuse by providing safe, convenient and responsible methods of drug disposal * Sharp continued to participate in San Diego's Gathering of Green Teams with other San Diego business leaders to identify and discuss sustainable best practices that can be replicated across industries * Sharp continued to participate in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC * SCVMC is a member of the City of Chula Vista's CLEAN Business Program, demonstrating its commitment to reducing energy use, water use and waste, and purchasing more sustainable products Table 7 highlights Sharp's education and outreach to staff and the community Table 7 Environmental Community Education and Outreach by Sharp HealthCare Entity America Recycles Day SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Bike to Work Day SCHHC - yes SCVMC - yes SGH - yes Sharp Sys</p>

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Form 990, Part III, line 4a (Continued)	<p>tem Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Earth Week activities SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Environmental policy SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Green Team SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes No smoking policy SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Organic farmer's market SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no Organic gardens SCHHC - yes SCVMC - no SGH - no Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no Recycling education SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Rise share promotion SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Success Measurement All Ways Green utilizes a Sustainability Report Card to evaluate the annual benchmarks of each of its sustainability efforts against a baseline measurement Entry Green Teams use the Report Card to communicate strategic sustainability initiatives, monitor results and gain input from staff in order to understand and mitigate barriers and establish more effective sustainability practices In FY 2016, Sharp met over 90 percent of its sustainability goals All Ways Green( tm) remains committed to establishing sustainable and healthy practices that minimize Sharp's impact on the environment and promote the health of patients, employees, physicians, and the broader community Emergency and Disaster Preparedness</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>Sharp contributes to the health and safety 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 health professionals and partnered with numerous state and local organizations to prepare for an emergency or disaster. Sharp's emergency preparedness team offered educational courses to health care providers and first responders throughout SDC. This included a standardized, on-scene federal emergency management training for hospital management titled National 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 preparedness 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 Disaster Council, County of San Diego Emergency Medical Care Committee (EMCC) and the California 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 addition, Sharp's emergency preparedness leadership continued to participate in the Statewide Medical and Health Exercise Program - a work group of representatives from local, regional and state agencies including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - to guide local emergency planners in developing, planning and conducting emergency responses. Through participation in the U.S. Department of Health &amp; Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Hospital, Alvarado Hospital, Paradise Valley Hospital, UC San Diego Health, Palomar Health, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, Marine Corps Air Station Miramar Fire Department and Fresenius Medical Centers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. Sharp supports safety efforts.</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>orts of California and the City of San Diego through maintenance and storage of a county d econtamination trailer at SGH to be used in response to a mass decontamination event Additionally, all Sharp hospitals are prepared for an emergency w ith backup w ater supplies tha t last up to 96 hours in the event the system's normal w ater supply is interrupted In Sep tember, Sharp hosted its fifth Annual Disaster Preparedness Expo to educate San Diego resi dents on effective disaster preparedness and response in the event of an earthquake, fire, pow er outage or other emergency Held at Balboa Park, the free event provided approximate ly 500 community members w ith a variety of disaster exhibitors, demonstrations and display s, as w ell as education on personal and family disaster planning, and confidential documen t shredding from Shred-it In recent years, global endemic events had the potential to im pact public health in the local San Diego community Sharp continues to partner w ith commu nity agencies, SDC Public Health Services and first responders to develop protocols, provi de joint trainings, and establish safe treatment methods and locations This allow s for th e continued delivery of uninterrupted care to the community in the face of public health t hreats Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community Since 2010, the Sharp Best Health employee w ellness program has created w ellness initiatives to improve the overall health, happiness and productivity of Sharp's w orkforce Sharp Best Health encourages team members to incorporate healthy habits into their lifestyles and supports them on their jo urney to attain their personal health goals Each Sharp hospital as w ell as SRS has a dedi cated Best Health committee that w orks to promote w ellness at their individual w ork site Team members are encouraged to participate in on-site fitness classes, meditation w orkshop s, micro-stretch breaks, and relaxation and stress management w orkshops In addition, Shar p Best Health offers w eb-based resources to help team members stay fit and healthy, includ ing interactive blogging, recipes, as w ell as education on biometric screenings, health ri sk assessments, mindfulness, healthy eating and active lifestyle development Since 2013, Sharp Best Health has offered annual employee health screenings to raise aw areness of impo rtant biometric health measures and help team members learn how to reduce their risk of re lated health issues In FY 2016, more than 10,000 employees received health screenings for blood pressure, cholesterol, Body Mass Index (BMI), blood sugar and tobacco use Sharp Be st Health hosted a variety of w ellness programs and events in FY 2016 for its employees, f amily and friends, including w alking and hiking clubs The w alking clubs varied by locatio n w ith either structured meeting points or various small w alking groups, and 15 systemw ide hikes served more than 250 at</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>tendees over the past year. In February, Sharp's Best Health committees collaborated to host the 2nd annual 5K the Sharp Way Fun Family Walk/Run at Tidelands Park in Coronado, engaging approximately 300 employees and their families. Sharp Best Health also participated in community health events throughout the year, including the American Cancer Society (ACS) Great American Smoke Out, National Nutrition Month, National Fresh Fruits &amp; Vegetables Month, the ADA Tour de Cure bike ride and National Walking Day. Throughout 2016, Sharp continued its systemwide Mindful healthy food initiative in partnership with Sodexo. With the Mindful program, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff. In collaboration with Sodexo and Specialty Produce - a local produce wholesale distributor - Sharp Best Health offered the Green Grocers Delivered to You program at six Sharp work sites in FY 2016. Through the program, employees can order seasonally available, locally-grown and organic produce online and have it delivered to their workplace twice a month for a low cost. The program provides a convenient method for employees and their families to incorporate more fruits and vegetables into their diet, while the purchase of locally-grown produce helps support local farmers and is considered a CSA service. Sharp Best Health's free nutrition education programs help support employees and their family members with developing healthier eating habits. In FY 2016, programs included classroom-style workshops with cooking demonstrations led by registered dietitians (RDs), and four grocery store tours facilitated by an RD to help participants understand nutrition labels and make healthier food choices. Sharp Best Health also hosted recipe-sharing and tasting events for employees, as well as provided healthy food options at system events.</p> <p>Section 2 Executive Summary This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year (FY) 2016 (October 1, 2015, through September 30, 2016). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill (SB) 697, for the following entities:</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women &amp; Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For details on Sharp's CHNA process please see Section 3 Community Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2016 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report * Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education and support for the community Highlights of Community Benefit Provided by Sharp in FY 2016 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2016 * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the U.S. Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs This also included financial support for on-site workers to process Medi-Cal eligibility forms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Project CARE, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>San Diego Food Bank (Food Bank), and Feeding San Diego (FSD), financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community, as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns, and time devoted to generalizable health-related research projects that were made available to the broader health care community Economic Value of Community Benefit Provided in FY 2016 In FY 2016, Sharp provided a total of \$319,497,417 in community benefit programs and services that were unreimbursed Table 8 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697 In FY 2015 the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016 This resulted in an increased reimbursement of \$164.2 million and an assessment of a quality assurance fee and pledge totaling \$103.1 million in FY 2016 The net impact of the program totaling \$61.1 million reduced the amount of unreimbursed medical care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2016 understate the true unreimbursed medical care services performed for the past fiscal year Table 8 Sharp HealthCare Total Community Benefit - FY 2016 Note The table shows estimated FY 2016 unreimbursed costs and the data is presented by SB 697 category and by programs and services included in SB 697 Category Medical Care Services Shortfall in Medi-Cal - \$79,239,017 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to their</p>

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Form 990, Part III, line 4a (Continued)	<p>d parties related to the specific population Shortfall in Medicare - \$192,175,656 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$6,332,460 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in CHAMPVA /TRICARE - \$6,642,585 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Charity Care - \$18,989,615 Note Charity care reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$196,523 Note Bad debt reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$2,702,467 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$2,062,814</p>

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Form 990, Part III, line 4a (Continued)	<p>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 services Unreimbursed costs were estimated by each department responsible for providing the program or service Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$5,019,420 Note Unreimbursed costs may include an hourly rate for labor and benefits 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 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 Table 9 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2016 Estimated FY 2016 Unreimbursed Costs Sharp Chula Vista Medical Center - \$60,805,123 Sharp Coronado Hospital and Healthcare Center - \$13,791,050 Sharp Grossmont Hospital - \$98,464,086 Sharp Mary Birch Hospital for Women &amp; Newborns - \$6,128,274 Sharp Memorial Hospital - \$125,218, 185 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$15,015,699 Sharp Health Plan - \$75,000 TOTAL FOR ALL ENTITIES - \$319,497,417 Table 10 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2016, see tables presented in Sections 4 through 7 Table 10 FY 2016 Detailed Economic Value of SB Bill 697 Categories Note Table shows Estimated FY 2016 Unreimbursed Costs and is presented by Sharp HealthCare entity and by SB 697 category Economic value is based on unreimbursed costs Sharp Chula Vista Medical Center Medical Care Services - \$59,362,219 Other Benefits for Vulnerable Populations - \$318,613 Other Benefits for the Broader Community - \$248,531 Health Research, Education and Training Programs - \$875,760 Total Estimated FY 2016 Unreimbursed Costs - \$60,805,123 Sharp Coronado Hospital and Healthcare Center Medical Care Services - \$13,346,669 Other Benefits for Vulnerable Populations - \$32,822 Other Benefits for the Broader Community - \$64,013 Health Research, Education and Training Programs - \$347,546 Total Estimated FY 2016 Unreimbursed Costs - \$13,791,050 Sharp Grossmont Hospital Medical Care Services - \$95,687,226 Other Benefits for Vulnerable Populations - \$850,000 Other Benefits for the Broader Community - \$627,388 Health Research, Education and Training Programs - \$1,299,472 Total Estimated FY 2016 Unreimbursed Costs - \$98,464,086 Sharp Mary Birch Hospital for Women &amp; Newborns Medical Care Services - \$5,455,562 Other Benefits for</p>

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Form 990, Part III, line 4a (Continued)	<p>                         Vulnerable Populations - \$51,104 Other Benefits for the Broader Community - \$300,746 Health Research, Education and Training Programs - \$320,862 Total Estimated FY 2016 Unreimbursed Costs - \$6,128,274 Sharp Memorial Hospital Medical Care Services - \$122,118,736 Other Benefits for Vulnerable Populations - \$828,317 Other Benefits for the Broader Community - \$ 549,428 Health Research, Education and Training Programs - \$1,721,704 Total Estimated FY 2016 Unreimbursed Costs - \$125,218,185 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$13,742,304 Other Benefits for Vulnerable Populations - \$608,878 Other Benefits for the Broader Community - \$213,934 Health Research, Education and Training Programs - \$450,583 Total Estimated FY 2016 Unreimbursed Costs - \$15,015,699 Sharp Health Plan Medical Care Services - \$- Other Benefits for Vulnerable Populations - \$12,733 Other Benefits for the Broader Community - \$58,774 Health Research, Education and Training Programs - \$3,493 Total Estimated FY 2016 Unreimbursed Costs - \$75,000 ALL ENTITIES Medical Care Services - \$309,712,716 Other Benefits for Vulnerable Populations - \$2,702,467 Other Benefits for the Broader Community - \$2,062,814 Health Research, Education and Training Programs - \$5,019,420 Total Estimated FY 2016 Unreimbursed Costs - \$319,497,417                     </p> <p>                         Section 3 Community Benefit Planning Process An exceptional community citizen listens to their community's needs, barriers to service and vision of their future and helps them translate that into a reality through advocacy, outreach and action - Lisa Mills, Business Development Specialist, Sharp Mesa Vista Hospital For the past 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC) In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013 This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerab                     </p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>le populations Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) and in contract with the Institute for Public Health ( IPH) at San Diego State University (SDSU) The process and findings of the collaborative HASD&amp;IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs The complete HASD&amp;IC 2016 CHNA is available for public viewing and download at <a href="http://www.hasdic.org">http://www.hasdic.org</a> To develop its individual hospital CHNAs, Sharp analyzed hospital -specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) As such, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities The 2016 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for community members facing inequities This section describes the general methodology employed for Sharp HealthCare's 2016 CHNAs CHNA Committee The HASD&amp;IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California, San Diego Health CHNA Objectives In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&amp;IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process Top 15 health needs based on 2013 initial quantitative analysis included</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Acute Respiratory Infections * Asthma * Back Pain * Breast Cancer * Cardiovascular Disease * Colorectal Cancer * Dementia and Alzheimer's * Diabetes (Type 2) * High Risk Pregnancy * Lung Cancer * Mental Health/Mental Illness * Obesity * Prostate Cancer * Skin Cancer * Unintentional Injuries Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&amp;IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included:</p> <ul style="list-style-type: none"> <li>* Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients.</li> <li>* Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being.</li> <li>* Identify currently available community resources that support identified health conditions and health challenges.</li> <li>* Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community.</li> </ul> <p>Study Area Defined For the purposes of the collaborative HASD&amp;IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&amp;IC 2016 CHNA report at <a href="http://hasdic.org">http://hasdic.org</a>. As the study area for both the collaborative HASD&amp;IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&amp;IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/ findings, and as such, are described as applicable throughout Sharp's CHNAs. For complete details on the HASD&amp;IC 2016 CHNA process, please visit the HASD&amp;IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&amp;IC at <a href="mailto:lwade@hasdic.org">lwade@hasdic.org</a>. For the collaborative HASD&amp;IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&amp;IC 2013 CHNA. Quantitative data for both the HASD&amp;IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and amb</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ulatory care encounters to understand the hospital patient population Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC Additional variables analyzed in the 2016 CHNA processes are included in Table 11 below, variables were analyzed at the ZIP code level wherever possible Table 11 Data Variables in the HASD&amp;IC and Sharp 2016 CHNAs * Hospital Utilization Inpatient discharges, ED and ambulatory care encounters * Community Clinic Visits * Demographic Data (socio-economic indicators) * Mortality and Morbidity Data * Regional Program Data (childhood obesity trends and community resource referral patterns) * Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse) Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SDOH and potential system and policy changes that may positively impact them In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted The number and type of community engagement activities conducted as part of the collaborative HASD&amp;IC 2016 CHNA, including 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&amp;IC 2016 CHNA Community Engagement Activities * 3 Behavioral Health Discussions * 19 Key Informant Interviews * 87 Community Partner Discussion Participants * 91 HHS Regional Live Well Surveys * 235 Health Access &amp; Navigation Surveys In addition, Sharp contracted with IPH to collect additional community input through three primary methods facilitated discussions, key informant interviews, and the Health Access and Navigation Survey with patients and community members This input focused on behavioral health, cancer, cardiovascular health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members In addition, Sharp conducted specific outreach to community promoters, and members of Sharp's Patient Family Advisory Councils - community members who are also current or former Sharp providers and nearly 150 Sharp patients or community members were reached through these engagement efforts Findings The collaborative HASD&amp;IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria 1 Magnitude or Prevalence 2 Severity 3 Health Disparities 4 Trends 5 Community Concern Using these criteria, IPH created a summary matrix fo</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>r review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in SDC. In addition, cardiovascular disease, Type 2 diabetes, and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. As the HASD&amp;IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes, and obesity). In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community. In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs. Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&amp;IC's and Sharp's CHNAs. The importance of these SDOH was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these SDOH. The health needs and SDOH identified in the 2016 CHNA process will not be resolved with a quick fix. Rather, they will require time, persistence, collaboration and innovation. The entire Sharp system is committed to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans. Programs designed to address the needs identified in Sharp's 2016 CHNA are detailed in Sharp's FY 2017 - FY 2020 implementation plans, which are publicly available online at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm. The findings of Sharp's 2016 CHNAs help inform the programs and services provided to improve the health of its community members and are a critical component of Sharp's community benefit report process, outlined below.</p> <p>Steps Completed to Prepare Sharp's Community Benefit Report</p> <p>On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Report:</p> <ul style="list-style-type: none"> <li>* Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community.</li> </ul>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs * Reports on activities conducted in the prior fiscal year - FY 2016 Report of Activities * Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2017 Plan * Reports and categorizes the economic value of community benefit provided in FY 2016, according to the framework specifically identified in SB 697 * Reviews and approves a Community Benefit Plan * Distributes the Community Benefit Plan and Report to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year * Implement community benefit activities identified for the upcoming fiscal year Ongoing Commitment to Collaboration Underscoring Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association (CHA), HASD&amp;IC, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and Community Health Improvement Partners Section 4 Sharp Metropolitan Medical Campus The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women &amp; Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center FY 2016 Community Benefit Program Highlights SMMC provided a total of \$146,362,158 in community benefit in FY 2016 See Table 27 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 27 Economic Value of Community Benefit Provided - Sharp Metropolitan Medical Campus - FY 2016 Note The table shows estimated FY 2016 unreimbursed costs and the data is presented by SB 697 category and by programs and services included in SB 697 Category Medical Care Services Shortfall in Medi-Cal - \$30,757,181 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in Medicare - \$89,130,221 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to thi</p>

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Form 990, Part III, line 4a (Continued)	<p>rd parties related to the specific population Shortfall in San Diego County Indigent Medi cal Services - \$5,986,318 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, w hich 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 relate d to the specific population Shortfall in CHAMPVA/TRICARE - \$4,224,818 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-c harge ratios, w hich are derived from the cost accounting system, offset by the actual paym ents received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Charity Care - \$7,635,912 Note Charity care reflects the unreimbursed costs of providing services to pa tients w ithout the ability to pay for services at the time the services w ere rendered Bad Debt - \$3,582,152 Note Bad debt reflects the unreimbursed costs of providing services to patients w ithout the ability to pay for services at the time the services w ere rendered Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$1,488,299 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting r evenue (such as fees, grants or external donations) is deducted from the costs of providin g services Unreimbursed costs w ere estimated by each department responsible for providing the program or service Other Benefits for the Broader Community Health education and in formation, support groups, health fairs, meeting room space, donations of time to communit y organizations and cost of fundraising for community events - \$1,064,108 Note Unreimburs ed costs may include an hourly rate for labor and benefits plus costs for supplies, materi als and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs w ere esti mated by each department responsible for providing the program or service Health Research , Education and Training Programs Education and training programs for students, interns an d health care professionals - \$2,493,149 Note Unreimbursed costs may include an hourly ra te 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 services Unreimbursed costs w ere estimated by each department responsi ble for providing the program or service TOTAL - \$146,362,158 Section 5 Sharp Mary Birch Hospital for Women &amp; New borns FY 2016 Community Benefit Program Highlights Sharp Mary Birc h Hospital for Women &amp; New born</p>

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Form 990, Part III, line 4a (Continued)	<p>s (SMBHWN) provided a total of \$6,128,274 in community benefit in FY 2016. See Table 28 for a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 28 Economic Value of Community Benefit Provided - Sharp Mary Birch Hospital for Women &amp; Newborns - FY 2016 Note: The table shows estimated FY 2016 unreimbursed costs and the data is presented by SB 697 category and by programs and services included in SB 697 Category Medical Care Services. Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in Medi-Cal - \$1,762,264 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in Medicare - \$1,082,229 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in CHAMPVA/TRICARE - \$1,470,109 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Charity Care - \$917,270 Note: Charity care reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered. Bad Debt - \$223,690 Note: Bad debt reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.</p>

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Form 990, Part III, line 4a (Continued)	<p>Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$51,104 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service</p> <p>Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$300,746 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service</p> <p>Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$320,862 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service</p> <p>TOTAL - \$6,128,274 Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who were unable to pay for services, unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms In FY 2015 the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016 This resulted in an increased reimbursement of \$13.2 million to SMBHWN 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 * Other Benefits for Vulnerable Populations included financial assistance for van transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans, Feeding San Diego, the San Diego Food Bank, Ssubi is Hope, the Sharp Humanitarian Service Program and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of topics, support groups, participation in community health fairs and events, collaboration with local schools to promote interest in health care careers and do</p>

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Form 990, Part III, line 4a (Continued)	<p>nation of meeting-room space to community groups SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), the American Cancer Society (ACS), the Council of Women's and Infants' Specialty Hospitals (CWISH), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Southern California Association of Neonatal Nurses (SCANN), Perinatal Social Work Cluster, Regional Perinatal System (RPS), Sigma Theta Tau International Honor Society of Nursing, Association of California Nurse Leaders (ACNL) and the National Institute for Children's Health Quality (NICHQ) Best Fed Beginnings Learning Collaborative See Appendix A for a listing of Sharp's involvement in community organizations in FY 2016 The category also included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration *</p> <p>Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community Definition of Community SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123 As a specialty hospital, SMBHWN serves the entire county of San Diego, however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and the north inland communities surrounding Rancho Bernardo For Sharp Memorial Hospital's (SMH's) 2016 Community Health Needs Assessment (CHNA) process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within San Diego County (SDC) The CNI identifies the severity of health disparity for every ZIP code in the United States of America (USA) based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to the CNI, communities served by SMBHWN with especially high need include, but are not limited to, Southeast San Diego, East San Diego, City Heights, North Park and National City Description of Community Health in SDC in 2015, 96.7 percent of children ages 0 to 11, 94.9 percent of children ages 12 to 17, and 88.9 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP2020) national targets for health insurance coverage See Table 29 for a summary of key indicators of access to care and Table 30 for data regarding Medi-Cal eligibility In SDC in 2015, 15.6 percent of adults ages 18 to 64 did not have a usual source of care and 12.3 percent of these adults had health insurance</p>

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Form 990, Part III, line 4a (Continued)	<p>In addition 22.5 percent reported fair or poor health outcomes. Further, 45.2 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level (FPL) reported a food insecure. Table 29 Health Care Access in SDC, 2015 Current Health Insurance Coverage Children 0 to 11 Years Rate - 96.7% Year 2020 Target - 100% Children 12 to 17 Years Rate - 94.9% Year 2020 Target - 100% Adults 18 to 64 Years Rate - 88.9% Year 2020 Target - 100% Regular Source of Medical Care Children 0 to 11 Years Rate - 95.1% Year 2020 Target - 100% Children 12 to 17 Years Rate - 84.6% Year 2020 Target - 100% Adults 18 to 64 Years Rate - 84.4% Year 2020 Target - 89.4% Not Currently Insured Adults 18 to 64 Years Rate - 11.1% Source 2014-2015 California Health Interview Survey (CHIS) Table 30 Medi-Cal (Medicaid) Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2015 Medi-Cal Eligible - 19.0% Not Eligible - 81.0% Source 2014-2015 CHIS In 2013, all SDC regions met the HP2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant mortality. See Table 31 for a summary of maternal and infant health indicators in SDC in 2013 and Table 32 for a summary of maternal and infant health indicators by region. Table 31 Maternal and Infant Health Indicators in SDC, 2013 Maternal and Infant Health Indicator Early Prenatal Care Rate - 84.8% Year 2020 Target - 77.9% Preterm Births Rate - 8.3% Year 2020 Target - 11.4% Very Low Birth Weight Infants Rate - 1.1% Year 2020 Target - 1.4% Low Birth Weight Infants Rate - 6.5% Year 2020 Target - 7.8% Infant Mortality Rate - 4.5% Year 2020 Target - 6.0% Source County of San Diego, Health and Human Services Agency (HHS), Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services Table 32 Maternal and Infant Health Indicators by Region in SDC, 2013 Prenatal Care North Coastal - 83.3% North Central - 91% Central - 82.6% South - 85.7% East - 81.1% North Inland - 84.7% Preterm Births</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>North Coastal - 7.0% North Central - 8.2% Central - 8.9% South - 8.9% East - 8.8% North Inland - 8.1% VLBW Infants North Coastal - 1.1% North Central - 0.9% Central - 1.4% South - 1.2% East - 1.3% North Inland - 0.8% LBW Infants North Coastal - 5.6% North Central - 6.5% Central - 7.2% South - 6.8% East - 6.8% North Inland - 5.9% Infant Mortality North Coastal - 4.5% North Central - 4.3% Central - 5.7% South - 3.1% East - 5.6% North Inland - 4.1% Source: HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services. There were 43,627 live births in SDC overall in 2013. In 2011, fetal mortality in SDC overall was 4.2 fetal deaths per 1,000 live births plus fetal deaths, meeting the HP2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths. In 2011, the fetal mortality rate was 4.8 (fetal deaths per 1,000 live births plus fetal deaths) in the north coastal region, 2.8 in the north central region, 5.1 in the central region, 3.8 in the south region, 3.0 in the east region and 5.4 in the north inland region. In 2011, all SDC regions met the HP2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths. For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2016 CHNA at <a href="http://www.sharp.com/about/community/community-health-needs-assessments">http://www.sharp.com/about/community/community-health-needs-assessments</a>. Community Benefit Planning Process. In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMBHWN * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services based on community needs, the previous years' experience, and current funding levels * Participates in programs and work groups to review and implement services that improve the health status and emotional well-being of women and infants. Priority Community Needs Addressed in Community Benefit Report - SMH (SMBHWN) 2016 CHNA. SMH completed its most recent CHNA in September 2016. SMH's 2016 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report. In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). In addition, this year SMH completed its most current implementation plan - a description of SMH programs designed to address the priority health needs identified in the 2016 CHNA. The most recent CHNA and implementation plan for SMH.</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>(including SMBHWN) are available at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a> Through the SMH 2016 CHNA, the following priority health needs were identified for the communities served by both entities * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Senior Health SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services Therefore, in alignment with these identified needs, the following pages detail programs that specifically address high-risk pregnancy, including reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type 2 diabetes, obesity, senior health or behavioral health Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH The community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC For additional details on SMBHWN programs that specifically address the needs identified in the 2016 CHNA, please refer to SMH's implementation plan available at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a> Through further analysis of SMBHWN's community programs and consultation with its service line leaders and executives, this section also addresses the following priority health needs for community members served by SMBHWN * Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery * Meeting the needs of new mothers and their families * Health professions education and training, and collaboration with local schools to promote interest in health care careers For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2016 Report of Activities conducted in support of the objective(s), and FY 2017 Plan Identified Community Need Reducing the Incidence of Neonatal Morbidity and Mortality Associated With High-Risk Pregnancy and Preterm Delivery Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2016 CHNA identified high-risk pregnancy as one of seven priority health issues for community members served by SMBHWN * The HASD&amp;IC 2016 CHNA process continued to identify high-risk pregnancy among priority health conditions observed in San Diego hospitals * As part of the SMH 2016 CHNA, discussions with Sharp social work</p>

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Form 990, Part III, line 4a (Continued)	<p>ers who work with high-risk pregnancies identified the following health-related issues or needs for high-risk pregnant women: anxiety, childcare, depression, diabetes (gestational and brittle), the emotional impact of hospitalization on both the patient and their family, high blood pressure, isolation for non-English speakers, pre-term labor requiring bed rest or hospital stay, and stress, helplessness and lack of control over one's body. * According to research presented in the SMH 2016 CHNA, risk factors for high-risk pregnancy include advanced maternal age (mothers age 35 years and older face an increased risk), lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs, medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions, underlying conditions such as diabetes, high blood pressure, obesity and epilepsy, and multiple pregnancies. * A 2015 report from the Children's Initiative titled San Diego County Report Card on Children and Families identified the following barriers to utilization of prenatal care: financial barriers, such as a lack of health insurance, the context of care, such as biased treatment from providers or a lack of cultural competence, and issues surrounding access to care, such as transportation, difficulty obtaining an appointment, or inconvenient hours. Personal attitudes and behaviors may also be barriers to obtaining prenatal care. * Strategies that have been shown to increase the use of prenatal care include affordable health coverage, expedited health coverage for pregnant uninsured women, comprehensive insurance packages including health education and risk counseling, accessible and affordable prenatal services, use of safety net providers such as community clinics and Federally Qualified Health Centers, outreach to enroll women in health coverage and connect them with prenatal services, culturally and linguistically appropriate prenatal services, evidence-based home visiting programs for high-risk pregnant women, trained and certified doulas and community health workers to provide health education, coaching and support, evidence-based group care approaches to reduce costs and enhance the content of care, and transportation assistance such as vouchers for taxis or public transit (Children's Initiative, 2015).</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* In 2013, 199 infants died before their first birthday in SDC. The infant mortality rate was 4.6 deaths per 1,000 live births, meeting the HP2020 target of less than six infant deaths per 1,000 live births. Infant mortality was higher for male infants (108 male deaths) compared to 91 female deaths. Compared to infants of other races and ethnicities, Hispanic infants had the highest mortality rate. * In 2013, there were 3,624 preterm births (less than 37 weeks gestation) in SDC. * In 2013, preterm births were higher for male newborns when compared to female newborns, highest among Hispanic mothers when compared to mothers of other races and ethnicities, and highest for mothers ages 25 to 34 when compared to mothers in other age groups (defined as 15 to 24 years and 35 years and older). * According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid (CDC, 2015). * Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and late prenatal care (CDC, 2015). * According to the California Health Care Almanac, being overweight increases the risk of complications during pregnancy. In 2014, about one in four California mothers was obese or morbidly obese prior to pregnancy, and an additional one in four was overweight (California Health Care Foundation, 2016). * According to March of Dimes data, the number of preterm births in the U.S. rose in 2015 for the first time in 8 years. Racial minorities continue to experience early labor at higher rates. The pre-term birth rate increased from 9.57 to 9.63 percent which accounts for an additional 2,000 babies (March of Dimes, 2015). * According to the CDC Safe Motherhood Initiative, preterm births affect more than 500,000 women and infants per year and are the leading cause of neonatal mortality in the U.S. Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies (CDC, 2015, March of Dimes, 2014). Objectives: * Develop, coordinate and provide educational programs for the community on preterm labor and births, and prenatal and women's health. * Provide education as needed to high-risk populations, including pregnant teens. * Educate community members about available hospital resources through participation in community events. * Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Neonatal Research Institute FY 2016 Report of Activities. In FY 2016, SMBHWN</p>

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Form 990, Part III, line 4a (Continued)	<p>conducted a variety of efforts to support healthy pregnancies for expecting mothers, including teenagers and other high-risk populations, and improve outcomes for at-risk new borns Through the hospital's free monthly Preterm Birth Prevention classes, approximately 100 expecting parents learned about the warning signs of preterm labor and how to help prevent a premature birth A range of other prenatal education classes were offered throughout the year to support a healthy lifestyle during pregnancy and prepare families for birth Class topics included, but were not limited to how one's body prepares for birth and delivery, sibling preparation, hospital procedures, medication choices, Caesarean delivery, labor comfort and relaxation skills, postpartum care, breastfeeding and infant feeding, preparing for multiple births, and prenatal fitness and yoga New in FY 2016, SMBHWN launched the perinatal special care unit (PSCU) Navigator Program to support high-risk, antepartum mothers on bed rest staying in the hospital's PSCU Through the program, volunteers who have previously stayed in the PSCU provide encouragement, guidance to appropriate resources, and assistance with the transition of these mothers from hospital to home Throughout the year, SMBHWN continued to support Miracle Babies, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill new borns in the neonatal intensive care unit (NICU) as well as education, prevention and medical care to enhance the well-being of women, children and families In FY 2016, SMBHWN raised more than \$11,000 for the organization through participation in the annual Miracle Babies 5K Walk SMBHWN also provided fundraising support for the March of Dimes, a nonprofit organization dedicated to preventing birth defects, premature birth and infant mortality through community and global outreach programs and research Furthermore, SMBHWN team members participated in the 2016 San Diego Heart &amp; Stroke Walk as well as provided information about the hospital's community programs and services to hundreds of community members at Sharp's annual Women's Health Conference In 2013, SMBHWN brought together a multidisciplinary team of physicians, nurses, respiratory therapists, researchers and data analysts to form the Sharp Neonatal Research Institute (NRI) The NRI was established to identify new, leading-edge treatments and practices in new born care, and disseminate these evidence-based best practices among the larger health care community The clinical trials conducted by the NRI team have the potential to improve outcomes for at-risk new borns both regionally and nationwide Current clinical trials aimed at improving outcomes for at-risk new borns include studies on neuromonitoring of the brain in pre-term new borns during birth resuscitation, and several studies that evaluate delayed cord clamping both on healthy new borns and those who require extra care In addition</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>on to its ground-breaking research, the NRI is in the early stages of developing a Neurodevelopmental Clinic (NDC) to provide follow-up services for children from ages six months to three years. All babies from the community who are born preterm, LBW or require neurodevelopmental follow-up will be eligible to participate in the NDC. Early intervention is essential to improve outcomes for these at-risk newborns and their ability to reach their full potential later in life. In 2016, the NRI launched the Bedside Ultrasound Training for Neonatologists course - a multi-week training consisting of hands-on, one-on-one training sessions and expert lectures on theoretical and practical ultrasound technique for neonatologists. Open to local, regional, national and international neonatologists, the course is one of only a few similar training programs in the country. Furthermore, the NRI supports community clinicians through the publication of a newsletter - the NRI News - twice per year to communicate current NRI studies and updates to the medical community. The NRI also works closely with the community through its Parent Advisory Board (PAB) consisting of parents and grandparents of infants who have been in the NICU. The NRI-PAB offers the NRI their unique perspective as parents of a NICU baby, including feedback on proposed and current clinical trials to help ensure that other parents will understand and feel comfortable participating in them. Continued expansion of the NRI's programs and research has resulted in national and international recognition. The NRI has been featured on the ABC, CBS and CW news networks for its medical breakthrough discoveries, while its research findings have been shared in several distinguished medical journals. The NRI has received grant funding from the National Institutes of Health, Gerber and the Thrasher Foundation, as well as funding support from additional foundations and personal donations. FY 2017 Plan</p> <p>SMBHWN will do the following:</p> <ul style="list-style-type: none"> <li>* Offer monthly Preterm Birth Prevention classes</li> <li>* Provide a support group to address women's unique health issues</li> <li>* Provide PSCU-specific support services to new mothers and their families</li> <li>* Explore the offering of a community pelvic pain support group to support and help women manage chronic pelvic pain, fibroids, endometriosis, painful bladder syndrome, incontinence, overactive bladder, painful intercourse, vulvodynia and other pelvic floor dysfunctions</li> </ul>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Continue to provide fundraising support for Miracle Babies and March of Dimes * Conduct community outreach at community health fairs and events * Continue the work of the NRI to identify and disseminate evidence-based best practices for newborn care to the health care community Identified Community Need Meeting the Needs of New Mothers and Their Families Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * According to these same discussions, high-risk pregnancy patients who are unable to adopt healthy behaviors do not do so for the following reasons challenges taking care of children or other household needs while on bed rest, cultural barriers related to food, domestic violence, financial constraints to buying healthy food, homelessness, less obligation to follow bed rest orders during surrogacy or adoption situations, perceived need and/or benefit of bed rest, and substance abuse * Sharp social worker discussions also identified strategies to help high-risk pregnancy patients meet their needs, such as education, empathy for what patients are experiencing, focusing on mom and baby, and strategizing with patients to deal with issues * According to the 2015 San Diego County Report Card on Children and Families, breastfeeding enhances immunity to disease and decreases the rate and severity of infections in children, and is associated with improved development and decreased risk of childhood obesity Mothers who breastfeed may have a reduced risk of breast, ovarian, and uterine cancers, quicker recovery time postpartum, and less work missed due to child illness (Children's Initiative, 2015) * In California, SDC is ranked 20th out of 50 counties for exclusive breastfeeding (California Women, Infants and Children (WIC) Association and University of California, Davis (UC Davis) Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2016) * Data show that mothers who experience more supportive practices (such as early breastfeeding initiation and limited supplementation) are more likely to breastfeed exclusively in the hospital and beyond In California, 94 percent of mothers begin breastfeeding in the hospital, but 27 percent also feed their infants formula during their stay In-hospital lactation support is crucial to mothers' breastfeeding success following discharge (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2016) * In-hospital support is crucial to breastfeeding mothers' success Hospitals that have instituted Baby-Friendly policies have high rates of breastfeeding, no matter where they are located or what populations they serve (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2016) * According to the CDC's 2016</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>Breastfeeding Report Card, 58.5 percent of mothers in California were breastfeeding at six months, while only 24.8 percent were exclusively breastfeeding at six months (CDC, 2016) * The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012) * The American Psychological Association (APA) identifies several risk factors for developing postpartum depression, including a change in hormone levels after birth, previous experience of depression or anxiety, family history of depression or mental illness, stress involved in caring for a newborn and managing new life changes, having a baby who cries more than usual, is hard to comfort, or whose sleep and hunger needs are irregular and hard to predict, having a baby with special needs, first-time motherhood, very young motherhood, or older motherhood, other emotional stressors such as the death of a loved one or family problems, financial or employment problems, and isolation or lack of social support (APA, 2016) * According to a study in the Journal of the American Medical Association (JAMA), one in seven women have depression in the year after they give birth (JAMA, 2013) * The days and weeks following childbirth - the postnatal period - is a critical phase in the lives of mothers and newborn babies. Most maternal and infant deaths occur during this time, yet this is the most neglected period for the provision of quality care. Evidence-based practices recommended for the postnatal care period include timing of discharge from a health facility after birth, number and timing of postnatal contacts, assessment of the baby, exclusive breastfeeding, cord care, assessment of the mother, and counseling on the physiological process of recovery after birth (World Health Organization (WHO), 2013) Objectives * Demonstrate best practices in breastfeeding and maternity care * Provide education and support to new mothers on the importance of breastfeeding * Provide postpartum education and support to new mothers and their families * Provide NICU-specific support services to new mothers and their families FY 2016 Report of Activities In November 2015, SMBHWN received Baby-Friendly USA Designation through the Baby-Friendly Hospital Initiative (BFHI) - a global program launched by the WHO and the United Nations Children's Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother-baby bonding. The five-year designation was earned through participation in the NICHQ Best Beginnings Learning Collaborative and through implementation of the 10 Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. SMBHWN received this designation in partnership with First 5 San Diego, which provided grant funding needed to fulfill the staff</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>training hours required for the designation. More than 550 registered nurses (RN) at SMBH WN have completed the required competency training to achieve and maintain Baby-Friendly USA Designation. Since the hospital started its Baby-Friendly journey in 2011, the rate of exclusive breastfeeding at discharge has increased from a baseline average of 47 percent to 64 percent in FY 2016. In FY 2016, SMBHWN served more than 1,660 expecting mothers and their family members through a free breastfeeding support group. Facilitated by an experienced lactation educator, the group was offered three times per week to teach participants techniques to improve breastfeeding and allow participants to share their personal breastfeeding joys and challenges. SMBHWN continued to provide its free weekly NICU breastfeeding support group - the Mother's Milk Club - for all mothers in the community whose baby spent any length of time in the NICU. Approximately 150 mothers received support and counseling for topics of concern, including milk supply, latching, sleeping, the stress of having a baby who is experiencing problems and any other concerns of the group. The mothers also had the opportunity to share their own experiences, feed and show off their babies, and measure and track their baby's growth. SMBHWN continued to offer the Baby and Me Time support group to ensure new parents safely transition from giving birth at the hospital to returning home. Understanding that it can be difficult to retain information received at the hospital, this free weekly support group provides valuable resources to help new parents adjust once they return home. The group also provides opportunities to share insights regarding parenthood and establish friendships. All parents are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed overseas, single parents and stay-at-home parents. Serving approximately 200 new parents in FY 2016, this unique support group has evolved into a community-centered place of support during an often-challenging time.</p>

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Form 990, Part III, line 4a (Continued)	<p>SMBHWN provided specialized education and support to approximately 560 mothers in FY 2016 through its free weekly postpartum support group. Led by licensed clinical social workers, the group provided emotional support to women dealing with feelings of anxiety or depression related to challenges associated with new motherhood. Serving mothers in the community with babies of new born age up to 12 months, the group was offered in both in the mornings and evenings to accommodate working mothers' schedules. In addition, the hospital offered four coed postpartum support group sessions in FY 2016, which engaged nearly 50 mothers and fathers in discussion about postpartum mood disorders. Throughout the year, SMBHWN offered a variety of educational classes for new mothers and their families covering numerous aspects of postpartum care, including infant sleep patterns and strategies, infant massage, mom and baby yoga, and preparing new brothers and sisters for a baby. Additionally, SMBHWN staff devoted nearly 560 hours to daily Family Home Care classes that provided critical information and support to more than 5,100 new mothers and family members. Topics included car seat safety, sudden infant death syndrome, shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice. Free NICU cardiopulmonary resuscitation (CPR) education was also offered to approximately 800 family and friends of the hospital's NICU babies. SMBHWN expands its support for community mothers and families through the New Beginnings Boutique &amp; Gift Shop. Located within SMBHWN, the boutique not only provides convenient access to needed supplies, such as nursing bras and breastfeeding pumps, but also offers experienced lactation educators to answer questions, provides important breastfeeding resources, and offers reassurance to anyone in the community. In FY 2016 SMBHWN partnered with the San Diego Padres to support nursing moms in the community. With the opening of the Sharp Mary Birch Nursing Lounge at Petco Park, mothers now have a comfortable place to nurse their babies while still enjoying the baseball game. The lounge offers a sofa, rocking chairs, private restroom, sink, changing table, breast pump plugs, refrigerator, views of the field, and a female concierge to assist mothers as needed. SMBHWN continued to offer the NICU Navigator Program in FY 2016. Similar to the PSCU Navigator Program, this unique program provides volunteer NICU Navigators - mothers who previously had babies in the NICU - to provide resources and support for parents whose babies are currently in the NICU. The NICU Navigator Program also offers Parent Hour, an informational session designed to enhance a parent's developing relationship with his or her new born. Parent Hour is offered free to families with a baby in the NICU and focuses on topics such as premature growth and development, nutrition, breastfeeding and feeding mechanics, and preparing for discharge. More than 1</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>00 families were served between the NICU and PSCU Navigator Programs and Parent Hour in FY 2016. For the past 21 years, SMBHWN has hosted a Little Graduate Reunion for babies and families who have spent time in its NICU. The event provides a special opportunity for families to reunite with the team members who cared for them during their stay, and celebrate the health of their child. The same families often return to the reunion year after year, with many of the graduates now in their teens. To accommodate growing attendance, the FY 2016 Little Graduate Reunion was held off-campus for the first time at the Naval Training Center in Liberty Station. Nearly 600 parents, grandparents, siblings and NICU graduates enjoyed a variety of activities including a bounce house, bubble station, music, face painting, photo booth, and games for all ages. In summer 2015, SMBHWN launched a pilot program to evaluate eligibility for Supplemental Security Income (SSI) for new borns who have been diagnosed with a devastating medical condition or extremely LBW. This benefit is offered for both unfunded patients as well as insured families to assist with the cost of care for their new born. Through the pilot, Public Resource Specialists have assisted more than 70 families through the process of applying for SSI. FY 2017 Plan SMBHWN will do the following:</p> <ul style="list-style-type: none"> <li>* Continue to implement evidence-based breastfeeding practices as a Baby-Friendly USA designated hospital.</li> <li>* Continue to offer free postpartum, breastfeeding, and new-parent support groups to new mothers and their families.</li> <li>* Continue to offer a variety of educational classes for new mothers and their families.</li> <li>* Continue to provide the NICU Navigator Program and the NICU Little Graduate Reunion to current and former NICU patients and their families.</li> <li>* Continue a pilot program to evaluate eligibility for SSI for high-risk new borns.</li> </ul> <p>Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers. Rationale: references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> <li>* According to the 2013 SDC Healthcare Shortage Areas Atlas from the HHS, SDC is one of 27 counties in California listed as an RN Shortage Area.</li> <li>* The 2014 labor market analysis by the San Diego Workforce Partnership (SDWP) indicated that the occupations with the largest supply gaps were nursing assistants, home health aides, physician's assistants, clinical laboratory scientists, and laboratory technicians.</li> <li>* According to the SDWP, health care specialty occupations were expected to increase employment by 12 percent (7,466 jobs) between 2013 and 2018 in SDC. The top six growing health care occupations are RNs, home health aides, nursing assistants, medical assistants and licensed vocational nurses (SDWP, 2014).</li> <li>* The 2014 labor market analysis by the SDWP indicated that there was an increase in</li> </ul>

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Form 990, Part III, line 4a (Continued)	<p>ng number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers. * The 2015 SDWP Priority Sectors report recommends that health care training and education programs in SDC emphasize soft skills, such as teamwork, time management, customer service, and basic computer literacy in their curriculum in order for their graduates to be competitive in the labor force. * According to the SDWP 2011 report titled Healthcare Workforce Development in San Diego County, there is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign languages. * In their 2014 Occupational Outlook Quarterly, the U.S. Bureau of Labor Statistics (BLS) identified several factors leading to an increased demand for RNs and other health care personnel in the U.S. These factors include projected population growth in the next decade, aging of the U.S. population, greater numbers of people living with chronic conditions, such as diabetes or obesity, improvements in medicine and technology, and federal health insurance reform, which has increased the number of Americans with health insurance coverage (BLS, 2014). * The BLS projects an employment of more than 3.1 million RNs in the U.S. in 2024, which is an increase of 16 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014). * Total employment is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is projected to increase its employment share from 12 percent in 2014 to 13.6 percent in 2024 - the fastest growing service industry. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015).</p>

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Form 990, Part III, line 4a (Continued)	<p>* A March 2014 report from the California Hospital Association (CHA) titled Critical Roles California's Allied Health Workforce Follow-Up Report emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and communities as a result of dedicating time and resources to the thousands of interns and high school students who gain valuable work experience and career exposure by spending time in California hospitals.</p> <p>Objectives</p> <ul style="list-style-type: none"> <li>* Provide education and training for students interested in health care careers</li> <li>* Provide obstetrical, gynecological and neonatal education and training for health care professionals</li> <li>* Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community</li> </ul> <p>FY 2016 Report of Activities</p> <p>In FY 2016, SMBHWN served as a training site for nearly 200 nursing and ancillary students in the specialized areas of social work, clinical nutrition, pharmacy, lactation, obstetrics and gynecology (OB/GYN), labor and delivery, maternal and fetal medicine, and neonatal services. During the fiscal year, nursing students spent approximately 14,100 hours at SMBHWN, while ancillary students spent approximately 3,400 hours on the hospital campus. Academic institution partners included Concorde Career College, Grand Canyon University, Johns Hopkins University, Point Loma Nazarene University, San Diego State University, Touro University, University of California, San Diego Extension, University of Phoenix, University of San Diego and Western University. In FY 2016, SMBHWN completed its ninth year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experience, including job requirements and career ladder development, to ninth through 12th grade students. During a 16-week period, 36 HSHMC students devoted 4,300 hours to rotations in maternal and infant services and the post-anesthesia care unit (PACU). SMBHWN continued to learn and share its expertise with staff at other hospitals and health agencies through participation in organizations such as AWHONN, CWISH, SCANN, Perinatal Social Work Cluster, Sigma Theta Tau International Honor Society of Nursing, ACNL, RPS and the NICHQ Best Fed Beginnings Learning Collaborative. In addition, team members shared their expertise at professional conferences, including a presentation on critical event debriefing at the 2016 AWHONN California Section Conference, and education on placental and umbilical cord complications to the RPS. Education and training was also provided to hundreds of local and national health care providers, including education on evidence-based practices to community nurses interested in entering the obstetrica</p>

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Form 990, Part III, line 4a (Continued)	<p>I field and training to prepare San Diego paramedics to safely assess and treat obstetrica l trauma patients In March, SMBHWN hosted the Innovation Summit Shaping the Future of Ob stetrics, Gynecological, Neonatal and Anesthetic Care The educational conference provided community medical practitioners w ith the latest clinical information, research, and pract ical management strategies for new borns and w omen at all stages of life Approximately 120 physicians and clinicians received education on complex w omen's health issues, emergency response for critical obstetric conditions, management of high-risk pregnancies and new bor n medical breakthroughs FY 2017 Plan SMBHWN w ill do the follow ing * Continue to serve as a training site for health professions students * Continue to participate in the HSHMC pr ogram * Continue to participate in local and national collaboratives and share specialty e xpertise at professional conferences SMBHWN Program and Service Highlights * Antenatal Dia gnostic Center * Cord blood banking * Doula program * Gynecologic oncology * High-risk pre gnancy care (Perinatal Special Care Unit) * Lactation services * Labor and delivery * Leve l III Neonatal Intensive Care Unit * Maternal Infant Services Unit * Mother's Milk Bank * NICU and PSCU Navigator Programs * Neonatal Research Institute * New Beginnings Boutique &amp; Gift Shop * Obstetrical and w omen's triage services * Pregnancy, childbirth and parent ed ucation programs * Prenatal Diagnostic Center * Spiritual care services, including Arts fo r Healing * Women's and infants' pathology services * Women's surgery, including minimally invasive robotic gynecology surgery Section 6 Sharp Memorial Hospital FY 2016 Community B enefit Program Highlights Sharp Memorial Hospital (SMH) provided a total of \$125,218,185 i n community benefit in FY 2016 See Table 33 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill (SB) 697 Table 33 Economic Value o f Community Benefit Provided - Sharp Memorial Hospital - FY 2016 Note The table shows est imated FY 2016 unreimbursed costs and the data is presented by SB 697 category and by prog rams and services included in SB 697 Category Medical Care Services Shortfall in Medi-Cal , financial support for on-site w orkers to process Medi-Cal eligibility forms - \$26,862,48 9 Note Methodology for calculating shortfalls in public programs is based on Sharp's payo r-specific cost-to-charge ratios, w hich are derived from the cost accounting system, offse t 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 popula tion Shortfall in Medicare - \$83,975,342 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, w hich are deri ve d from the cost accounting system, offset by the actual payments received Costs for patie nts paid through the Medicare</p>

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Form 990, Part III, line 4a (Continued)	<p>program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$596 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in CHAMPVA/TRICARE - \$2,071,819 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Charity Care - \$6,025,100 Note Charity care reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$3,183,390 Note Bad debt reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service Other Benefits for Vulnerable Populations Patient transportation, Project HELP and other assistance for the needy - \$828,317 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$549,428 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service Health Research, Education and Training Programs</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>Education and training programs for students, interns and health care professionals - \$1,721,704 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service TOTAL - \$125,218,185</p> <p>Key highlights * Unreimbursed Medical Care Services included uncompensated care for patients who are unable to pay for services, unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility forms In FY 2015 the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016 This resulted in an increased reimbursement of \$15.7 million to SMH 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 * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, Project HELP, contribution of time to Stand Down for Homeless Veterans, Ssubis Hope, Feeding San Diego (FSD) and the San Diego Food Bank (Food Bank ), the Sharp Humanitarian Service Program, support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM), and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information on a variety of topics, participation in community health fairs and events, support groups, health screenings for diabetes, stroke, osteoporosis, blood pressure, heart disease, nutrition, body mass index (BMI), hearing, balance, hand, musculoskeletal pain, community education and resources provided by the Laurel Amtoer Cancer Institute at SMH Patient Navigator program, and flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Senior Health Centers In addition, SMH donated meeting room space to community groups and collaborated with local schools to promote interest in health care careers SMH staff actively participated in community boards, committees and other civic organizations, including the American Heart Association (AHA), Health Sciences High and Middle College (HSHMC) Board, American College of Healthcare Executives, San Diego Organization of Healthcare Leaders, Association of California Nurse Leaders (ACNL), Emergency Nurses Association - San Diego Chapter, Association for Clinical Pastoral Education, Community Health Improvement Partners (CHIP), Hospital Association of San Diego</p>

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Form 990, Part III, line 4a (Continued)	<p>and Imperial Counties (HASD&amp;IC), County of San Diego Emergency Medical Care Committee (EMCC), San Diego County Stroke Consortium, San Diego Blood Bank, Serving Seniors, Community Center for the Blind and Visually Impaired, Aging and Disability Resource Connection, Care giver Coalition of San Diego, San Diego County Council on Aging (SDCCOA), and various universities and colleges in San Diego County (SDC) See Appendix A for a listing of Sharp's involvement in community organizations in FY 2016 The category also incorporated costs associated with community benefit planning and administration, including community health needs assessments * Health Research, Education and Training Programs included time devoted to education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community Definition of Community * SMH is located at 7901 Frost Street in San Diego, ZIP code 92123 * Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, ZIP code 92123 SMH serves the entire county of San Diego, however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernardo For SMH's 2016 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county The CNI identifies the severity of health disparity for every ZIP code in the United States of America (US) based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to the CNI, communities served by SMH with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area and Downtown San Diego Description of Community Health In SDC in 2015, 96.7 percent of children ages 0 to 11, 94.9 percent of children ages 12 to 17, and 88.9 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP2020) national targets for health insurance coverage See Table 34 for a summary of key indicators of access to care and Table 35 for data regarding Medi-Cal eligibility In SDC in 2015, 15.6 percent of adults ages 18 to 64 did not have a usual source of care and 12.3 percent of these adults had health insurance In addition 22.5 percent reported fair or poor health outcomes Further, 45.2 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level (FPL) reported as food insecure Table 34 Health Care Access in SDC, 2015 Current Health Insurance Coverage Children 0 to 11 Years Rate - 96.7% Year 2020 Target - 100% Children 12 to 17 Years R</p>

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Form 990, Part III, line 4a (Continued)	<p>ate - 94 9% Year 2020 Target - 100% Adults 18 to 64 Years Rate - 88 9% Year 2020 Target - 100% Regular Source of Medical Care Children 0 to 11 Years Rate - 95 1% Year 2020 Target - 100% Children 12 to 17 Years Rate - 84 6% Year 2020 Target - 100% Adults 18 to 64 Years Rate - 84 4% Year 2020 Target - 89 4% Not Currently Insured Adults 18 to 64 Years Rate - 11 1% Source 2014-2015 California Health Interview Survey (CHIS) Table 35 Medi-Cal (Medicaid) Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2015 Medi-Cal Eligible - 19 0% Not Eligible - 81 0% Source 2014-2015 CHIS Cancer and heart disease were the top two leading causes of death in SDC in 2015 See Table 36 for a summary of leading causes of death in SDC For additional demographic and health data for communities served by SMH, please refer to the SMH 2016 CHNA at <a href="http://www.sharp.com/about/community/community-health-needs-assessments">http://www.sharp.com/about/community/community-health-needs-assessments</a> Table 36 Leading Causes of Death in SDC, 2015 Malignant neoplasms - 5,059 Diseases of heart - 4,763 Alzheimer's disease - 1,404 Cerebrovascular diseases - 1,170 Accidents (unintentional injuries) - 1,071 Chronic lower respiratory diseases - 1,001 Diabetes mellitus - 713 Intentional self-harm (suicide) - 411 Chronic liver disease and cirrhosis - 391 Essential hypertension and hypertensive renal disease - 383 Influenza and pneumonia - 344 Parkinson's disease - 270 Pneumonitis due to solids and liquids - 186 Septicemia - 114 Nephritis, nephrotic syndrome and nephrosis- 98 Source Centers for Disease Control and Prevention, National Center for Health Statistics Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released 2016 Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMH * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services, based on community needs, previous years' experience and current funding levels * Consults with representatives from a variety of departments to discuss, plan and implement community activities Priority Community Needs Addressed in Community Benefit Report - SMH 2016 CHNA</p>

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Form 990, Part III, line 4a (Continued)	<p>SMH completed its most recent CHNA in September 2016. SMH's 2016 CHNA was significantly influenced by the collaborative HASD&amp;IC 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report. In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). In addition, this year SMH completed its most current implementation plan - a description of SMH programs designed to address the priority health needs identified in the 2016 CHNA. The most recent CHNA and implementation plan for SMH are available at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a>. Through the SMH 2016 CHNA, the following priority health needs were identified for the communities served by SMH: * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Senior Health. The following pages detail SMH programs, activities and services that specifically address cardiovascular disease (as part of health education and wellness, includes stroke), cancer, diabetes and senior health. SMH does not have the resources to comprehensively address the elements of community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC. Please see Section 5 of this report for details on SMBHWN's activities that address this identified community need. Obesity is addressed through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy (SRS) clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. For additional details on SMH programs that specifically address the needs identified in the 2016 CHNA, please refer to SMH's implementation plan available at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a>. In addition, through further analysis of SMH's community programs and consultation with SMH's service line leaders and other team members, this s</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ection also addresses the following priority health needs for community members served by SMH * General community health education and wellness * Prevention of unintentional injuries * Health professions education and training, and promotion of interest in health care careers * Support during the transition of care for high-risk, underserved patients with complex medical needs For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2016 Report of Activities conducted in support of the objective(s), and FY 2017 Plan Identified Community Need Diabetes Education, Prevention and Support Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2016 CHNA continued to identify Type 2 diabetes as one of seven top priority health issues for community members served by SMH * The HASD&amp;IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues for community members in SDC * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC (City Heights, Downtown, etc.) (Dignity Health, SanGIS, OSHPD &amp; SpeedTrack Inc., 2015) * Sharp diabetes educator discussions conducted as part of the SMH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including accessing a physician, finding support programs, getting outpatient needs met (i.e., appointments with psychologists or endocrinologists), and a lack of diabetes education coverage under Medi-Cal * The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients: affordability of glucose testing strips, unmet behavioral health needs, food insecurity, and knowledge of benefits * According to data presented in the SMH 2016 CHNA, diabetes is a major cause of heart disease and stroke The Centers for Disease Control and Prevention (CDC) also identify diabetes as a leading cause of kidney failure, nontraumatic lower-limb amputations and new cases of blindness among adults in the US (CDC, 2014) * According to diabetes data analyzed in the SMH 2016 CHNA process, among SDC patients with a primary diagnosis of a diabetes-related ICD-9 code in 2013, 'Diabetes Uncontrolled' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24 and ages 45 and older Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Abnormal Glucose Tolerance of Mother with Delivery', followed by 'Diabetes Uncontrolled' * In 2013, diabetes was the seventh leading cause of death for SDC (CDC, 2014) * In 2013, there were 614 deaths due to diabetes in SDC overall, a decrease compared to 652 deaths in 2012 The age-adjusted death rate due to diabetes</p>

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Form 990, Part III, line 4a (Continued)	<p>                         tes was 18.9 per 100,000 population in 2013, which is lower than the age-adjusted rate of 20.3 per 100,000 in 2012. * In 2013, there were 4,415 hospitalizations due to diabetes in SDC, which is higher than the 4,245 hospitalizations in 2012. The age-adjusted rate of hospitalizations for diabetes was 137.1 per 100,000 population in 2013, which is also higher than the age-adjusted rate of 133.1 per 100,000 population in 2012. * In 2013, there were 4,592 diabetes-related emergency department (ED) visits in SDC, which is higher than the 4,508 ED visits in 2012. The age-adjusted rate of diabetes-related ED visits in SDC was 143.9 per 100,000 population in 2013, which is also higher than the age-adjusted rate of 142.6 per 100,000 population in 2012. * According to the CHIS, in 2015 9.9 percent of adults living in SDC indicated that they were ever diagnosed with diabetes. Diabetes rates among seniors are particularly high, with 22.7 percent of adults over 65 reporting that they had ever been diagnosed with diabetes. * According to 2014 CHIS data, 13.4 percent of SDC residents have been told by their doctor that they have pre- or borderline diabetes. * According to the 2012 report from the County of San Diego Health and Human Services Agency (HHS) titled Critical Pathways: The Disease Continuum, the most common behavioral and social risk factors associated with Type 2 diabetes include substance use, physical inactivity, poor nutrition, poor medical care and irregular health checks (e.g., A1C, dental, eye and foot). Furthermore, 36.5 percent of Americans were obese during 2011-2014 (CDC, 2015). * The 2014 National Diabetes Statistics Report from the CDC reports that a total of 29.1 million people in the US have diabetes. Of those individuals, 21 million are diagnosed while 8.1 million are undiagnosed.                     </p> <p> <b>Objectives</b> * Provide diabetes education and screening in the central and north central regions of SDC * Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations * Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community.                     </p> <p>                         FY 2016 Report of Activities                     </p>

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Form 990, Part III, line 4a (Continued)	<p>The SMH Diabetes Education Program is recognized by the American Diabetes Association (ADA ) for meeting national standards for excellence and quality in diabetes education The pro gram provides individuals w ith the skills needed to successfully self-manage their diabete s and live a long, healthy life and includes blood sugar monitoring, medications and insul in pump training Small group and one-on-one classes are also offered At the Sharp Women's Health Conference, the Sharp HealthCare (SHC) and SRS Diabetes Education Program provide d diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as w ell as of ered resources on pre-diabetes, diabetes management and nutrition to approximately 1,000 attendees Through fundraising and team participation, the SHC Diabetes Education Program also continued to support the ADA's Step Out Walk to Stop Diabetes held in October at the Naval Training Center Park in Point Loma The SMH Diabetes Education Program is actively i nvolved w ith San Diego's renal health community In FY 2016, the SMH Diabetes Education Pr ogram collaborated w ith the Balboa Institute of Transplantation to provide ongoing educati on and support to community members w ho have undergone kidney transplant or experienced ki dney disease The SHC Diabetes Education Program continued to collaborate w ith Family Heal th Centers of San Diego (FHCS D) to provide diabetes education to FHCS D diabetes patients a t multiple sites, including those in SDC's central region, through FHCS D's Diabetes Manage ment Care Coordination Project (DMCCP DMCCP provides FHCS D diabetes patients w ith w eekly group health and nutrition education, healthy cooking demonstrations, physical activity in cluding Zumba classes, one-on-one support from a nurse practitioner and encourages peer su pport and education from project "graduates" to current patients/project enrollees in Engl ish and Spanish The project monitors enrollees' A1C and blood glucose levels and physical activity, and has proven successful outcomes in low ering and maintaining these levels In the central San Diego region, the SHC Diabetes Education Program provided a lecture on th e basics of diabetes and nutrition to more than 90 community members at FHCS D sites in Nor th Park, Logan Heights and City Heights Topics included physical activity, diabetes melli tus, healthy eating, self-management and goal setting The SHC Diabetes Education Program continued to provide diabetes education to food insecure adults enrolled in the FSD Diabet es Wellness Project, a collaboration betw een University of California, San Diego's (UCSD) Student-Run Free Clinic Project, the Third Avenue Charitable Organization (TACO) and Baker Elementary School in Southeast San Diego The Diabetes Wellness Project screens adult cli nic patients w ith Type 2 diabetes for food insecurity, and provides them w ith ongoing medi cal treatment and diabetes management through the clinic In addition, FSD provides Diabet es Wellness Food Boxes to proj</p>

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Form 990, Part III, line 4a (Continued)	<p>ect participants, in conjunction with a monthly diabetes and nutrition education course, as well as CalFresh/Supplemental Nutrition Assistance Program (SNAP) outreach. Through the project, the SHC Diabetes Education Program provided diabetes and nutrition education to more than 300 community members at both the TACO and Baker Elementary School sites. Approximately 200 participants are enrolled in the Diabetes Wellness Project, and evaluation will include pre- and post-assessment surveys for the patients regarding diabetes control, an A1C blood test and other metrics. In further efforts recognizing the connection between access to healthy food and its impact on chronic health conditions such as diabetes, throughout the year the SHC Diabetes Education Program actively supported SuperFood Drive - a San Diego-based organization that focuses on improving the health of food insecure populations through outreach, education and encouragement of healthy, nutritious food donations. In partnership with SuperFood Drive, a diabetes specialist from the SHC Diabetes Education Program provided an educational post on how to eat healthy on a budget to more than 200 community members. The SHC diabetes specialist also manages the SuperFood Drive Instagram account through weekly posts of pictures of affordable, diabetes-friendly meals as well as sharing ideas for inexpensive meals from EatFresh.org, an online resource for CalFresh eligible individuals and families, further, the SHC diabetes specialist shares a "Wellness Wednesday" educational post on the nutritional value of specific foods every week. In addition, in support of SuperFood Drive, the SHC Diabetes Education Program participated in FSD's 2016 Nutrition Symposium. The theme of the symposium was Intersections: Families, Nutrition and Empowerment, designed to facilitate innovative solutions to serve the community with dignity and provide the opportunity to share expertise and passion for ending hunger in San Diego through nutritious food and education. More than 100 community members attended the event, where an SHC diabetes specialist provided a SuperFood Drive resource and information table. The SHC Diabetes Education Program continued to educate and advise underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes on how to manage blood sugar levels. The SHC Diabetes Education Program collaborated with community clinics to provide patients with a variety of education and resources, including gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, goals for blood sugar levels before and after a meal, insulin requirements, self-care practices, nutrition and meal planning, exercising and weight management, monitoring fetal movement, and the risks of uncontrolled diabetes and complications. Clinic patients also received logbooks to track and manage blood sugar levels. In addition, the SHC Diabetes Education Program eval</p>

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Form 990, Part III, line 4a (Continued)	<p>uated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists (OB/GYN) to prevent complications. At SMH, the SHC Diabetes Education Program collaborated with the hospital's OB/GYN to assist more than 400 underserved pregnant women with diabetes, over the course of more than 2,000 visits. In FY 2016, the SHC Diabetes Education Program provided services and resources to meet the needs of San Diego's diverse population. Educational resources, included How to Live Healthy With Diabetes, What You Need to Know About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, and Food Groups. Food diaries and logbooks were also given out to the community. Handouts were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. Education was also provided to Sharp team members regarding the different cultural needs of these communities. The SRS Diabetes Education Program participated in ADA's Alert Day, an annual event that encourages people to find out their risk of developing diabetes by taking the ADA's risk test. At the event, held at a local grocery store, the SRS Diabetes Education Program educated more than 150 attendees on a diabetes-friendly diet, checked feet for signs of neuropathy and advised on self-care to prevent complications from diabetes. At the San Diego Union-Tribune Successful Aging Expo in April, the SRS Diabetes Education Program provided education on diabetes prevention and lifestyle changes to approximately 100 attendees at Town and Country Resort and Convention Center. A lecture on nutrition and healthy eating was also provided to approximately 20 seniors at the Downtown Sharp Senior Health Center. In November, the SHC Diabetes Education Program hosted an inpatient diabetes conference for approximately 150 attendees at the Hyatt Regency Mission Bay Spa and Marina. Designed for health care professionals interested in optimizing inpatient diabetes care, the conference presented strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in the hospital setting. In October, the SMH Diabetes Education Program provided education to approximately 30 Point Loma High School students on diabetes risk factors, while the SHC Diabetes Education program provided diabetes education to nurse practitioner students at San Diego State University (SDSU). In addition, the SMH Diabetes Education Program mentored a dietitian intern from the San Diego Women, Infants and Children (WIC) program.</p>

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Form 990, Part III, line 4a (Continued)	<p>FY 2017 Plan The SMH Diabetes Education Program will do the following *</p> <ul style="list-style-type: none"> <li>* Conduct diabetes education at various community venues in SDC</li> <li>* Continue to collaborate with FHCS D to provide and expand education to their diabetes patients through the DMCCP</li> <li>* Continue to provide gestational services and resources to underserved pregnant women - both at the hospital and in collaboration with community clinics</li> <li>* Conduct monthly diabetes prevention classes</li> <li>* Continue to foster relationships with community clinics to provide education and resources to community members</li> <li>* Explore partnerships with YMCAs in the north central region to provide education and resources to community members</li> <li>* Continue to participate in ADA's Step Out Walk to Stop Diabetes</li> <li>* Keep current on resources to provide community members support with diabetes treatment and prevention - particularly language and culturally appropriate resources</li> <li>* Continue to participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community</li> <li>* Conduct educational outpatient and inpatient symposiums for health care professionals</li> <li>* Explore additional collaborations with FSD to assist and educate food insecure community members</li> </ul> <p>Identified Community Need Education, Support and Screening for Stroke Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale *</p> <ul style="list-style-type: none"> <li>* The SMH 2016 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of seven top priority health issues for community members served by SMH</li> <li>* The HASD&amp;IC 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC</li> <li>* According to data presented in the SMH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke About half of all Americans (49 percent) have at least one of these three risk factors Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors</li> <li>* In 2013, cerebrovascular disease was the fifth leading cause of death for SDC overall</li> <li>* In 2013, there were 1,114 deaths due to stroke in SDC The age-adjusted death rate due to stroke was 33.1 per 100,000 population, which is lower than the HP2020 target of 33.8 deaths per 100,000</li> <li>* In 2013, there were 6,611 hospitalizations for stroke in SDC, with an age-adjusted rate of 203.9 per 100,000 population</li> <li>* In 2013, there were 1,730 stroke-related ED visits in SDC The age-adjusted rate of ED visits was 53.2 per 100,000 population This rate has been increasing since 2010</li> <li>* If no changes are made in risk behavior, based on current disease rates, it is projected that the total number of deaths from heart disease and stroke will increase by</li> </ul>

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Form 990, Part III, line 4a (Continued)	<p>38 percent by the year 2020, according to the 3-4-50 Chronic Disease in San Diego County 2010 report from the HHSA * According to the 2012 HHSA's report titled Critical Pathways The Disease Continuum, the most common risk factors associated with stroke include physical inactivity, tobacco use, alcohol or drug use, poor nutrition, poor medical care, stress, depression, high cholesterol and diabetes * The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within five years (NINDS, 2016) Objective * Provide stroke education, support and screening services for the central region of SDC FY 2016 Report of Activities Note SMH is certified by the Joint Commission as an Advanced Primary Stroke Center (recertified in FY 2015) The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate SMH is also a recipient of the AHA/American Stroke Association's (ASA) Get With The Guidelines(r) (GWTG)-Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target Stroke Honor Roll Elite designation The AHA/ASA's GWTG is a national effort focused on ensuring that evidence-based therapies are used to improve outcomes for stroke patients The AHA/ASA's Target Stroke Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients In June, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, held at Petco Park This annual event, organized by the SDC Stroke Consortium, the HHSA, the San Diego Padres and other key partners, promotes an evening of stroke awareness and survivor celebration during the baseball game Sharp offered stroke and blood pressure screenings during the game while stroke education, including warning signs and how to respond using FAST (Face, Arms, Speech, Time) - an easy way to remember the sudden signs of stroke - was displayed on the JumboTron to a crowd of more than 25,500 community members Throughout FY 2016, the SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors, a free weekly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators Education topics included coping skills, adjustment, family and intimacy, work and school re-entry and support SMH actively participated in the quarterly San Diego County Stroke Consortium - a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC Further, SMH continued collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC stroke registry FY 2017 Plan The SMH Stroke Center will do the following * Participate in stroke screening and education events in SDC, including events targeting</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>seniors and high-risk adults * Provide a community presentation on stroke education and prevention featuring a Sharp physician * Provide education for individuals with identified stroke risk factors * Participate with other SDC hospitals in the San Diego County Stroke Consortium * Continue to offer stroke support groups through the SMH Rehabilitation Center Identified Community Need Health Education, Screening and Support for Seniors Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2016 CHNA continued to identify senior health as one of seven top priority health issues affecting members of the communities served by SMH * The HASD&amp;IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals * As part of Sharp's 2016 CHNAs, discussions held with social workers and nurses from Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC access to care issues due to aging, decreased driving or loss of support system, difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation, difficulty understanding medical instructions, inability to recognize a health problem exists, memory issues, and the perception that health issues and loneliness are a normal part of aging * As part of the SGH 2016 CHNA, discussions with nurses and social workers at Sharp's Senior Health Centers identified the following barriers to senior health in SDC access to care issues due to aging, decreased driving or loss of support system, difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation, difficulty understanding medical instructions, inability to recognize a health problem exists, memory issues, and the perception that health issues and loneliness are a normal part of aging * Sharp senior health discussions held as part of the SMH 2016 CHNA process identified the most common health-related issues or needs as anxiety, cardiac disease, cognitive impairment and dementia, depression, diabetes, psychosis and chronic mental illness (specific to the population served by the Downtown Senior Health Center), hypertension, increased need for caregivers, isolation, contributing to poor diet, bad habits, and depression, loss of purpose, and substance abuse, particularly for prescription drugs</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Seniors participating in the SMH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to accessing health care: understanding health insurance, including confusing terms, knowing where to go for care, especially understanding when to use the ED, urgent care and primary care, using health insurance, including understanding health care costs/bills and knowing what services are covered, getting health insurance, and follow-up care, including understanding next steps and finding available appointments * In 2015, there were 416,568 residents (13.0 percent of the population) ages 65 years or older in SDC. Between 2015 and 2020, SDC's senior population is expected to grow by 22 percent * In 2013, Alzheimer's disease was the third leading cause of death in SDC * In 2015, the top ten leading causes of death among senior adults ages 65 and older in SDC included (in rank order) diseases of the heart, malignant neoplasms, Alzheimer's disease, cerebrovascular diseases, chronic lower respiratory diseases, diabetes mellitus, accidents (unintentional injuries), essential hypertension and hypertensive renal disease, influenza and pneumonia, and Parkinson's disease * In 2012, 95,679 seniors ages 65 and over were hospitalized in SDC. Hospitalization rates among this age group were higher than the general population due to coronary heart disease, stroke, chronic lower respiratory diseases, nonfatal unintentional injuries (including falls), overall cancer and arthritis (HHSA, 2015) * In 2012, 108,745 seniors were treated and discharged from SDC EDs, representing nearly one out of every three senior residents in SDC. The top three causes of ED utilization among SDC residents ages 65 years and older in 2012 were falls, diabetes and stroke * In 2012, 71,655 calls were made to 911 for seniors in need of emergency medical care, which represents a call for one out of every five seniors. Seniors in SDC use the 911 system at higher rates than any other age group (HHSA, 2015) * According to the San Diego County Senior Falls Report, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHSA, 2012) * According to the CDC, 2.8 million older adults are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently (CDC, 2016) * In 2013, an estimated 62,000 San Diegans age 55 years and older were living with Alzheimer's disease and other dementias (ADOD), accounting for 8.3 percent of the 55 years and older population. Assuming current trends continue, by 2030 nearly 94,000 residents 55 years and older will be living with ADOD, a 51 percent increase from 2013 (HHSA Alzheimer's Disease and Other Dementias in San Diego County, 2016) * In 2011, only 67 percent of SDC residents ages 65 a</p>

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Form 990, Part III, line 4a (Continued)	<p>nd older reported being vaccinated for influenza, and the rate of influenza/pneumonia death among that group was 7.5 times higher than the county overall (HHS, 2016) * The CDC recommends annual vaccination against influenza for specialized groups, including people ages 50 and older, people who live in nursing homes and other long-term care facilities, and people who live with or care for those at high risk for complications from flu * Research shows that caregiving can have serious physical and mental health consequences Findings from the Stress in America survey show that caregivers to older relatives report poorer health and higher stress levels than the general population Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, Valuing the Invaluable, updated July 2015) * According to a report from the National Alliance for Caregiving and the AARP titled Caregiving in the U.S. 2015, an estimated 34.2 million adults have provided unpaid care to an adult age 50 or older in the past 12 months In addition, 60 percent of unpaid caregivers are female, and nearly one in ten caregivers are ages 75 or older (AARP and The National Alliance for Caregiving, 2015) * About six in ten caregivers assist with medical/nursing tasks for their loved one, and 42 percent of these caregivers are performing those tasks without any preparation According to Caregiving in the U.S. 2015, 84 percent of caregivers report they could use more information or help on caregiving topics The top four topics of concern to caregivers are keeping their loved one safe at home, managing their own emotional or physical stress, making end-of-life decisions, and managing their loved ones' challenging behaviors (AARP and The National Alliance for Caregiving, 2015) * The economic value of family caregiving for older adults in the U.S. was estimated to be \$470 billion in 2013 It is estimated that U.S. businesses lose over \$25 billion annually due to lost productivity and absenteeism related to family caregiving among full-time working caregivers (AARP, 2015) * The University of California, Los Angeles (UCLA) Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard The highest proportion of seniors living in this gap includes renters, Latinos, women, and grandparents raising grandchildren (Padilla-Frausto, &amp; Wallace, 2015) Objectives * Provide a variety of senior health education and screening programs * Produce and mail quarterly activity calendars to community members * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations * Provide education and community resources to family caregivers * Maintain and grow partnerships with community organizations to expand community outre</p>

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Form 990, Part III, line 4a (Continued)	<p>ach and provide community members with updated information on available services and resources FY 2016 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them - through phone and in-person consultations - to a variety of free and low-cost programs and services The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources In FY 2016, the SMH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 3,100 households in San Diego, as well as distributed approximately 3,000 Vials of Life - small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people In FY 2016, the SMH Senior Resource Center provided more than 35 free health education programs to more than 500 community seniors, caregivers and loved ones of the elderly Programs were presented by professionals with a variety of expertise, including nursing, nutrition, physical therapy, speech therapy, medicine, anesthesiology, hospice, psychology, audiology, social work, and law as well as experts from community organizations Educational topics included diabetes, fall prevention, Parkinson's disease, Alzheimer's disease, addressing financial issues, avoiding scams, managing the emotions of caregiving, caregiver resources, maintaining a healthy voice, Medicare, safety, dealing with loneliness and hopelessness, pain management, peripheral artery disease, healthy eating, heart failure, coping with loss, coping with life's challenges, hearing loss, understanding hospice and advance care planning (ACP) Programs were offered at Sharp office locations, Sharp Senior Health Centers, the Peninsula Family YMCA, Point Loma/Hervey Branch Library, All Souls Episcopal Church and Point Loma Community Presbyterian Church</p>

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Form 990, Part III, line 4a (Continued)	<p>The SMH Senior Resource Center provided health screenings to more than 110 community seniors at six health fairs and events during the year. Screenings included diabetes, hearing and hand mobility (arthritis, carpal tunnel, trigger finger, etc.) as well as medication review, in which a pharmacist reviewed attendees' medications and answered questions to support proper medication management. In addition, free monthly blood pressure screenings were provided to nearly 600 members of the senior community. As a result of the blood pressure screenings, approximately 90 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Peninsula Family YMCA and the War Memorial building at Balboa Park. The SMH Senior Resource Center participated in 10 community events in FY 2016, including health fairs, conferences and seminars that reached more than 1,100 attendees. Health fair and event locations included the Johnson &amp; Johnson employee health fair, the War Memorial Building at Balboa Park and the San Diego LGBT Community Center (The Center). The SMH Senior Resource Center also participated in the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula Shepherd Center that provided information, referrals, transportation and outreach to more than 100 seniors in Point Loma. In May, the SMH Senior Resource Center participated in the Veteran Resource Fair at the War Memorial Building in Balboa Park, presented by the San Diego County Hospice Veteran Partnership and the Caregiver Coalition of San Diego. The free event provided approximately 20 veterans, caregivers and family members with presentations on available health care services, VA San Diego Healthcare System (VASDHS) benefits enrollment and estate planning, as well as community health resources from nearly 30 vendors. In October, the SMH Senior Resource Center hosted its annual Senior Health and Safety Fair at Point Loma Community Presbyterian Church. The event offered free flu shots, health screenings and community health resources to approximately 200 seniors and family caregivers. In addition, the SMH Senior Resource Center provided Vials of Life as well as health and community resources for seniors and caregivers at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina. In June, the SMH Senior Resource Center served approximately 400 community members at the County of San Diego Aging and Independence Services (AIS) 2016 Aging Summit Age Well San Diego. The event included presentations on housing, transportation and mobility, civic engagement, and the aging brain as well as offered resource exhibitors, including information from the SMH Senior Resource Center on Vials of Life and screening events and programs for seniors and caregivers. In October, the SMH Senior Resource Center participated in San Diego Community Action Network's (SanDi-CAN) Crucial Conversations Navigating Yo</p>

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Form 990, Part III, line 4a (Continued)	<p>ur Way conference at Balboa Park More than 40 seniors and their family members attended t he free conference, where they learned tools to identify their end-of-life values and goal s of care and communication skills for making informed health care decisions The confere nce included a resource fair, a screening of Being Mortal - a documentary that addresses th e national dialogue around death and w hat matters most to patients and families - and a po st-film panel discussion The SMH Senior Resource Center also held a conference for approx imately 25 seniors and caregivers titled Caring for the Caregiver at Point Loma Community Presbyterian Church At the conference, experts from Alzheimer's San Diego and Southern Ca regiver Resource Center (SCRC) provided education on the emotional issues of caregiving, h ow to address behaviors and enhance communication w ith someone w ith dementia, proper trans fer and lift techniques, and w hen to consider hospice In April, the SMH Senior Resource C enter partnered w ith Sharp HospiceCare and Point Loma Community Presbyterian Church to pro vide a conference titled Life's Transitions Changing Health Care Needs through the Years for community seniors and their families Held at the Point Loma Community Presbyterian Ch urch, the free conference provided more than 70 attendees w ith educational presentations f rom a physician, attorney, licensed clinical social w orker, ACP specialist, and other expe rts on how to approach aging from a healthier perspective w ith an alert mind, vitality and a plan for the future The SMH Senior Resource Center and Sharp Senior Health Centers con tinued to coordinate notification of the availability and provision of seasonal flu vaccin es for seniors and high-risk adults in a variety of community settings through activity re minders, collaborative outreach conducted by the flu clinic site, paper and electronic new spaper notices, and Sharp com In FY 2016, the SMH Senior Resource Center and the Sharp Se nior Health Centers sponsored six community seasonal flu clinics, serving approximately 34 0 seniors and other vulnerable community members w ith chronic illness Flu clinics were he ld at the Sharp Senior Health Centers, the Senior Health Fair at Point Loma Community Pres byterian Church, the Orchard Apartments low - income senior housing, Holy Trinity Catholic C urch (homeless outreach), Westminster Tow er and Serving Seniors sites, including the Poti ker Family Senior Residence and the Gary and Mary West Senior Wellness Center At many of these sites, the SMH Senior Resource Center also provided their activity calendars detaili ng upcoming community events and programs, including blood pressure and flu clinics, Vials of Life, and other community programs for seniors In addition, the Sharp Senior Health C enters provided education on ACP to flu clinic attendees Sharp Senior Health Centers are committed to providing outreach and serving underserved seniors in dow ntow n San Diego Thr ough educational presentations</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>, Sharp Senior Health Centers are able to connect with and provide services to highly vulnerable seniors who need care, education and support Throughout FY 2016, Sharp Senior Health Centers provided more than 450 community seniors with health education and referrals to community resources for housing, food, depression, social services, senior centers and more Education was provided at the Potiker Family Senior Residence and through a Sharp Speaker Series at the Gary and Mary West Wellness Center Topics included peripheral artery disease, heart failure, caregiving, bedbugs and scabies, Medicare, Medi-Cal, Cal MediConnect, Vials of Life, memory care, Alzheimer's disease, dementia, depression, fall prevention, chair yoga, seniors and vaccines, shingles, how to find reliable health information online, end-of-life planning (including advance directives, eye health and resources), diabetes, finding healthy food, healthy eating, and how to get the most out of a doctor visit Also at the Potiker Family Senior Residence, the Sharp Senior Health Centers provided a holiday depression screening to approximately 40 seniors in November The Sharp Senior Health Centers also provided education on depression to approximately 25 attendees at a National Active and Retired Federal Employees Association (NARFE) meeting In addition, in collaboration with SMV, Sharp Senior Health Centers also provided a depression screening and education to approximately 20 attendees at Potiker Family Senior Residence Further, the Sharp Senior Health Centers provided senior resources to CVS MinuteClinic locations Sharp Senior Health Centers provided education and resources to more than 550 attendees at numerous community events in FY 2016 Events included the Sharp Senior Resource Center Senior Health &amp; Information Fair at Point Loma Community Presbyterian Church, SanDi-CAN Crucial Conversations Navigating Your Way conference at Balboa Park, Caring for the Caregiver Conference at Point Loma Community Presbyterian Church, Advanced Illness Management An Integrated Approach Across the Continuum of Care conference at Paradise Point Resort and Spa, and St Paul's Villa ninth Annual Senior Resource Fair</p>

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Form 990, Part III, line 4a (Continued)	<p>                         New in FY 2016, Sharp Senior Health Centers partnered with the Food Bank to host their new Senior Nutrition &amp; Wellness Classes Taught by the Food Bank's registered dietitian, the six-week program consisted of hour-long classes to teach seniors the fundamentals of nutrition including how to read a nutrition label, how to prepare healthy meals on a budget, and how to reduce salt and sugar intake In addition, attendees learn exercises designed for seniors Thirty-six seniors have graduated from the quarterly program since its inception in April 2016 In addition to receiving vital health and nutrition education, the Food Bank provides attendees free fresh produce and referrals to its food programs as needed To date, 100 percent of graduates have reported increased consumption of fresh fruits and vegetables and engaging in moderate exercise Throughout the year, both the SMH Senior Resource Center and Sharp Senior Health Centers maintained active relationships with numerous community organizations, including the Peninsula Shepherd Senior Center, Serving Seniors (including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center), Bayside Community Center, Westminster Tower (senior housing), Jewish Family Service of San Diego, Caregiver Coalition of San Diego, Adult Protective Services, SCRC, Alzheimer's San Diego, American Parkinson Disease Association, SanDi-CAN, SDCCOA, NARFE, Community Center for the Blind and Visually Impaired, CVS MinuteClinics, Aging and Disability Resource Connection, Parkinson's Association of San Diego, Cabrillo Credit Union Supervisory Committee and the Health Insurance Counseling and Advocacy Program (HICAP) - ensuring ongoing networking among community professionals and the provision of quality programs for seniors The Sharp Senior Health Centers' collaboration with HICAP included the provision of ongoing counseling and education by a HICAP representative to community members at the Senior Health Center Clairemont HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns FY 2017 Plan The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following * Provide information, resources and support to address relevant concerns of seniors and caregivers in the community, including senior mental health issues, ACP, memory loss, advanced illness management, caregiving, senior services, nutrition, healthy aging, and balance and fall prevention * Provide community health information and resources through educational programs, monthly blood pressure clinics, and a variety of health screening opportunities * Produce and distribute quarterly calendars for approximately 3,000 San Diego households, highlighting events of interest to seniors and family caregivers * Continue support of the Vials of Life program through the distribution of 3,000 Vials of Life to community seniors * Provide seasonal f                     </p>

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Form 990, Part III, line 4a (Continued)	<p>                         flu vaccinations to seniors and community members who face challenges in accessing care, specifically high-risk adults * Participate in community health fairs and conferences, including the SanDi-CAN end-of-life conference * In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues * In collaboration with Sharp HospiceCare, host an aging conference for seniors in Point Loma * In collaboration with SMV's Senior Intensive Outpatient Program, provide education on holiday blues and depression as well as senior behavioral health * Collaborate with Serving Seniors and SMV to provide depression screenings and education * Maintain active relationships with organizations that serve seniors in SDC, Point Loma, the County's north central and central regions, and downtown San Diego * Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center * Explore a collaboration with Serving Seniors and the new dental clinic at the Gary and Mary West Senior Wellness Center * Explore opportunities for medication screenings by a pharmacist for vulnerable seniors - including a screening for low-income Chinese seniors * Expand programs offered to senior residences in the downtown area * Collaborate with various community organizations to provide programs and resources to members of the senior community * Continue collaboration with the Food Bank to provide quarterly Senior Nutrition &amp; Wellness classes at both Sharp Senior Health Center locations                     </p> <p>                         Identified Community Need Health Education and Wellness Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2016 CHNA identified cardiovascular disease, Type 2 diabetes, cancer and obesity among seven priority health issues affecting members of the communities served by SMH * The HASD&amp;IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases * The HASD&amp;IC and SMH 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity). These 10 social determinants are: food insecurity and access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty * Key informant interviews conducted as part of the HASD&amp;IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include                     </p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ude behavioral health prevention and stigma reduction, education on disease management and food insecurity, integrating physical and mental health care, better coordination of care, greater cultural competence and diversity, and engagement of patient navigators and case managers in the community * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities (City Heights, Downtown, etc.) (Dignity Health, SanGIS, OSHPD &amp; SpeedTrack Inc., 2015) * According to data presented in the SMH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke According to the CDC, about half of Americans (49 percent) have at least one of these three risk factors Additional risk factors include alcohol use, obesity, diabetes and genetic factors * The HHS's LiveWell San Diego 3-4-50 initiative identified three behaviors (poor diet, physical inactivity, and tobacco use) contributing to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes, and pulmonary diseases), which result in more than 50 percent of deaths worldwide In 2013, 55 percent of all deaths in SDC were attributed to 3-4-50 conditions * In 2013, heart disease was the second leading cause of death for SDC and cerebrovascular disease was the fourth leading cause of death for SDC * According to 2015 CHS data, the self-reported obesity rate for adults ages 18 and older in SDC was 23.5 percent * In 2015, 12.3 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHS, 2014) * In 2013, the number of arthritis-related hospitalizations in SDC totaled 10,332 - an age-adjusted rate of 321.5 per 100,000 population * According to the National Institutes of Health (NIH), more than 52 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures It can also affect the lives of family members and friends who serve as caregivers (NIH, 2014) * Obesity increases the risk of many health conditions, including coronary heart disease, stroke, Type 2 diabetes, and various cancers Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015) * According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer Between 2011 and 2014, 36.5 percent of Americans were obese (CDC, 2015)</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>Objectives * Host educational classes and support groups for the community on a variety of health and wellness topics * Offer health literacy resources through the Cushman Wellness Center Community Health Library and through outreach at community events * Participate in community-sponsored events and support nonprofit health organizations</p> <p>FY 2016 Report of Activities The OPP and various SMH departments conduct a broad spectrum of community health education classes and support groups. In FY 2016, classrooms were booked for more than 1,000 hours and served thousands of patients and community members. Educational classes covered a variety of health and wellness topics, including diabetes, cancer, integrative medicine (e.g., music therapy, acupuncture, hypnosis and massage), relaxation skills, parenting and childbirth, and suicide awareness. In addition, support groups were available for community members to come together and share their personal experiences and advice for coping with various challenges. Groups were held for cancer, stroke, heart transplantation, heart failure, needs of new mothers and families, and support for individuals who have received bariatric surgery, including nutrition and relapse. Sharp Rehabilitation Services (Sharp Rehab) also offered weekly adaptive yoga classes for people with physical limitations as well as various support groups, including Women on Wheels (WOW), the Support Group for Men with Spinal Cord Injury (SCI) and the Sharp Players. Facilitated by two Sharp Rehab social workers, the WOW support group strives to empower women with mobility impairments. In FY 2016, approximately 75 group members gathered monthly at the SMH Rehabilitation Center to share their thoughts and feelings about their current life challenges, victories and visions. WOW also arranged art therapy sessions, summer parties, lunch outings and museum visits for its members. With a network of many disabled women and community partners, WOW is the only support group strictly for women with mobility impairments in SDC. The Support Group for Men with SCI also met monthly at the SMH Rehabilitation Center and offered guest speakers and special outings in FY 2016, including a trip to a Padres game. In addition, group members offered their own peer support to SMH patients with recent injuries. The Support Group for Men with SCI served approximately 40 meeting attendees in FY 2016. The group includes an additional 100 community members involved through an electronic resource and support network. Approximately 30 individuals were served through the Sharp Players weekly support group in FY 2016, which uses music and drama to facilitate emotional healing and support for individuals with a range of conditions, including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. Through the group, members provided performances for approximately 200 community members at a</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>variety of community sites, including the San Diego Brain Injury Foundation, Merrill Gardens retirement home, University City Older Adult Center, Beldon Village affordable housing and the Point Loma Community Presbyterian Church Senior Program Also in FY 2016, Sharp Rehab offered presentations on Mindfulness Awareness and Mindful Self Compassion to community members at the La Jolla Public Library and the La Jolla Community Center In addition, Sharp Rehab continued to devote time to the HeadNorth Foundation, a nonprofit organization dedicated to providing essential support and guidance to those affected by SCI The OPP offers the Cushman Wellness Center Community Health Library, which features DVDs, CDs, books, pamphlets and access to the Internet to help patients and community members locate reliable health information in various languages The Community Health Library is led by a consumer health librarian with a specialty in community health as well as a store manager with expertise in health-related gifts, assisted devices and community health resources To keep the public regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter as well as a classroom community calendar for the OPP In FY 2016, 400 newsletters were mailed and 200 newsletters were electronically delivered to community members each quarter The library also collaborates with and provides resources to all Sharp entities Community members can learn more about the Community Health Library through Sharp.com and may contact the consumer health librarian by email, phone or through the library's webpage Community outreach by the Cushman Wellness Center Community Health Library is a high priority In FY 2016, the consumer health librarian provided education and resources on health literacy topics as well as health-related giveaways, including hot/cold gel packs and women's monthly planners, to library visitors and more than 2,500 people at a variety of community organization sites, health fairs and events This included the San Diego Earth Fair at Balboa Park, Sharp Women's Health Conference, Sharp Senior Health &amp; Information Fair at Point Loma Community Presbyterian Church, San Diego Center for the Blind, Downtown Family Health Center at Connections (health care clinic with an emphasis on serving the homeless), and the Downtown Sharp Senior Health Center The consumer health librarian shared health literacy best practices with the larger health care community through the contribution of a chapter on health literacy in The Medical Library Association Guide to Providing Consumer and Patient Health Information book series as well as through a Medical Library Association webinar for consumer health librarians In addition, the consumer health librarian provided health literacy education to 25 nursing students from SDSU The consumer health librarian continued to serve on the board for Girls with Goals, an organization dedi</p>

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Form 990, Part III, line 4a (Continued)	<p>                         cated to inspiring young women to create their visions, set goals and achieve success, as well as on the Health Literacy San Diego Task Force, a joint effort of Community Health Improvement Partners (CHIP) and the San Diego Council on Literacy to improve health communication in SDC. In FY 2016, SMH provided first-aid stations at community-sponsored health fairs and events, including the Lao Boat Racing Festival and the Empty Cradle Walk to Remember - an event for families to honor a lost infant or child. In addition, SMH was a sponsor in the sixth Annual Finish Chelsea's Run event in Balboa Park in March. Various hospital departments also provided health education and resources at Sharp's annual Women's Health Conference, including breast self-exam demonstrations, blood pressure screenings, chair massage, acupuncture and integrative medicine, musculoskeletal health, exercise and sports injury, osteoporosis education and heel screenings, and sleep apnea. In addition, SMH provided coordination, support and related fundraising activities for the AHA Heart &amp; Stroke Walk. FY 2017 Plan SMH will do the following:                     </p> <ul style="list-style-type: none"> <li>* Continue to offer educational classes on a variety of health and wellness topics to community members.</li> <li>* Continue to provide a variety of support groups to community members on issues such as cancer, rehabilitation, stroke, heart transplantation and heart failure.</li> <li>* Develop and coordinate quarterly calendars and newsletters for community health education and screening events.</li> <li>* Continue to partner with local and national organizations to provide health literacy education and resources at a variety of community sites, and share health literacy best practices with industry professionals.</li> <li>* Continue to increase awareness of the Cushman Wellness Center Community Health Library and its resources.</li> <li>* Provide health education, first-aid stations and health screenings at community events, as requested by community partners.</li> <li>* Provide coordination, support and fundraising activities for local nonprofit organizations.</li> </ul> <p>                         Identified Community Need: Cancer Education and Patient Navigator Services. Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale                     </p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* The SMH 2016 CHNA identified cancer as one of seven top priority health issues for community members served by SMH * The HASD&amp;IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals * Sharp cancer navigator discussions conducted as part of the SMH 2016 CHNA process identified the following chief concerns for cancer patients in SDC cultural differences and language barriers between patient and provider, health literacy, financial issues, knowing where to go for care, availability of reliable transportation, difficulty with end-of-life conversations, and lack of advance care directives among cancer patients * According to data presented in the SMH 2016 CHNA, in 2015, 330 (23.5 percent) of the 1,403 SMH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources * According to Sharp oncology data presented in the SMH 2016 CHNA, the top observed cancers at SMH in 2015 were (in rank order) breast cancer, lung cancer, colorectal cancer, skin-melanoma, and prostate cancer * The cancer key informant interview conducted as part of the SMH 2016 CHNA process identified access to insurance, access to appropriate care, and language barriers for non-English speakers as major challenges facing oncology patients Additional issues include financial, legal, and survivorship issues, emotional, sexual and body image issues, lack of social network leading to increased need for transportation, in-home support and other treatment-related resources, and end-of-life or palliative care issues * The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer the provision of lay navigators, including integration of navigators into the care process, community coordinators with knowledge of hospital needs and community resources, greater hospital and community partnerships, resources to educate providers on end-of-life and palliative care issues, personnel within the health care system to identify resources and answer questions, financial assistance for co-pays, prescriptions, child care and other bills, and survivorship clinics * As part of the SMH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Survey suggested the following areas for improvement in cancer care more time with doctors, more comprehensive educational groups, a navigator staff member or case manager for all oncology patients, not just newly diagnosed, help navigating health insurance options to identify the best coverage for individual needs, and tours specific to patients who have a serious illness requiring multiple treatments * In 2014, cancer was the leading cause of death for SDC residents * In 2013, there were 5,030 deaths due to cancer (all types) in</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>SDC The age-adjusted death rate due to cancer was 155.7 deaths per 100,000 population in SDC. * In SDC overall in 2013, 22 percent of all cancer deaths were due to lung cancer, nine percent to colorectal cancer, seven percent to female breast cancer, six percent to prostate cancer and less than one percent to cervical cancer (LiveWell San Diego, 2013). * According to a 2016 report from the American Cancer Society (ACS) and the California Department of Health titled California Cancer Facts &amp; Figures, in 2013 there were 13,570 observed new cancer cases and 5,030 cancer deaths in SDC. * By 2018, total cancer cases in SDC are expected to grow by 11.7 percent (California Cancer Registry, 2013, Truven Health Analytics Market Discovery Planning). * According to the ACS Cancer Statistics Center, in 2016 there will be an estimated 26,730 new cases of breast cancer and 4,400 breast cancer deaths for females in California. * The age-adjusted mortality rate of breast cancer in SDC in 2013 was 20.1 per 100,000 population. This falls slightly below the HP2020 target of 20.7 breast cancer deaths per 100,000 women. * According to the CDC, from 2009-2013, SDC had an age-adjusted breast cancer incidence rate of 128.3 per 100,000 population. This is higher than the incidence rates for the same period in California or the U.S. (121.4 and 123.3, respectively). * According to the 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile Report, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.1 cases per 100,000 women. It is expected that SDC will take approximately five years to meet the HP2020 target. * According to the 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile Report, breast cancer mortality rates for African American women were the highest in SDC in 2013, at 27.7 deaths per 100,000. This exceeded the mortality rate for Caucasian (23.9), Latina (17.3), and Asian/Pacific Islander (13.2). * The study findings from the 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile Report indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, and African American women (Susan G. Komen, 2015). * According to the 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile Report, approximately 81.9 percent of women in SDC between the ages of 50 and 74 reported having a mammogram in the past two years, exceeding the Healthy People 2020 target of 81.1 percent for breast cancer screenings. * According to a 2014 report from the ACS, California Cancer Facts &amp; Figures, screening offers the ability for secondary prevention by detecting cancer early. Regular screening that allows for the early detection and removal of precancerous growths is known to reduce mortality for cancers of the cervix, colon, and rectum. Five-year relative survival rates for common cancers are 93 to 100 percent if they are diagnosed early.</p>

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Form 990, Part III, line 4a (Continued)	<p>discovered before having spread beyond the organ where the cancer began * The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients Some of the tasks a patient navigator may assist with include psychosocial support, assistance with treatment decisions, assistance with insurance issues, arrangement of transportation, coordination of additional services (ie, fertility preservation), and tracking of interventions and outcomes The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016) Objectives * Provide cancer education and support to patients and community members * Provide cancer resources and education at community events * Provide cancer patient navigation and support services to the community FY 2016 Report of Activities Note SMH is accredited by the National Accreditation Program for Breast Centers (NAPBC), indicating the highest standard of care for patients with diseases of the breast SMH is also accredited by the American College of Surgeons Commission on Cancer (CoC) as a Comprehensive Community Cancer Center, demonstrating its commitment to meeting rigorous standards and improving the quality of care for patients with cancer In FY 2016 the Laurel Amtower Cancer Institute at SMH reached hundreds of community members, patients and family members through a variety of support groups, educational classes and community events Free cancer support groups provided a safe environment for nearly 400 patients and community members to discuss their experiences with cancer and tools for coping Monthly support groups were offered for individuals living with breast cancer, friends and family members of cancer patients, and individuals living with a brain tumor or brain cancer Bimonthly groups were held for young patients with cancer and those with advanced cancer In addition, the Laurel Amtower Cancer Institute offered support during the 2015 holiday season through its Coping With Cancer Through the Holidays community seminar</p>

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Form 990, Part III, line 4a (Continued)	<p>Approximately 900 individuals were reached through numerous free educational classes in FY 2016. This included a variety of classes to support nutrition for individuals with cancer. Utilizing resources and guidelines from the National Cancer Institute (NCI), American Institute for Cancer Research, ACS, and the Environmental Working Group, monthly nutrition classes educated participants on maintaining optimal nutrition during and after treatment for breast cancer. In March, a similar class was offered with a focus on nutrition before, during and after treatment for oral, head and neck cancer. Furthermore, two classes on maintaining optimal nutrition for the cancer patient were offered in May and September. The Laurel Amtower Cancer Institute offered several classes to support the emotional aspects of cancer and promote relaxation and healing, including monthly art classes, a bimonthly relaxation skills workshop, and weekly chair yoga. In addition, monthly Lunch and Learn classes helped individuals address the emotional phases of cancer, including new cancer diagnosis, what to expect with children or grandchildren at home, and expectations following cancer treatment. The Laurel Amtower Cancer Institute also continued to provide meeting space for four Look Good Feel Better classes, which are led by the ACS to help women manage the appearance-related side effects of cancer treatment (e.g., hair loss, etc.) and increase self-confidence. Two educational classes were offered on lymphedema - an incurable but treatable medical condition caused by trauma (e.g., surgery, chemotherapy and radiation), injury, or congenital defects in the lymphatic system from which swelling can occur. Led by a certified lymphedema therapist, the classes were open to anyone in the community with or at risk of developing lymphedema as well as their caregivers and partners. Class lectures included an overview of lymphedema and information on risk reduction and treatment options. Participants also received educational resources including a guide to local medical vendors if they wished to purchase a compression gauntlet. Weekly Healthy Steps classes were also offered to promote safe exercises for those with cancer. Based on the Lebed Method, these classes taught gentle, therapeutic exercise movements to increase range of motion and prevent lymphedema for breast cancer survivors, seniors and those battling other chronic health conditions. In addition, two Exercise and Stress Management classes taught relaxation methods to help the body heal and strategies for exercising without going to the gym. Additional class offerings in FY 2016 included three physician-led Breast Cancer Education forums, which taught individuals with a recent breast cancer diagnosis about the pathological call wording and staging of their particular cancer type and treatment options, as well as a class on cancer and genetics to help community members learn how genetic testing can help them plan ahead. The Laurel</p>

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Form 990, Part III, line 4a (Continued)	<p>Amtower Cancer Institute also provided a four-session Food for Life cooking series to teach participants about the power of food for cancer prevention and survival. Instructed by the Cancer Project - a program of the Physicians Committee for Responsible Medicine - the series included nutrition lectures, live cooking demonstrations and food tastings to help participants learn how to prepare simple and healthy meals at home. Throughout the year, staff provided cancer education and resources to hundreds of community members at a variety of community events, including the ACS Making Strides Against Breast Cancer Walk, San Diego Free to Breathe Lung Cancer Run/Walk, and the Sharp Women's Health Conference. The team also participated in the eighth annual Nine Girls Ask luncheon fundraiser to support the advancement of ovarian cancer research. In addition, for three days in June, the Laurel Amtower Cancer Institute recognized National Cancer Survivors Day(r) by hosting a celebratory community event for cancer patients and survivors. The Laurel Amtower Cancer Institute at SMH includes the Breast Health Center and the Neuro-Oncology Center, with two designated licensed clinical social workers (LCSW), a dietitian, two genetics counselors and five nurse patient navigators, to support and guide cancer patients and their families from the time of diagnosis through the course of treatment. In FY 2016, LCSWs served more than 2,000 individuals through free psychosocial and emotional support, education and referrals for patients and their family members, while the dietitian received approximately 340 new patient referrals for nutrition counseling. Serving SMH and SGH, the genetics counselors provide risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for high-risk patients. From January 2015 to December 2016, the genetics counselors dedicated more than 3,100 hours to genetics counseling, including approximately 390 consultations and nearly 800 referrals. During this timeframe, the number of new patient consultations increased 61 percent while the number of referrals provided increased 60 percent. Nurse navigators are available for all cancer diagnoses inclusive of breast, brain and spinal tumors, leukemia/lymphomas, head and neck, lung, pancreas, bladder, colorectal, renal, prostate, and gynecological. The navigators provide ongoing guidance for patients and families, from the time of diagnosis and throughout their treatment process. This includes facilitation of appointment scheduling, explanation of procedures and test results, provision of educational resources and supportive services, assistance with financial resources, and referrals to multiple agencies, including, but not limited to, Mama's Kitchen, Meals on Wheels Greater San Diego, Jewish Family Service of San Diego, Cancer Angels of San Diego, Nine Girls Ask, Support for People with Oral and Head and Neck Cancer, Informed Prostate Cancer Support Group, P</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>pancreatic Cancer Action Network, Wigs by Patti Joyce, Free to Breathe, San Diego Brain Tumor Foundation, American Brain Tumor Association, Shades of Pink Foundation California, Head and Neck Cancer Alliance, Oral Cancer Foundation, Leukemia and Lymphoma Society, ACS, NCI, Breast Cancer Angels, Brighter Side boutique for women with cancer, and the Cancer Project. In October and February, the Breast Health Center led the Advances in Breast Health Care events to support learning opportunities for community physicians and other health care professionals. The free events provided education on advancements in breast health, diagnostics, assessments and genetics for approximately 75 professionals. In addition, the Laurel Amtower Cancer Institute supported Sharp HealthCare's Advanced Illness Management conference in June as well as SMBHWN's second annual Innovations Summit - an educational conference for community physicians and clinicians on women's and children's health care - in March. FY 2017 Plan The Laurel Amtower Cancer Institute at SMH will do the following:</p> <ul style="list-style-type: none"> <li>* Continue to provide classes on topics including nutrition, exercise, art and relaxation for patients and community members impacted by cancer</li> <li>* Continue to provide cancer support groups for patients and community members, including groups for breast cancer, brain tumors and brain cancer, advanced cancer, young cancer patients, and friends and family of cancer patients</li> <li>* Continue to provide meeting space for four ACS Look Good - Feel Better classes</li> <li>* Continue to participate in community walks, health fairs and events</li> <li>* Provide a free seminar to educate community members about lifestyle choices for reducing breast cancer risk</li> <li>* Continue to support patients, families and community members through patient navigation, social work, nutrition and genetic counseling services</li> <li>* Participate in oncology-related continuing education opportunities for community physicians and other health care professionals</li> <li>* Continue to seek funding to support the Laurel Amtower Cancer Institute</li> </ul> <p>Identified Community Need: Prevention of Unintentional Injuries. Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale: * The HASD&amp;IC 2016 CHNA continued to identify unintentional injury as one of the top 15 priority health conditions among SDC hospitals.</p>

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Form 990, Part III, line 4a (Continued)	<p>* In 2013, accidents (unintentional injuries) were the sixth leading cause of death for SDC overall. Unintentional injuries - motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters and injuries at work - are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region. * Between 2010 and 2013, nearly 4,000 San Diegans died as a result of unintentional injuries. * In 2013, there were 1,015 deaths due to unintentional injury in SDC. The region's age-adjusted death rate due to unintentional injury was 30.6 deaths per 100,000 population. In 2013, unintentional injury accounted for 4.9 percent of total deaths in SDC. * In 2013, there were 22,454 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 691.5 per 100,000 population. * In 2013, there were 156,940 unintentional injury-related ED discharges in SDC. The age-adjusted rate of visits due to unintentional injury was 4,984.5 per 100,000 population. * Unintentional injury remains a leading cause of death for children ages 0 to 14 years. The effects of safety campaigns, educational strategies, and change in parenting practices have all had a positive impact on the safety and well-being of children in the San Diego community (HHS, 2012). * Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs such as ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and SCI, injury prevention measures, and the use of safety habits at an early age (<a href="http://www.thinkfirst.org/kids">www.thinkfirst.org/kids</a>, 2015). * According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, the physical environment both at home and in the community, access to health services and systems created for injury-related care, and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations). * According to the California Department of Public Health</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>Health's Burden of Chronic Disease and Injury Report California, 2013 injury, including both intentional and unintentional, is the number one killer and disabling of persons ages 1 to 44 in California * The same report states that every year in California, injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations and 2.3 million ED visits * Between 2012 and 2013, unintentional injuries accounted for 8.5 percent of all injury deaths among adults ages 65 and older in the U.S. (National Center for Health Statistics, 2015) * A 2016 National Vital Statistics Report titled Deaths Final Data for 2014 indicates that 59.4 percent of injury deaths in the U.S. in 2014 were attributed to three causes: poisoning (26.0 percent), motor-vehicle traffic (16.9 percent), and falls (16.5 percent) In 2014, the age-adjusted rate of death from unintentional death in the U.S. was 40.5 deaths per 100,000 population (CDC, 2016) Objective * Offer an injury and violence prevention program for children, adolescents and young adults throughout SDC FY 2016 Report of Activities With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), ThinkFirst/Sharp on Survival speakers connected with students from more than a dozen schools throughout SDC, including Castle Park High School, Coronado High School, Chula Vista High School, Oceanside High School and San Diego High School of Science and Technology (formerly San Diego High) Reaching more than 630 students, the program offered a variety of classroom presentations, small assemblies, and personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voices for Injury Prevention (VIPs) Educational topics included the consequences of poor decision making, injury prevention and available careers in health care In addition, students at Oceanside High School who were interested in pursuing careers in health care received a half-day interactive tour of the SMH Rehabilitation Center FY 2017 Plan ThinkFirst/Sharp on Survival will do the following * With funding support from grants, provide educational programming and presentations for local schools and organizations * With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs * Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership * Grow partnership with HASPI through participation in conferences and roundtable events * As appropriate and with funding, explore opportunities to incorporate concussion education into school and community-based presentations * Through the HASPI partnership, continue to expand educational presentations to schools in North County, South Bay, Coronado and Imperial Valley * Explore further opportunities to provide education to health care professionals and college students interested in</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>health care careers * As appropriate and with funding, continue to explore opportunities to utilize ThinkFirst/Sharp on Survival curricula to serve varied populations throughout SDC Identified Community Need Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * According to the 2013 SDC Healthcare Shortage Areas Atlas from the HNSA, SDC is one of 27 counties in California listed as a registered nurse (RN) Shortage Area * The 2014 labor market analysis by the San Diego Workforce Partnership (SDWP) indicated that the occupations with the largest supply gaps were nursing assistants, home health aides, physician's assistants, clinical laboratory scientists, and laboratory technicians * According to the SDWP, health care specialty occupations were expected to increase employment by 12 percent (7,466 jobs) between 2013 and 2018 in SDC The top six growing health care occupations in 2014 were RNs, home health aides, nursing assistants, medical assistants and licensed vocational nurses (SDWP, 2014) * The 2014 labor market analysis by the SDWP indicated that there was an increasing number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers * The 2015 SDWP Priority Sectors report recommends that health care training and education programs in SDC emphasize soft skills, such as teamwork, time management, customer service, and basic computer literacy in their curriculum in order for their graduates to be competitive in the labor force According to the SDWP 2011 report titled Healthcare Workforce Development in San Diego County, there is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign languages * In their 2014 Occupational Outlook Quarterly, the U.S. Bureau of Labor Statistics (BLS) identified several factors leading to an increased demand for RNs and other health care personnel in the U.S. These factors include projected population growth in the next decade, aging of the U.S. population, greater numbers of people living with chronic conditions, such as diabetes or obesity, improvements in medicine and technology, and federal health insurance reform, which has increased the number of Americans with health insurance coverage (BLS, 2014)</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* The BLS projects an employment of more than 3.1 million RNs in the U.S. in 2024, which is an increase of 16 percent from 2014. Compared to other health care practitioners and technical health care operators, RNs are projected to have the most opportunity for employment in 2020 (BLS, 2014). * The BLS projects that the demand for home health aides will grow 38.1 percent from 2014 to 2024. Older individuals often have health problems and need help with daily activities. As the U.S. population ages, the demand for home health aides will continue to increase (BLS, 2014). * Total employment is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is projected to increase its employment share from 12 percent in 2014 to 13.6 percent in 2024 - the fastest growing service industry. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015). * A March 2014 report from the California Hospital Association (CHA) titled Critical Roles: California's Allied Health Workforce Follow-Up Report emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students. In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and communities as a result of dedicating time and resources to the thousands of interns and high school students who gain valuable work experience and career exposure by spending time in California hospitals. Objectives * In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions. * Provide training for local, national and international health care professionals. FY 2016 Report of Activities SMH offered students and interns throughout SDC various placement and professional development opportunities. In FY 2016, approximately 450 nursing students and nearly 300 ancillary students from a variety of colleges and universities spent more than 119,000 hours at SMH. Program partners included Alliant International University, Azusa Pacific University, California College San Diego, California Northstate University, Concorde Career College, Creighton University, California State University Fresno, California State University San Bernardino, California State University San Marcos, Drexel University, EMSTA College, Gettysburg College, Grand Canyon University, Grossmont College, Grossmont Health Occupations, Iowa State University, Loma Linda University, Metropolitan State University, Mira Costa College, Mount Saint Mary College, National University, Oakwood University, Palomar College, Pima Medical Institute, Point Loma Nazarene University, Platt College, Regis University, Samuel Merritt University, San Diego Continuing Ed.</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>education, San Diego Mesa College, SDSU, San Jose State University, Sodexo Dietetic Internships, Southwestern College, St Catherine University, Touro University, University of Redlands, University of Puget Sound, University of San Diego (USD), University of San Francisco, University of Southern California, University of St Augustine, University of Utah, University of Washington, Utah State University, Western University and WestMed College The Clinical Pastoral Education (CPE) program also presented to 10 SDSU nursing students about spiritual care in the health care setting Furthermore, Sharp Rehab provided education on SCI to 40 physical therapy students at the University of St Augustine in San Marcos, and the Sharp Senior Health Centers provided education on bedside manner for geriatric patients to approximately 15 USD nurse practitioner students Through affiliations with EMSTA College, Palomar Community College and SWC, SMH provided both clinical training and observation hours for 28 emergency paramedic interns Each student completed approximately 130 hours of clinical training primarily in the ED, but also through rotations in labor and delivery, pulmonary services, trauma department, catheterization lab and operating rooms ED staff contributed approximately 4,000 hours of clinical training and supervision to these specialized community programs in FY 2016 SMH and SGH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses Participants received certification through the County of San Diego Emergency Medical Services (EMS) upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit In addition, as a radio base station, the Sharp Prehospital/EMS department provided two continuing education Regional Care Conferences for EMS personnel and MICN trained RNs in SDC SMH also continued its participation in the HSHMC program to provide early professional development for high school students During the school year, 200 students in ninth through 12th grade were supervised for approximately 20,600 hours between SMH and the OPP Students shadowed staff in a variety of hospital departments, including nursing, ED, post-anesthesia care unit, laboratory, pathology, radiology, imaging, endoscopy, catheterization lab, and pulmonary and cardiac rehabilitation Students were also oriented to hospital operations, including the cafeteria, supply chain, security and patient transporter services SMH has also incorporated educational components on patient- and family-centered care and the culture of a professional work environment in the HSHMC experience In addition, approximately 40 HSHMC students devoted approximately 1,600 hours to the SRS facility</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ility located adjacent to SMMC, shadow ing pediatric, orthopedic and electrocardiogram servi ces Sharp Rehab continued to provide free professional development opportunities for comm unity and Sharp professionals in FY 2016, including Compassion Cultivation Training (CCT) and Mindful Self-Compassion (MSC) training Developed by the Center for Compassion and Altruism Research and Education at the Stanford University School of Medicine, CCT is a nine- week course designed to help professionals develop compassion for themselves and others Through lectures, guided compassion cultivation exercises and group discussions, CCT can im prove communication, increase resilience to stress and enhance participants' feelings of w ell-being Designed by professionals at the University of Texas and the Harvard Medical Sc hool - Cambridge Health Alliance, MSC is an eight-w eek course that teaches mindful aw arene ss, self-kindness and self-compassion skills to help health professionals recognize diffic ult situations and respond w ith greater stress resilience The CCT and MSC courses trained approximately 100 health professionals in FY 2016 SMH is a Planetree Patient-Centered Ho spital Designated w ith Distinction, representing the highest level of patient-centered car e With this recognition, SMH provides hospital tours to share its experience in patient- and family-centered care upon request from various local, national and international hospi tals, nonprofit organizations and universities In FY 2016, guests toured various hospital units as w ell as the Cushman Wellness Center Community Health Library to learn about SMH' s unique programs and design properties that promote patient- and family-centered care, a healing environment, w orkforce efficiency and effective use of technology Tour participan ts may then apply these learnings to improve service delivery and customer experience w ith in their ow n organizations FY 2017 Plan SMH w ill do the follow ing * Continue to provide professional development opportunities for health professions students and interns through out SDC * Continue to collaborate w ith HSHMC to provide opportunities for high school stud ents to explore careers in health care * Continue to provide clinical training for chaplai n interns and residents through the CPE program * Continue to offer CCT and MSC courses fo r community health professionals * Continue to provide education and hospital tours for th e local, national and international health care community on patient- and family-centered care * Provide continuing education lectures to community physicians, residents, interns a nd Navy at the SMH Hip Preservation Center * Provide a tw o-day conference for orthopedic n urse certification Identified Community Need Support During the Transition of Care Proces s for High-Risk, Underserved Patients With Complex Medical Needs</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>Rationale references the findings of the SMH 2016 CHNA, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * As part of the SMH 2016 CHNA process, discussions with Sharp's Community-based Care Transitions Program ( CCTP)/Care Transitions Intervention (CTI) staff identified the following strategies for improving the health of SDC's vulnerable, high-risk, or medically underserved patients coaching, education about their disease and the health care system, education tailored to specific cultural and linguistic groups, providing transportation, support, hope, and love, and providing a personal health record with information about their medications and resources * A key informant interview conducted as part of the SMH 2016 CHNA process identified the home environment, transportation and medication management as challenges for vulnerable patients Recommendations included connecting patients to community resources as part of their transition from hospital to home, expediting services for discharged patients with immediate needs, and developing methods to finance hospital/community partnerships for expedited services * The HASD&amp;IC 2016 CHNA identified 10 SDOH that impact the four priority health needs in SDC (behavioral health, cardiovascular disease, obesity, and Type 2 diabetes) These social determinants are food insecurity and access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty * Key informant interviews conducted as part of the HASD&amp;IC 2016 CHNA suggested the following strategies for improving health and removing barriers to care behavioral health prevention and stigma reduction, education on disease management and food insecurity, improving diversity and cultural competency, coordinating services across the continuum, integrating physical and mental health, and engaging case managers and patient navigators in the community and incorporating them as a routine part of the continuum of care * Participants in the HASD&amp;IC 2016 CHNA community partner discussions recommended strengths-based case management, greater availability of multicultural providers and translators, and better coordination of discharge procedures as strategies for improving and maintaining health in SDC * Members of Sharp's Patient Family Advisory Council participating in the SMH 2016 CHNA's Health Access and Navigation survey identified the following top barriers to care understanding health insurance, making an appointment for care, follow-up care and/or appointments, using health insurance, knowing where to go for care, and picking up prescriptions Overall, these findings were aligned with feedback collected through the HASD&amp;IC 2016 CHNA's Health Access and Navigation Survey * As of October 2016, the overall unemployment rate was 4.8 percent for SDC, falling below the unemploy</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ent rate for the state of California in the same month of 5.5 percent (BLS, 2016) * In 2014, 30.4 percent of children and 17.7 percent of households in SDC received food stamps/Supplemental Nutrition Assistance Program (SNAP)/CalFresh benefits (CHIS, 2014) * In 2015, 17.4 percent of the population in SDC was living below the federal poverty level, with 21.7 percent of those being families with children * In 2015, nearly 7.7 percent of families in SDC received Supplemental Security Insurance (SSI) * The Regional Taskforce for the Homeless' 2015 WeAllCount report estimated that there were 8,742 homeless individuals in SDC, roughly half of whom are unsheltered. The most commonly cited cause of homelessness was loss of a job, followed by disability, loss of a spouse, and abuse * The Kaiser Family Foundation's 2016 Employer Health Benefits Survey indicated that the average health insurance premium for a single adult in 2016 is \$536 per month, or \$6,435 annually. The average health insurance premium for a family in 2016 is \$1,512 per month, or \$18,142 annually. The average family premium in 2016 is now 20 percent higher than the average family premium in 2010 and 58 percent higher than the average family premium in 2006. Objectives * Collaborate with community organizations to provide follow-up medical care, financial assistance, and psychiatric and social services to chronically homeless individuals * Assist economically disadvantaged individuals through transportation and pharmaceutical assistance. FY 2016 Report of Activities. In FY 2016, SMH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the SDRM, SMH discharged these patients to the SDRM's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SMH in a safe environment as well as provides psychiatric care, substance abuse counseling and guidance from the SDRM's programs in order to help patients get back on their feet. Sharp also provides post-acute care facilitation for high-risk patients, including those who are homeless or lack a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding. Patients receive assistance with transportation and placement, connections to community resources, and financial support for medical equipment, medications, outpatient dialysis and nursing home stays. In addition, clinical social work services, particularly for homeless populations, include assessment for individuals at risk for psychiatric disorders, developmental disorders and substance abuse issues. For these high-risk individuals, referrals are provided as needed for housing, medication management and supportive community services. To further assist economically disadvantaged individuals, in FY 2016, SMMC provided more than \$130,500 in free medications and transportation through its Project HELP funds. SMH also</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>continued the Meds-to-Beds pilot program to bring prescribed medications directly to patients before they leave the hospital, and help increase medication adherence post-discharge. These patients face challenges with picking up their medications on their own due to costs or other access issues. FY 2017 Plan SMH will do the following:</p> <ul style="list-style-type: none"> <li>* Continue to collaborate with community organizations to provide medical care, financial assistance, clinical social work services and community resources for chronically homeless patients</li> <li>* Explore collaborations with Society of St. Vincent de Paul and Connections Housing to provide post-discharge housing and services to chronically homeless patients</li> <li>* Continue to administer Project HELP funds to those in need, evaluate program to ensure it meets needs of the population served</li> <li>* With funding from the SMH Auxiliary, provide clothing for patients who lack usable clothing at discharge</li> <li>* Continue to provide financial assistance for prescription co-payments and other personal items</li> <li>* Explore the provision of temporary caregivers to support vulnerable elderly patients with the transition from hospital to home</li> </ul> <p>SMH Program and Service Highlights Sharp Memorial Hospital</p> <ul style="list-style-type: none"> <li>* 24-hour Emergency and Trauma Center, including heliport and base station</li> <li>* Acute care</li> <li>* Bioethics consultation</li> <li>* Cardiovascular rehabilitation</li> <li>* Clinical trials, including cancer, heart and vascular</li> <li>* Community Care Partner Program</li> <li>* Chest Pain Center, specializing in emergency chest pain treatment</li> <li>* Congestive Heart Failure Management Program</li> <li>* Critical care</li> <li>* Electrocardiogram</li> <li>* Electroencephalography</li> <li>* Health Information Ambassadors</li> <li>* Heart and vascular care, including mechanical circulatory support devices and heart transplantation</li> <li>* Heart Valve Surgery Center</li> <li>* Home health</li> <li>* Home infusion services</li> <li>* Hospice</li> <li>* Imaging services, including interventional radiology</li> <li>* Intensive Care Unit</li> <li>* Interpreter Services</li> <li>* Laurel Amtower Cancer Institute, including the Breast Health Center for breast cancer and other breast conditions, and Neuro-Oncology Center for brain and spinal cord cancer</li> <li>* Laboratory services</li> <li>* Open medical records program</li> <li>* Organ transplantation, including kidney, heart and pancreas</li> <li>* Orthopedics, including joint replacement surgery</li> <li>* Pain Management Center</li> <li>* Palliative care</li> <li>* Pathology services</li> <li>* Pharmacy services for inpatients</li> <li>* Pre-Anesthesia Evaluation Services</li> <li>* Primary care</li> <li>* Robotic surgery</li> <li>* Senior Resource Center</li> <li>* Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational and speech therapy</li> </ul>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Sharp and Children's MRI Center * Sleep Disorders Center * Spiritual care services, including Arts for Healing and Integrative Healing * Stroke care - recognized by the AHA * Surgical services, including thoracic (lung) and head and neck surgery * Van services * Warfarin management * Weight Loss (Bariatric) Surgery * Wound and Ostomy Inpatient Center Sharp Memorial Outpatient Pavilion * Cancer services, including nutrition and genetic counseling, nurse navigators, radiation therapy and diagnostic imaging * Cushman Wellness Center, including * Cushman Wellness Center Community Health Library * Health assessments and screenings * Executive Health Program * Holistic therapies, including acupuncture, guided imagery, massage, reflexology and Reiki * Fitness assessments * Diabetes education and management - recognized by the ADA * Oncology Associates of San Diego * Outpatient Imaging Center, including computed tomography (CT) scan, virtual CT colonoscopy, and digital and 3-D tomosynthesis mammography * Outpatient Surgery Center, including pre-anesthesia evaluation services * Sharp Rees-Stealy Surgical Eye Consultants, including ophthalmology and optometry * Summerfelt Endoscopy Center * Vision Laser Center, including ophthalmology, diagnostic and laser treatment Sharp Senior Health Center Downtown * Community health education programs * Community health screenings services * Primary and comprehensive physical and mental health care services to seniors Sharp Senior Health Center Clairemont * Community health education programs * Community health screenings and services * Primary and comprehensive physical and mental health care services to seniors Section 7 Sharp Mesa Vista Hospital and Sharp McDonald Center FY 2016 Community Benefit Program Highlights Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided \$15,015,699 in community benefit in FY 2016 See Table 37 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill (SB) 697 Table 37 Economic Value of Community Benefit Provided - Sharp Mesa Vista Hospital and Sharp McDonald Center - FY 2016 Note The table shows estimated FY 2016 unreimbursed costs and the data is presented by SB 697 category and by programs and services included in SB 697 Category Medical Care Services Shortfall in Medi-Cal - \$2,132,428 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in Medicare - \$4,072,650 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid thro</p>

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Form 990, Part III, line 4a (Continued)	<p>                         ough the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$5,985,722 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in CHAMPVA/TRICARE - \$682,890 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Charity Care - \$693,542 Charity care reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$175,072 Note Bad debt reflects the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy - \$608,878 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service Other Benefits for the Broader Community Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$213,934 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$450,583 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 services Unreimbursed costs were estimated by each department responsible for providing the program or service TOTAL - \$15,015,699 Key highlights * Unreimbursed Medical Care Services included uncom                     </p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ensated care for patients who were unable to pay for services, unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE, and financial support for on-site workers to process Medi-Cal eligibility for ms * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors, contribution of time to Stand Down for Homeless Veterans, Feeding San Diego, Ssubis Hope and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for vulnerable and community members facing inequities * Other Benefits for the Broader Community included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America (MHA), National Alliance on Mental Illness (NAMI), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, CHIP Suicide Prevention Council, San Diego Military Family Collaborative, San Diego Mental Health Coalition, San Diego County Older Adult Council, Alzheimer's Project Safety Workgroup, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction Treatment and Healing), Psychiatric Emergency Response Team (PERT), VA Mental Health Council, San Diego Workforce Partnership (SDWP) and Association for Ambulatory Behavioral Healthcare See Appendix A for a listing of Sharp community involvement In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration * Health Research, Education and Training Programs included education and training of health care professionals and student and intern supervision Definition of Community * SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123 * SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111 * SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92115, SMV East County Outpatient Program is located at 1460 East Main Street in El Cajon, ZIP code 92021</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>As specialty hospitals, SMV and SMC serve the community of San Diego County (SDC). The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region, and north inland communities surrounding Rancho Bernardo. For SMV's and SMC's 2016 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within SDC. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SMV with especially high need include but are not limited to, East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. Description of Community Health in SDC in 2015, 96.7 percent of children ages 0 to 11, 94.9 percent of children ages 12 to 17, and 88.9 percent of adults ages 18 to 64 had health insurance - failing to meet the Healthy People 2020 (HP2020) national targets for health insurance coverage. See Table 38 for a summary of key indicators of access to care and Table 39 for data regarding Medi-Cal eligibility. In SDC in 2015, 15.6 percent of adults ages 18 to 64 did not have a usual source of care and 12.3 percent of these adults had health insurance. In addition 22.5 percent reported fair or poor health outcomes. Further, 45.2 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level (FPL) reported as food insecure. Table 38 Health Care Access in SDC, 2015 Current Health Insurance Coverage Children 0 to 11 Years Rate - 96.7% Year 2020 Target - 100% Children 12 to 17 Years Rate - 94.9% Year 2020 Target - 100% Adults 18 to 64 Years Rate - 88.9% Year 2020 Target - 100% Regular Source of Medical Care Children 0 to 11 Years Rate - 95.1% Year 2020 Target - 100% Children 12 to 17 Years Rate - 84.6% Year 2020 Target - 100% Adults 18 to 64 Years Rate - 84.4% Year 2020 Target - 89.4% Not Currently Insured Adults 18 to 64 Years Rate - 11.1% Source: 2014-2015 California Health Interview Survey (CHIS) Table 39 Medi-Cal (Medicaid) Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2015 Medi-Cal Eligible - 19.0% Not Eligible - 81.0% Source: 2014-2015 CHIS. An analysis of 2015 mortality data for SDC revealed Alzheimer's disease and suicide as the third and eighth leading causes of death for SDC, respectively. Table 40 summarizes the leading causes of death in SDC. For additional demographic and health data for communities served by SMV and SMC, please refer to the 2016 CHNAs for these entities, available at <a href="http://www.sharp.com/about/community/community-health-needs-assessments">http://www.sharp.com/about/community/community-health-needs-assessments</a>. Table 40 Leading Causes of Death in SDC, 2015 Malignant neoplasms - 5,059 Diseases o</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>Heart - 4,763 Alzheimer's disease - 1,404 Cerebrovascular diseases - 1,170 Accidents (unintentional injuries) - 1,071 Chronic lower respiratory diseases - 1,001 Diabetes mellitus - 713 Intentional self-harm (suicide) - 411 Chronic liver disease and cirrhosis - 391 Essential hypertension and hypertensive renal disease- 383 Influenza and pneumonia - 344 Parkinson's disease - 270 Pneumonitis due to solids and liquids - 186 Septicemia - 114 Nephritis, nephrotic syndrome and nephrosis- 98 Source: Centers for Disease Control and Prevention, National Center for Health Statistics Underlying Cause of Death 1999-2015 on CDC WONDER Online Database, released 2016. Data are from the Multiple Cause of Death Files, 1999-2015, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program.</p> <p><b>Community Benefit Planning Process</b> In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMV and SMC:</p> <ul style="list-style-type: none"> <li>* Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals</li> <li>* Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels</li> <li>* Host a bimonthly committee to discuss, plan and implement community activities</li> </ul> <p><b>Priority Community Needs Addressed in Community Benefit Report - SMV 2016 CHNA and SMC 2016 CHNA</b> Both SMV and SMC completed their most recent CHNAs in September 2016. These CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report. In addition, this year SMV and SMC completed their most current implementation plans - a description of programs designed to address the priority health needs identified in their 2016 CHNAs. The most recent CHNAs and implementation plans for both SMV and SMC are available at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm. Through the SMV 2016 CHNA and the SMC 2016 CHNA, behavioral health was identified as the number one priority health need for SDC, including the behavioral health needs specifically for seniors. Although additional priority health needs were identified for Sharp hospitals through the 2016 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, cancer, diabetes, obesity, etc.), fall outside the scope of services provided by SMV and SMC. Thus, these identified health needs are not addressed in the community benefit report for these two hospitals. For additional details on SMV and SMC programs that specifically address the needs identified in the 2016 CHNA, please refer to SMV's and SMC's respective implementation</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>plans available at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm In alignment with the identified need of behavioral health, the following pages detail programs that specifically address * Mental health and substance abuse education and support for the community * Improving behavioral health outcomes for seniors at risk * Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2016 Report of Activities conducted in support of the objective(s), and FY 2017 Plan Identified Community Need Behavioral Health and Substance Use Education for the Community Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMV and SMC 2016 CHNAs continued to identify behavioral health as the priority health issue for community members served by SMV and SMC * The HASD&amp;IC 2016 CHNA identified behavioral health as the top priority health issue for community members in SDC * The following conditions were identified in the SMV and SMC 2016 CHNAs as priority behavioral health issues in SDC Alzheimer's disease, anxiety, drug and alcohol issues, and mood disorders * Community partner discussions conducted as part of the HASD&amp;IC 2016 CHNA process identified stigma as a significant barrier to improving behavioral health in SDC Specifically, fear that disclosing a mental illness would yield repercussions such as job loss, was identified as a barrier to accessing behavioral health care Reducing stigma related to mental health, building relationships with patients, and teaching families about the signs and symptoms of mental health issues were recommended * Discussions with Alpine Special Treatment Center as part of the HASD&amp;IC 2016 CHNA identified the following challenges to the behavioral health of vulnerable populations lack of available placements for patients ready to leave facilities, overburdened case managers, difficulty with the disability application process, and difficulty managing patients' physical health problems</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Respondents of the Health Access and Navigation Survey administered during the SMV and SMC 2016 CHNA processes identified the following barriers to accessing behavioral health care: getting, using and understanding health insurance, knowing where to go for care (e.g., the emergency department (ED), etc.), and making appointments (specifically availability of appointments and wait time issues) * Key informant interviews conducted as part of the SMV and SMC 2016 CHNA processes identified the following resources that should be developed to address substance use and related issues: early prevention programs that emphasize the dangers of alcohol, increased accessibility of treatment programs, presence of psychologists in the ED to provide screening, brief intervention, and referrals, available beds for those who cannot pay, and long-term aftercare * According to data from the Office of Statewide Health Planning and Development (OSHPD) presented in the SMV and SMC 2016 CHNAs, anxiety disorders were the top primary diagnosis for ED discharges among those ages 5 to 44 and ages 65 and older For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders * In general, data analysis in the 2016 CHNAs revealed a higher rate of behavioral health hospital discharges in SDC's more vulnerable communities (Dignity Health, SanGIS, OSHPD &amp; SpeedTrack Inc., 2015) * In 2013, the age-adjusted death rate due to suicide in SDC was 13.1 deaths per 100,000, which is higher than the HP2020 target of 10.2 deaths per 100,000 * In 2013, the age-adjusted rate of self-inflicted injury ED discharges in SDC was 81.2 per 100,000 population * In 2013, there were 2,473 cases of overdose/poisoning hospitalizations in SDC The age-adjusted rate of overdose/poisoning hospitalizations was 76.2 percent * In 2013, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 163.1 per 100,000 population Age-adjusted rates for overdose/poisoning-related ED visits were higher among females, Blacks and individuals ages 15 to 24 years in comparison to the broader group * In 2015, 38.9 percent of adults in SDC ages 18 to 64 reported an episode of binge-drinking in the past year Additionally, 6.3 percent of teens reported an episode of binge-drinking the previous month (CHIS, 2015) * Approximately 10.2 million adults have co-occurring mental health and addiction disorders in the U.S. (NAMI, 2016) * In the U.S., approximately 26 percent of homeless adults staying in shelters live with serious mental illness, and an estimated 46 percent live with severe mental illness and/or substance use disorders (NAMI, 2016) * According to HP2020, substance abuse has a major impact on individuals, families and communities The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency vi</p>

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Form 990, Part III, line 4a (Continued)	<p>                         rus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases, domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide Objectives * Provide mental health and substance use education for patients, their loved ones and the community * Facilitate community integration and stigma reduction through community service activities * Provide support for members of the community impacted by mental health and substance use issues FY 2016 Report of Activities To increase awareness of mental health and substance use, in FY 2016, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics, including cognitive therapy, substance use, life transitions, domestic violence and child and geriatric psychiatry In addition, SMV provided a monthly cognitive therapy lecture series that described an evidence-based approach for treatment of behavior problems and mood disturbances Topics in this series included anxiety, anger, depression, panic disorder, bipolar disorder, phobias, relationship problems, grief and loss Further, in response to the need for information and support for caregivers of individuals with mental illness, SMV provided educational materials, local mental health resources and information on behavioral health support to family and friends in the hospital lobby through NAM's San Diego Friends in the Lobby Program In addition, SMV psychiatric evaluation and intake teams provided approximately 100,000 free psychiatric evaluations and referrals via phone calls and walk-ins for the general community in FY 2016 SMC also provided extensive community outreach and support through assessments and referrals to community organizations Throughout the year, SMC spent more than 1,600 hours offering free chemical dependency assessments, educational materials and community referral resources to approximately 750 community members The free assessments were facilitated by a licensed mental health professional, who provided community members with recommendations for appropriate programs and levels of care In support of community members with behavioral health issues, SMV offered support groups throughout FY 2016, including a weekly Mood Disorders support group for individuals, family and friends impacted by depression, bipolar disorder, post-traumatic stress disorder (PTSD) or anxiety An ANAD (National Association of Anorexia Nervosa and Associated Disorders) support group is also offered weekly for individuals and families affected by an eating disorder In addition, a biweekly Dialectical Behavior Therapy (DBT) support group teaches DBT cognitive behavioral therapy skills to help treat behavioral disorders More than 1,800 community members attended these support groups Throughout the year, SMV provided specialized services to military service members, veterans and their families The programs provide a safe environment for veteran                     </p>

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Form 990, Part III, line 4a (Continued)	<p>s to learn effective methods for managing symptoms of post-traumatic stress disorder, acute stress and mood-related disruptions. The programs also decrease the use of coping skills through evidence-based practices and include services for spouses and family members who experience distress when a loved one returns with war- or trauma-related symptoms. Team members provide education on reducing the stigma of mental health issues in the military community as well as available resources. This past year, SMV's programs connected with approximately 750 community members and veterans. SMV and SMC also collaborated with partners in the military community through participation in events around SDC. SMV continued to participate in the San Diego Military Family Collaborative, which meets monthly to discuss services for military members and their families in the community. At the San Diego Military Family Collaborative's Murphy Canyon Block Party and Fun Run, SMV provided behavioral health resources to approximately 200 community members. SMV and SMC also attended the Veteran Resource Fair at Balboa Park and the 2016 Community Mental Health Summit at the VA San Diego Healthcare System (VASDHS) and offered behavioral health resources to more than 600 community members. In addition, SMV participated in the Operation Engage America Resource Fair at Liberty Station, an event hosted by Operation Engage America - a non-profit organization that provides support, awareness, education and resources for veterans, community members and families living with PTSD and traumatic brain injury (TBI). The free event included a 5K walk, professional speakers, and a resource fair during which more than 100 community organizations, including SMV, provided resources to approximately 200 veterans, transitioning service members, first responders, families and other members of the community.</p>

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Form 990, Part III, line 4a (Continued)	<p>In addition, SMV educated veterans, military members and their loved ones on a variety of topics. At the Wounded Warrior's Project building, SMV offered education to approximately 200 of San Diego's homeless veterans, including self-care and maintaining mental health when physical health is compromised. At the Women Give San Diego's How to WOWW The Ultimate Guide to Welcoming Our Women Warriors discussion event, SMV sat on the panel and educated approximately 100 community members on the challenges faced by female veterans transitioning out of the military and returning to civilian life and employment. Another topic of discussion was the importance of providing resources within local companies that can translate military expertise into various skill sets for hiring, as well as providing increased time for those transitioning out of the military. Lastly, SMV participated in the San Diego work group for the launch of the Hidden Heroes campaign, a new initiative designed to raise awareness and support for caregivers of veterans and active-duty service members. This initiative started in San Diego and provides recognition and support to caregivers of veterans and military members who have suffered from TBI, severe PTSD and other life-changing issues. Throughout the year, SMV and SMC sponsored and participated in six walks to increase awareness and raise funds for mental health services, including the San Diego County NAMI Walk at the Naval Training Center Park in Liberty Station, National Eating Disorders Association's San Diego NEDA Walk, American Foundation for Suicide Prevention's Out of the Darkness Suicide Prevention Walk, Survivors of Suicide Loss' Save a Life San Diego/Yellow Ribbon Suicide Prevention Program(r), San Diego Chapter Community Walk, Alzheimer's Association San Diego/Imperial Chapter's annual Walk to End Alzheimer's(r) and the American Heart Association's (AHA) 2016 San Diego Heart &amp; Stroke Walk. With the exception of the AHA 2016 San Diego Heart &amp; Stroke walk, SMV provided a booth with behavioral health resources. At the Walk to End Alzheimer's, SMV offered information on Alzheimer's disease, clinical trials and resources to more than 500 attendees. SMV also sponsored and participated in several events in FY 2016, benefitting organizations such as Alzheimer's San Diego, Mental Health Systems, NAMI, Survivors of Suicide Loss and Jewish Family Service of San Diego's (JFS) Behavioral Health Committee. In January, SMV sponsored the JFS resource and panel event titled Substance Abuse Disorder in My Family: Why Is This Happening? What Can I Do? More than 180 community members attended the event and received mental health resources as well as information from a panel of experts on the true nature of the disease of addiction, and how families impacted by substance abuse disorder can benefit greatly from compassionate support. SMV also sponsored the Strut for Sobriety event benefitting A New PATH, a nonprofit organization focused on re</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ducing stigma associated with addictive illness through education. In addition, SMV sponsored and participated in MHA's annual Meeting of the Minds behavioral health educational conference and resource fair at the Sheraton San Diego Hotel &amp; Marina. The conference promoted collaboration, cooperation, and understanding related to mental health. SMV provided education on self-esteem at the conference to approximately 330 attendees. Further, SMV sponsored the Behavioral Health Recognition Dinner, which recognizes individuals who work to support community members achieve recovery without stigma. Throughout 2016, SMV and SMC attended several health and wellness fairs, conferences and events. SMV and SMC provided approximately 25 Check Your Mood screenings - a brief questionnaire aimed at assessing risk for depression - and offered behavioral health resources to approximately 1,000 attendees at the 2016 Sharp Women's Health Conference in March. In September, SMV provided behavioral health resources to approximately 100 community members at the Caregiver Coalition's Support Our Family Caregivers Providing Care event at the First United Methodist Church of San Diego. Topics included caregiver challenges, how to make caregiving easier for the caregiver and loved one, self-care, the link between incontinence and nutrition, and safety tips. SMV also provided behavioral health resources to approximately 300 community members at the SDC 2016 Wellness and Recovery Summit at the Joe &amp; Vi Jacobs Center. Further, in honor of National Recovery Month, SMV participated in Recovery Happens San Diego's Recovery Happens Celebration in the Park at the Naval Training Center Park in Liberty Station to support those on the journey to recovery. SMV provided behavioral health and substance use resources to approximately 150 attendees. SMV assisted in planning SCVMC's Changing Minds - Minds Matter South County Behavioral Health Resource Fair, a free event to educate South Bay community members about behavioral health challenges and raise awareness of community services and resources. At the free event, more than 60 community partners gathered for a day of learning intended to reduce stigma, inspire recovery and empower community members. Dementia and depression screenings were offered, as well as educational workshops on dementia, substance use and adult, child and adolescent behavioral health. SMV provided mental health resources to approximately 100 community members at the event. SMV also provided education at several community events throughout the year. At the SafeTALK Suicide Alertness Training, SMV provided behavioral health resources and experts who led a post-lecture question-and-answer session. At this free event at the Sharp Memorial Outpatient Pavilion (OPP), 20 community members learned how to identify people who may have thoughts of suicide, ask them directly about the possibility of suicide and then connect them to life-saving resources. At the 21st Internatio</p>

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Form 990, Part III, line 4a (Continued)	<p>nal Summit on Violence, Abuse &amp; Trauma Across the Lifespan Conference, SMV provided a resource booth with information and education on childhood trauma to approximately 200 attendees. In August, SMV provided a lecture on addiction and pain management as well as behavioral health resources to 40 community members at the Viejas Reservation's Tribal Council health fair. In September, SMV participated in SDC's mental health forum discussion about the behavioral health needs of SDC and brainstormed ideas on how to address community needs. Approximately 100 community members attended the forum at Marina Village. SMV provided more than 400 community members with behavioral health resources at the annual Early Childhood Mental Health We Can't Wait Conference. The conference featured international experts and discussed the intersection of nature and nurture as they relate to child development in the first five years of life, the role chaos and trauma has on later delinquency, the role biology and experience have on early childhood learning, caregiver advice and support and other topics. In addition, at the 10th annual Forum for Healthy Minds at California State University San Marcos (CSUSM), community members were educated about warning signs, stigma reduction, symptom management, palliative care, breaking through shame, and empowered advocacy. SMV provided mental health and substance use resources to approximately 300 community members at the event. SMV also collaborated with CHIP for the Suicide Prevention Council Mental Health Month Event that featured local mental health organizations and their work in prevention, intervention and aftercare at United Way of San Diego County. The event highlighted a continuum of behavioral health care in the community and the connection between mental health and suicide prevention. Approximately 150 community members attended the event.</p>

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Form 990, Part III, line 4a (Continued)	<p>In FY 2016, SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious, persistent mental illnesses. In 2012, a work team, including CHIP, housing organizations and other community partners, secured a three-year contract issued by the County of San Diego to establish an Independent Living Registry and an Independent Living Association (ILA). The work team developed a four-prong approach to address the challenges to safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals, educational curriculums for members of the ILA, peer review and accountability through site visits, and advocacy. These efforts seek to improve conditions for ILFs and the consumers housed there, help keep consumers linked with essential services and providers, and reduce crime and unnecessary arrest rates. The ILA is an initiative of CHIP's Behavioral Health Work Team, in which SMV actively participates, and the registry continues to expand with new participating ILFs. At the ILA retreat in February, SMV provided resources and sat on a panel to discuss safe, quality housing for behavioral health patients. In addition, SMV partnered with Community Research Foundation, PERT, ILA and the CHIP Behavioral Health Work Team to improve collaboration with patients in the community, promote recovery and decrease the stigma of mental illness and co-occurring substance use problems. In FY 2016, SMV provided education and resources to transitional age youth (TAY), ages 18 to 25, with behavioral health issues to empower and support their continued health and well-being. In April, SMV hosted a croquet court to reduce stigma and provided behavioral health resources at Balboa Park for a croquet tournament benefiting Impact Young Adults, an organization that empowers young adults with mental health challenges. SMV provided behavioral health resources to approximately 50 community members at the event. In addition, SMV collaborated with Planned Parenthood to provide two classes on safe sex practices to nearly 40 attendees. Further, the program collaborated with the Consumer Center for Health Education &amp; Advocacy to assist more than 60 TAY with insurance and legal forms and help them understand their rights. SMV's Psychiatric Rehabilitation Program is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities. In FY 2016, this included the Client Advisory Board, where SMV outpatients provide feedback on how to improve programs, empower patients, promote advocacy and better serve the community. Client Advisory Board members and patients encouraged community members, staff, former and current patients, friends and family to join their walking team, the Mighty Mesa Vista Movers, in the annual San Diego C</p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>ounty NAMI Walk to raise aw areness and reduce stigma around mental health New in FY 2016, SMV began support of the San Diego Rescue Mission (SDRM) through food donations three tim es a week These donations totaled at an average of approximately 200 pounds of food each week since June 2016 For more than 50 years, the SDRM has helped San Diego's homeless and poor population create better lives for themselves through comprehensive programs, includ ing services that address housing, hunger, behavioral health and other education and aw are ness programs The SDRM helps homeless community members address the challenges behind the ir homelessness and offers the opportunity for positive, lasting change in their lives Th roughout the year, SMV provided more than 1,700 hours of free meeting space for a variety of self-help groups on a weekly basis, including Al-Anon, Hoarders Support Behavior, NAR-A NON (Narcotics Anonymous), NAR-ANON Family Group, Alcoholics Anonymous, Alcoholics Anonymo us - 24-Hour Mixed Group, Alcoholics Anonymous - Resentment and a Coffee Pot, Alcoholics A nonymous - Dual Diagnosis, Obsessive Compulsive Disorder Support, Men's 12-Step Group, 12- Step Recovery Workshop "Project Smile", Cocaine Anonymous, Narcotics Anonymous, Women's Na rcotics Anonymous, ANAD, Pills Anonymous, A New PATH, Co-Dependents Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, SMART Recovery Community, Concerned Un ited Birth Parents, National Council on Alcoholism and Drug Dependence and the SMC and SMV Aftercare and Lifetime Support meetings FY 2017 Plan SMV or SMC will do the follow ing * Provide free psychiatric assessments and referrals for the community * Participate in com munity events to raise aw areness and funds for behavioral health services * Participate in key mental health events and activities alongside patients * Continue participation in ps ychiatric rehabilitation programs and activities * Host and provide a variety of education al events and programs for community members * Continue collaboration w ith community provi ders and provide education to ILFs to improve living conditions for individuals with menta l illness * Explore and expand collaborations w ith law enforcement and housing planning co mmittees to provide better outcomes for community members living w ith mental illness and s ubstance use issues * Continue to expand our reach to multicultural and at-risk groups thr ough increased community involvement and education * Explore further collaborations and pa rtnerships w ith community partners * Continue serving as the media's go-to experts for inf ormation on mental health conditions and treatment * Host and facilitate various support g roups and provide free meeting space for use by a variety of self-help groups Identified C ommunity Need Improving Behavioral Health Outcomes for Seniors at Risk Rationale referenc es the findings of the SMV and SMC 2016 CHNA s, HASD&amp;IC 2016 CHNA or the most recent SDC co mmunity health statistics unle</p>

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Form 990, Part III, line 4a (Continued)	<p>                         ss otherwise indicated Rationale * The SMV, SMC and HASD&amp;IC 2016 CHNA processes continued to identify behavioral health as a priority health concern for SDC, including Alzheimer's disease and dementia * According to the 2015 Alzheimer's Disease and Other Dementias in San Diego County report from the HHSA, Alzheimer's disease is the third leading cause of death in SDC, the fifth leading cause of death in California, and the sixth leading cause of death in the US * The same report indicated that the number of SDC residents living with Alzheimer's disease and other dementias is projected to increase by 55.9 percent from 2012 to 2030, which is an increase from 60,000 to approximately 94,000 people * In SDC, rates of anxiety disorder, mood disorders, schizophrenia and other psychotic disorders, and self-inflicted injury were consistently highest among those ages 55 to 64 compared to those 65 and older in both ED and inpatient settings in 2012 * According to HHSA's 2015 Senior Health Report, suicide is the leading cause of non-natural death for SDC residents ages 55 to 64, and the second leading non-natural cause of death among adults ages 75 and older * In 2013, the suicide rate for seniors in SDC was 25.1 per 100,000 population * In 2013, the ED discharge rate for seniors in SDC with a self-inflicted injury was 14.5 per 100,000 population, and the hospitalization rate was 31.1 per 100,000 population * According to 2015 CHIS data, 8.6 percent of adults over the age of 65 in SDC thought about committing suicide in the past year * According to 2015 CHIS data, 8.7 percent of adults over the age of 65 in SDC reported needing help for emotional/mental health problems or alcohol and drug issues in the past year. Of those, only 31.6 percent sought help in the past year * Chronic alcohol ED visits among SDC seniors ages 65 and older increased 89.7 percent between 2010 and 2013. ED discharges for acute substance-related disorder were highest among adults ages 55 to 64, but hospitalization was highest among those 85 and older                     </p>

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<p>Form 990, Part III, line 4a (Continued)</p>	<p>* Certain circumstances of aging, such as loss of family, social isolation and infirmity, can be triggers for the onset of mental illnesses, including alcoholism and serious depression, among older people Older persons with mental illnesses also face the loss of family and other caregivers as well as the insufficiency of geriatric health practitioners, including mental health practitioners (NAMI, 2016) * According to the University of California, Davis (UC Davis) Medical Center Community-Defined Solutions for Latino Mental Health Care Disparities report, barriers to addressing the unmet mental health needs of the senior Latino community in SDC include housing, transportation, social support, exposure to violence, stigma surrounding mental illness, and cultural emphasis on masculinity Additional barriers to meeting mental health needs include language and cultural barriers secondary to a lack of translators, lack of information about available services, and scarcity of culturally competent medical providers (UC Davis Medical Center, 2012) * According to the 2012 San Diego Association of Governments (SANDAG) Survey of Older Americans Living in San Diego County, almost half of respondents (46 percent) either strongly or somewhat agreed that isolation and/or loneliness affects their quality of life, while more than one out of four (27 percent) respondents said they suffered from emotional problems during the month before the survey was taken * According to the 2012 SANDAG Survey of Older Americans Living in San Diego County, the greatest percentage (26 percent) of respondents indicated that medical ailments/issues were the biggest problems impacting them, including depression, mental health concerns and memory loss, among others * According to the Substance Abuse and Mental Health Services Administration (SAMHSA), behavioral and cognitive symptoms often present differently in older adults compared to younger adults Many medications have side effects that may present as symptoms of another illness, and the interaction of multiple medications may exacerbate symptoms or cause additional health problems (SAMHSA, 2016) Objectives * Provide culturally competent outreach services to high-risk seniors in SDC's disadvantaged communities * Provide education and screening to senior community members * Collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities FY 2016 Report of Activities Throughout FY 2016, SMV clinicians collaborated with Serving Seniors to provide more than 1,000 hours of clinical services to senior clients at the Gary and Mary West Senior Wellness Center, as well as at the Potiker Family Senior Residence, a residential site for low-income, at-risk seniors Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals or counseling to reduce the risk of hospitalization and homelessness</p>

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Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>, mental health screenings and Montreal Cognitive Assessments, which detect mild cognitive impairment SMV also continued to collaborate with Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center beyond the provision of clinical services At these sites, SMV provided free prevention and early intervention services designed to improve the utilization and effectiveness of mental health services for high-risk, culturally diverse seniors, and address barriers to mental health services, including stigma, isolation and lack of available services These programs were further enhanced with free education and a support group provided at the Gary and Mary West Senior Wellness Center by a student clinician The support group met monthly to provide education and support, as well as discuss different behavioral health aging issues Topics included depression and anxiety, coping with loss and helpful tools to support the grieving process Throughout FY 2016, the SMV Senior Intensive Outpatient Program (SIOP) provided more than 12 community service initiatives, where staff members provided education and outreach to community members The initiative focused on debunking the myths associated with older adulthood - such as 'depression is a normal part of aging and 'growing old is characterized by loss and pain' - in order to benefit both the older adult patients providing the community service as well as members of the community Community educational sessions included Helping Older Adults Cope with Loss and Transition, Battling the Blues Helping Older Adults Identify Signs and Symptoms of Depression, and Don't Let the Worry Win Coping Tools for Anxiety SMV SIOP also provided education to more than 700 community members on several topics including coping with life transitions, depression, coping with caregiver stress, healthy aging, anxiety and depression in seniors, dementia and mental health Lectures were held at JFS, the JFS senior center, Point Loma Community Presbyterian Church, Point Loma/Hervey Branch Library, La Mesa Community Center, Adult Protective Services of San Diego County, Lawrence Family Jewish Community Center, ElderHelp of San Diego, and Sharp Memorial Senior Resource Center In addition, SMV's SIOP participated in the Alzheimer's San Diego's Take Charge! Early Memory Loss Program, an educational support series for people living with early-stage memory loss and their care partners Education and research were provided on the early signs of Alzheimer's disease by SMV's SIOP and a psychiatrist for the series In FY 2016, SMV's SIOP participated in several community events in SDC At La Vida Real, a senior living community in Rancho San Diego, SMV's SIOP provided education on healthy aging and behavioral resources to more than 120 older adults In March, SMV SIOP provided education on banishing doubt and boosting self-esteem and mental health resources at the Sharp Women's Health Conference SMV's SIOP participated</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>in the County of San Diego Aging and Independence Services (AIS) 2016 Aging Summit Age We II San Diego Conference at the Town &amp; Country Convention Center Topics included age and dementia-friendly communities, housing ideas for aging, transportation and mobility options , opportunities for civic and intergenerational engagement, and learning how to improve memory, mood and general brain health, and the fight against Alzheimer's disease SMV provided more than 300 community members with behavioral health resources In April, SMV's SIOP provided mental health resources to approximately 100 members of the senior community at the Rancho Santa Fe Senior Center's annual Healthy Aging Conference at Fairbanks Ranch Country Club At another event in April, SMV hosted a table at the East County Senior Service Providers' 17th annual Senior Health Fair and the Senior Health Fair at Sunrise Community Church and provided mental health resources to more than 200 attendees SMV's SIOP also attended the Caregiver Coalition's Let's Talk Dementia - Finding the Balance in Caregiving event that included topics such as understanding dementia, dementia care planning, legal and financial basics, the San Diego Alzheimer's Project and caregiving The event also included a resource fair where SMV provided more than 75 attendees with behavioral health resources In the summer, SMV partnered with Alzheimer's San Diego to offer free dementia screenings as well as resources for senior and behavioral health to approximately 100 community members In addition, SMV sponsored Alzheimer's San Diego's Caregiver Conference - Understanding Dementia and Changes in Behavior, an event designed for caregivers and families who care for or live with someone with memory loss, dementia or Alzheimer's disease The conference provided current information on Alzheimer's disease, depression, research, medications and clinical trials, as well as offered strategies for daily living and coping to approximately 100 community members SMV also collaborated with Alzheimer's San Diego to provide two lectures on the latest in Alzheimer's disease research to more than 40 seniors and community members at the Sharp Grossmont Senior Resource Center and the Point Loma/Hervey Branch Library In addition, SMV provided 100 community members with behavioral health resources at Alzheimer's San Diego's Date with a Cure event at the University of San Diego's Shiley Theatre in September</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, line 4a (Continued)</p>	<p>New in 2016, SMV SIOP reviewed grants for Alzheimer's disease research for the California Department of Public Health, as well as received grant funding to develop a book about seniors coping with life transitions FY 2017 Plan SMV will do the following * In collaboration with Serving Seniors, provide outreach and education to seniors without stable housing * Continue to address the behavioral health needs of high-risk, culturally diverse seniors * Through the SIOP, provide education and support to community members around senior behavioral health issues * Continue to collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities Identified Community Need Behavioral Health and Substance Use Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * Key informant interviews conducted as part of the HASD&amp;IC 2016 CHNA process recommended internship/workforce training programs with local educational institutions and the County of San Diego's Health and Human Services Agency as a strategy for addressing behavioral health needs and modifiable risk factors in SDC * According to a 2014 labor market analysis by the SDWP, there was an increasing number of health care training providers in SD C, but a shortage of clinical training facilities where applicants can gain necessary experience The scarcity of clinical facilities offering prerequisite training makes it increasingly difficult for employers to find qualified workers * According to a California OSPH D report from September 2014, California's public mental health system suffers from a critical shortage of qualified mental health personnel to meet the needs of the diverse populations they serve There are critical issues such as the poor distribution, lack of diversity and under-representation of practitioners across disciplines with cultural competencies , including consumers and family members with lived experience to provide consumer and family-driven services that promote wellness, recovery and resilience * A March 2014 report from the California Hospital Association (CHA) titled Critical Roles California's Allied Health Workforce Follow-Up Report emphasizes the importance of local hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high school students In the coming decades, such programs will have a tremendous impact on the lives of individuals, families and communities as a result of dedicating time and resources to the thousands of interns and high school students who gain valuable work experience and career exposure by spending time in California hospitals</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, line 4a (Continued)</p>	<p>Is * According to the U.S. Bureau of Labor Statistics (BLS), employment of mental health social workers is projected to grow 19 percent from 2014 to 2024, much faster than the average for all occupations. Employment will grow as more people seek treatment for mental illness and substance use disorders. Because drug offenders are increasingly being sent to treatment programs rather than jail, use of substance abuse treatment programs is expected to grow, increasing demand for these specialists (BLS, 2015). * The BLS also projects that employment of substance abuse and behavioral disorder counselors will grow 22 percent from 2014 to 2024. Growth is expected as addiction and mental health services are increasingly covered by insurance policies. * In 2013, the Substance Abuse and Mental Health Services Administration (SAMHSA) reported to congress on the nation's substance abuse and mental health workforce crisis, citing high turnover rates, worker shortages, an aging workforce, stigma and inadequate compensation as contributing factors. In addition, SAMHSA asserts the need for recruiting a more diverse, younger workforce and retaining trained and qualified staff to provide for the behavioral health needs of the nation's population. * Workforce issues have an impact on the infrastructure of the growing behavioral health delivery system as the Patient Protection and Affordable Care Act seeks to integrate health services (SAMHSA, 2013). * In the U.S., 62 million people reside in rural or frontier counties, 75 percent of these counties have no advanced behavioral health practitioners (SAMHSA, 2015). * In 2012, the turnover rates in the addiction services workforce ranged from 18.5 percent to more than 50 percent across the U.S. (SAMHSA, 2015). Objectives * Serve as a placement site and provide internship and other clinical training programs in nursing, clinical dietary/nutrition, psychology, clinical social work, social work administration, marriage and family therapy (MFT), medicine, music therapy, health information technology, clinical chaplains and pharmacy. * Provide mental health and substance use education for health care professionals. * Collaborate with the behavioral health community - including other behavioral health educational institutions - to provide education and training for health care professionals. FY 2016 Report of Activities Throughout the year, SMV participated in internship and clinical training programs for trainees and students in various health care disciplines, including clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, pharmacy, health information technology, music therapy, clinical chaplains, medicine and nursing. SMV provided clinical supervision and training for a total of 25 psychology trainees, which included 15 graduate students, seven doctoral interns, three postdoctoral fellows, 18 MFT student interns and 18 social work student interns. New in FY 2016, SMV provided a nine-mo</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	<p>nth internship for a student completing a dual master's degree in Music Therapy and Professional Counseling In total, all ancillary (non-nursing) students served more than 34,300 hours on the SMV campus In addition, approximately 340 nursing students worked clinical rotations of six to eight hour shifts and spent more than 24,800 hours at SMV Nursing students were placed in all inpatient units and several of the outpatient programs at SMV and SMC SMV offers two clinical rotations in one day, morning and evening shifts, and nursing students are on campus seven days a week Including time spent with groups and individual preceptors, nursing students served more than 24,800 hours at SMV in FY 2016 Academic institution partners included, but were not limited to, Azusa Pacific University (APU), CSUS M, Point Loma Nazarene University (PLNU), San Diego City College, San Diego State University (SDSU), Southwestern College, University of California, San Diego (UCSD), University of San Diego (USD), University of Southern California (USC) and Western University Nursing students from various universities and colleges were also provided free room space as needed In FY 2016 nearly 200 applications were received for seven doctoral intern positions available through Sharp's year-long American Psychological Association-accredited doctoral internship in clinical psychology Selected interns rotated through three four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient senior behavioral health programs and child and adolescent programs Interns also rotated through SMC SMV offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening With this training, psychology doctoral students provided approximately 90 detailed psycho-diagnostic assessments throughout the year In addition, psychology trainees provided more than 4,000 hours of group therapy and more than 1,300 hours of individual therapy Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>At SMV and SMC, psychologists, licensed MFT's and licensed clinical social workers provide d over 4,600 hours of direct clinical supervision to trainees SMV provided two hours of lectures every week for psychology doctoral interns These lectures were also open to trainees and staff throughout the hospital Lectures included, but were not limited to, Assessment and Treatment of Self Injurious Behaviors The Culture of Poverty, Culturally and Clin ically Competent Work With Transgendered People, Sex and Aging, Psychology of Men, Psychological Treatment of Functional Gastrointestinal Disorders, Child Abuse and Tarasoff Reporting, Assessing Psychosis in Children and Adolescents, Evaluating Personality Disorders in Adolescents, and Evaluating Complex Trauma in Children Throughout the year, SMV provided specialized learning opportunities for its social work students Social work students on the inpatient side attended an intensive three-day onboarding training to familiarize themselves with the hospital and social work They shadowed SMV social workers for the first two months, before working under supervision Students attended case presentations, inservice s, staff meetings, treatment teams, huddles and more as part of their learning experience During the second semester, social work students rotated for one to two weeks through additional units at SMV The students also have the opportunity to shadow social workers in other parts of the Sharp system On the outpatient side, MFT/Master of Social Work students attended quarterly two-hour trainings SMV also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2016 The program provided two 11th grade and three 12th grade students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults, SIOP and Chemical Dependency Recovery) as well as nutrition services Students spent approximately 1,000 hours at SMV, and received instruction on educational and job requirements as well as career ladder development In April, SMV provided mental health resources to more than 700 students at the Grossmont College Health and Wellness Fair, the SDSU health fair, and the San Diego City College Health and Wellness Expo At the SDSU 2016 Agency Internship Fair, SMV provided approximately 300 behavioral health students, graduate students and clinicians with behavioral health resources SMV also provided two lectures to more than 65 San Diego Mesa College health information technology students in October and April Topics included psychiatric and behavioral health, substance use, dependency record-keeping and HIPAA privacy laws In addition, SMV and SMC provided several educational offerings for behavioral health care professionals in FY 2016, including continuing education classes, conferences and trainings SMV and SMC provided education to a variety of audiences, including psychologists, psychiatrists, com</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>             community physicians, social workers, nurses and other health and human service providers, as well as the community at large. Topics included wellness and resilience, recognizing stress, substance use, self-injury, dual diagnosis, eating disorders, sleep disturbances, treating depression, geriatric mental health, older adult disorders and cultural considerations in the treatment of Latino populations. SMV also provided suicide risk assessment lectures to 40 community health professionals and community members at the United Way of San Diego County. In addition, SMV hosted and participated in the EAPA to increase knowledge and education in the behavioral health professional community. SMC also hosted educational events for the EAPA, where they provided education and resources to approximately 20 community members each month. The presentations covered current concerns in behavioral health care, evidence-based therapies and emerging treatment models. SMV continued its collaboration with PERT, participating in PERT roundtables, monthly meetings and community-oriented trainings. SMV staff also provided educational resources on understanding psychiatric emergencies and community psychiatric services at the PERT Academy Resource Fair. The quarterly event provided mental health training to approximately 100 SDC police officers. The police officers are subsequently paired with licensed mental health clinicians to evaluate and assess an individual's mental health condition and needs, and, if appropriate, transport the individual to a hospital or refer the individual to a community resource or treatment facility. In addition, SMV clinicians participated in "New Owner Trainings" to educate new ILF owners about the various mental health issues they may encounter and basic tools to manage residents with mental illness. Throughout FY 2016, staff at SMV and SMC regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included JFS Political Action Committee, San Diego County Older Adult Council, Alzheimer's Project Safety Workgroup, Alzheimer's San Diego Client Advisory Board, San Diego Mesa College Advisory Board, San Diego Health Information Association, EAPA forums, CHIP Behavioral Health Work Team, Live Well San Diego, MHA Board, CHIP ILA Advisory Board and Peer Review Advisory Team, CHIP Suicide Prevention Council, San Diego Military Family Collaborative, San Diego Mental Health Coalition, Check Your Mood Committee, VA Mental Health Council, SDWP, San Diego Workforce - Work Well Committee, Inner City Action Network, Residential Care Committee, Association for Ambulatory Behavioral Healthcare, San Diego History Project Committee, PERT, Hidden Heroes Campaign Committee, NAMI, A New PATH, San Diego Community College District, PLNU, APU, City of San Diego Park &amp; Recreation - Therapeutic Recreation Services Disabled Services Advisory Council, Journal for Nursing Care Quality Editorial Board, American           </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, line 4a (Continued)</p>	<p>Academy of Nursing, Association of California Nurse Leaders, American Psychiatric Nurses Association, American Nurses Association, California Association of Marriage and Family Therapists San Diego Chapter, Sigma Theta Tau International Honor Society of Nursing - Gamma Gamma Chapter, San Diego Suicide Prevention Council and HASD&amp;IC FY 2017 Plan SMV or SMC will do the following * Offer internship and clinical training programs and/or placement for clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, medicine, music therapy, health information technology, clinical chaplains and pharmacy * Provide lectures on behavioral health issues to the local academic community * Continue the mental health careers curriculum within the HSHMC program and provide students with experience in a broad range of programs including therapeutic activities services, environmental services and health information services * Provide educational offerings for behavioral health care professionals, community groups and community members SMV and SMC Program and Service Highlights Sharp Mesa Vista Hospital * Child, adolescent, adult and older adult inpatient, partial hospitalization, and outpatient psychiatric and chemical dependency services * On-and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate and prescription drug dependence and dual diagnoses * Cognitive behavioral therapy, electroconvulsive therapy (ECT), and dialectical behavioral therapy programs * Outreach to military members, veterans and their families through programs geared specifically toward service members, including the VA-supported Veterans Choice Program and the Veterans Engaging in Supportive Treatment Program * Transportation services and complimentary lunches * Practicum programs for graduate social work and MFT interns * Clinical supervision site for graduate psychology doctorate interns * Medication research studies Sharp McDonald Center at Sharp HealthCare * Chemical dependency and substance abuse inpatient and outpatient treatment services for children, teens, adults and seniors * Residential treatment services for teens, adults and seniors * Inpatient detoxification services * Dual-diagnosis outpatient treatment services for adults and seniors * Continuing care and alumni support programs * Family counseling programs * Sober living and substance abuse education programs Sharp Mesa Vista Mid-City Outpatient Program * Caring for adults with severe and persistent mental health issues * Individualized treatment planning and medication management * Group, family and expressive therapies * Psychiatric rehabilitation services * Transitional Age Youth programs Sharp Mesa Vista El Cajon Outpatient Program</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	<p>                         * Adult and adolescent programs * Caring for adults with severe and persistent mental health issues * Group and expressive therapies * Individualized treatment planning and medication management * Psychiatric rehabilitation services Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2016 Community organizations are listed alphabetically * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Disability Resource Connection * Aging and Independence Services * Alzheimer's San Diego * Alzheimer's Project Safety Workgroup * Alzheimer's San Diego Client Advisory Board * American Academy of Nursing * American Association of Colleges of Nursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Executives (ACHE) * American Diabetes Association * American Foundation for Suicide Prevention * American Heart Association * American Hospital Association * American Nurses Association * American Parkinson Disease Association * American Psychiatric Nurses Association * American Red Cross of San Diego * The Arc of San Diego * Arms Wide Open * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association of California Nurse Leaders * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Beacon Council's Patient Safety Collaborative * Boys and Girls Club of South County * Bonita Business and Professional Organization * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * California Association of Health Plans * California Association of Hospitals and Health Systems * California Association of Marriage and Family Therapists * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College San Diego * California Maternal Quality Care Collaborative * California Department of Public Health * California Dietetic Association, Executive Board * California Emergency Medical Services Authority * California Health Care Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association Center for Behavioral Health * California Hospital Association * California Hospital Association Emergency Management Advisory Committee * California Library Association * California Perinatal Quality Care Collaborative * California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Caring Hearts Medical Foundation * Center for Community Solutions * Check Your Mood Committee * Chelsea's Light Foundation * Chicano F                     </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	ederation of San Diego County * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Health Literacy Task Force * CHIP Independent Living Association Advisory Board and Peer Review Advisory Team * CHIP Suicide Prevention Work Team * Chula Vista Chamber of Commerce * Chula Vista Police Foundation * City of Chula Vista Wellness Program * City of San Diego * City of San Diego Park & Recreation - Therapeutic Recreation Services Disabled Services Advisory Council * Combined Health Agencies * Community Center for the Blind and Visually Impaired * Community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Coronado Fire Department * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Council of Women's and Infants' Specialty Hospitals * County of San Diego Emergency Medical Services * CVS MinuteClinics * Cycle EastLake * Downtown San Diego Partnership * East County Action Network * East County Senior Service Providers * Emergency Nurses Association, San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Feeding San Diego * Gary and Mary West Senior Wellness Center * Girl Scouts San Diego * Girls With Goals * Greater San Diego East County Advisory Board * Grossmont College * Grossmont Health Occupations Center * Grossmont Healthcare District * Grossmont Imaging LLC Board * Grossmont Union High School District * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Helen Woodward Animal Center * Home Start, Inc * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Inner City Action Network * International Association of Eating Disorders Professionals * The Jacobs & Cushman San Diego Food Bank * Kiwanis Club of Chula Vista * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Park and Recreation Foundation Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On Foundation * Lightbridge Hospice Community Foundation * March of Dimes * Meals on Wheels Greater San Diego * Mended Hearts * Mental Health America * Mental Health First Aid Program - MHA of San Diego * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Neonatal Nurses * National Association of Hispanic Nurses, San Diego Chapter * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare * North San Diego Business Chamber * Pacific Arts Movement * Peninsula Shepherd Senior Center * Perinatal Safety C

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, line 4a (Continued)	ollaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Point Loma Nazarene University * Professional Oncology Network * Public Health Nurse Advisory Board * Regional Perinatal System * Residential Care Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * Safety Net Connect * San Diego Community Action Network * San Diego Association of Diabetes Educators * San Diego Association of Governments * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Community College District * San Diego County Breastfeeding Coalition Advisory Board * San Diego County Civilian/Military Liaison Work Group * San Diego County Coalition for Improving End-of-Life Care * San Diego County Council on Aging * San Diego County Emergency Medical Care Committee * San Diego County Health and Human Services Agency * San Diego County Hospice-Veteran Partnership * San Diego County Medical Society Bioethics Commission * San Diego County Older Adult Behavioral Health System of Care Council * San Diego County Older Adult Council * San Diego County Perinatal Care Network * San Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Suicide Prevention Council * San Diego County Taxpayers Association * San Diego County Unified Disaster Council * San Diego Covered California Collaborative * San Diego Dietetic Association Board * San Diego East County Chamber of Commerce Health Committee * San Diego Eye Bank Nurses Advisory Board * San Diego Food System Alliance, Healthy Food Access Committee * San Diego Habitat for Humanity * San Diego Half Marathon * San Diego Health Information Association * San Diego Healthcare Disaster Coalition * San Diego History Project Committee * San Diego Hospice and Palliative Nurses Association * San Diego Housing Commission * San Diego Humane Society * San Diego Hunger Coalition * San Diego Immunization Coalition * San Diego Imperial Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc * San Diego Mental Health Coalition * San Diego Mesa College

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, line 4a (Continued)	* San Diego Mesa College Advisory Board * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders, a local ACHE Chapter * San Diego Patient Safety Consortium * San Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care * San Diego Regional Chamber of Commerce * San Diego Regional Home Care Council * 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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2015**

**Open to Public Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp Memorial Hospital

Employer identification number

95-3782169

**Part I Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

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

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

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

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity . . . . .
- b** Gift, grant, or capital contribution to related organization(s) . . . . .
- c** Gift, grant, or capital contribution from related organization(s) . . . . .
- d** Loans or loan guarantees to or for related organization(s) . . . . .
- e** Loans or loan guarantees by related organization(s) . . . . .
  
- f** Dividends from related organization(s) . . . . .
- g** Sale of assets to related organization(s) . . . . .
- h** Purchase of assets from related organization(s) . . . . .
- i** Exchange of assets with related organization(s) . . . . .
- j** Lease of facilities, equipment, or other assets to related organization(s) . . . . .
  
- k** Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- l** Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- m** Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- o** Sharing of paid employees with related organization(s) . . . . .
  
- p** Reimbursement paid to related organization(s) for expenses . . . . .
- q** Reimbursement paid by related organization(s) for expenses . . . . .
  
- r** Other transfer of cash or property to related organization(s) . . . . .
- s** Other transfer of cash or property from related organization(s) . . . . .

	Yes	No
<b>1a</b>		No
<b>1b</b>	Yes	
<b>1c</b>	Yes	
<b>1d</b>		No
<b>1e</b>		No
<b>1f</b>		No
<b>1g</b>		No
<b>1h</b>		No
<b>1i</b>		No
<b>1j</b>	Yes	
<b>1k</b>	Yes	
<b>1l</b>	Yes	
<b>1m</b>	Yes	
<b>1n</b>		No
<b>1o</b>	Yes	
<b>1p</b>	Yes	
<b>1q</b>	Yes	
<b>1r</b>	Yes	
<b>1s</b>	Yes	

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

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



**Part VII** **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>
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# Additional Data

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

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

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

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b> Sharp Coronado Hospital	L	2,012,523	Accrual Method
<b>(1)</b> Sharp Coronado Hospital	S	54,642	Accrual Method
<b>(2)</b> Sharp Chula Vista Medical Center	L	4,402,332	Accrual Method
<b>(3)</b> Grossmont Hospital Corporation	M	1,705,835	Accrual Method
<b>(4)</b> Grossmont Hospital Corporation	L	6,434,928	Accrual Method
<b>(5)</b> Grossmont Hospital Corporation	P	169,904	Accrual Method
<b>(6)</b> Grossmont Hospital Corporation	S	892,713	Accrual Method
<b>(7)</b> Grossmont Hospital Corporation	R	109,462	Accrual Method
<b>(8)</b> Sharp HealthCare Foundation	C	2,398,053	Accrual Method
<b>(9)</b> Sharp HealthCare Foundation	B	101,055	Accrual Method
<b>(10)</b> Sharp Health Plan	L	168,914,542	Accrual Method