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

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization  
Sharp HealthCare

Doing business as

Number and street (or P O box if mail is not delivered to street address)Room/suite

8695 Spectrum Center Blvd

City or town, state or province, country, and ZIP or foreign postal code  
San Diego, CA 921231489

F Name and address of principal officer

Michael Murphy

8695 Spectrum Center Blvd

San Diego,CA 921231489

D Employer identification number

95-6077327

E Telephone number

(858) 499-5150

G Gross receipts \$ 1,544,948,583

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( ) ◀(insert no )

☐ 4947(a)(1) or

☐ 527

J Website: ▶ WWW sharp com

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1946

M State of legal domicile CA

Part I Summary			
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities See Schedule O for Organization's most significant activities		
	<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>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	19
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . .	<b>5</b>	12,672
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	0
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	668,727
Revenue	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	214,222
	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . . <b>9</b> Program service revenue (Part VIII, line 2g) . . . . . <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7 d) . . . . . <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		2,827,760	1,681,500
		1,325,868,864	1,313,163,980
		37,839,628	27,860,915
		43,001,938	46,184,646
Expenses		1,409,538,190	1,388,891,041
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	192,610	339,845	
<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)	387,174,042	411,225,897	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0	
Net Assets or Fund Balances	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶3,342,418		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	960,208,153	1,017,269,883
	<b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,347,574,805	1,428,835,625
	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	61,963,385	-39,944,584
	<b>20</b> Total assets (Part X, line 16) . . . . . <b>21</b> Total liabilities (Part X, line 26) . . . . . <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	Beginning of Current Year	End of Year
		2,610,606,815	2,952,605,871
		2,613,391,731	2,925,129,083
		-2,784,916	27,476,788

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

Sign Here

Signature of officer

2017-08-04

Date

Staci Dickerson SVP and CFO

Type or print name and title

Pnnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00634378

Firm's name ▶ Ernst & Young US LLP

Firm's EIN ▶ 34-6565596

Firm's address ▶ 4370 La Jolla Village Drive STE 500

San Diego, CA 92122

Phone no (858) 535-7200

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form990(2015)

**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

<b>4a</b>	(Code ) (Expenses \$ 539,609,084 including grants of \$ 339,845 ) (Revenue \$ 747,904,318 )
	See Additional Data


















<b>4b</b>	(Code ) (Expenses \$ 513,462,360 including grants of \$ 0 ) (Revenue \$ 565,259,661 )
	See Additional Data

<b>4c</b>	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	See Additional Data

<b>4d</b>	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )

<b>4e</b>	<b>Total program service expenses ►</b>	1,053,071,444
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**Part IV Checklist of Required Schedules**

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	
b	If "Yes," enter the name of the foreign country: CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	25	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	19	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	CA
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records Timothy Handgis 8695 Spectrum Center Blvd San Diego, CA 92123 (858) 499-5152	

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

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

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

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

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

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

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

[illegible]



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								12,368,912	87,251	790,840

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1,884

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

## Section B. Independent Contractors

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Accumen 9246 Lightwave Ave Suite 320 San Diego, CA 92123	Medical Services	104,063,118
Sodexho & Affiliates PO Box 880328 Los Angeles, CA 900880328	Facility/Nutritional Services	56,746,693
Sharp Rees-Stealy Medical Group 4000 Ruffin Road Suite E San Diego, CA 92123	Medical Services	52,063,448
Rady Childrens Hospital San Diego 3020 Childrens Way San Diego, CA 92123	Medical Services	21,751,319
Emergency & Acute Care PO Box 81243 San Diego, CA 92138	Medical Services	20,890,043

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 496

Part VIII

Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . . .	1b					
	c	Fundraising events . . . .	1c					
	d	Related organizations . . . .	1d	1,681,500				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$		77				
	h	Total. Add lines 1a-1f . . . . .			1,681,500			
Program Service Revenue	2a	Outpatient Care	Business Code					
			621110	568,496,882	568,446,060	50,822		
	b	Capitation Revenue	900099	536,379,744	536,379,744			
	c	Revenue fm Affiliated Entities	900099	168,426,690	168,426,690			
	d	Medicare/Medicaid payments	621110	25,162,953	25,162,953			
	e	Rental Income	900099	6,101,376	6,101,376			
	f	All other program service revenue		8,596,335	7,978,430	617,905		
	g	Total. Add lines 2a-2f . . . . .			1,313,163,980			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		33,240,926			33,240,926	
	4	Income from investment of tax-exempt bond proceeds . .		5,902			5,902	
	5	Royalties . . . . .						
	6a	(i) Real		(ii) Personal				
		Gross rents						
		Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss) . . . . .						
	7a	(i) Securities		(ii) Other				
		Gross amount from sales of assets other than inventory						
		150,636,511		35,118				
		Less cost or other basis and sales expenses						
	b	156,057,542		0				
	c	Gain or (loss)						
		-5,421,031		35,118				
	d	Net gain or (loss) . . . . .			-5,385,913			-5,385,913
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . .		a				
	b	Less direct expenses . . . .		b				
	c	Net income or (loss) from fundraising events . .						
	9a	Gross income from gaming activities See Part IV, line 19 . . . .		a				
	b	Less direct expenses . . . .		b				
	c	Net income or (loss) from gaming activities . . .						
	10a	Gross sales of inventory, less returns and allowances . . . . .		a				
	b	Less cost of goods sold . . . .		b				
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	SCMG Management Fee		561000	45,844,546			45,844,546	
b	SRS misc revenue		900099	123,815			123,815	
c	Medical Records Copying		900099	119,406			119,406	
d	All other revenue . . . . .			96,879			96,879	
e	Total. Add lines 11a-11d . . . . .			46,184,646				
12	Total revenue. See Instructions . . . . .			1,388,891,041	1,312,495,253	668,727	74,045,561	

**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 . . . . .	339,845	339,845		
<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 . . . . .	6,569,812		6,569,812	
<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) . . . . .	45,000		45,000	
<b>7</b>	Other salaries and wages . . . . .	315,533,361	134,232,906	181,300,455	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	11,784,094	4,173,008	7,611,086	
<b>9</b>	Other employee benefits . . . . .	53,982,036	25,099,562	28,882,474	
<b>10</b>	Payroll taxes . . . . .	23,311,594	10,095,477	13,216,117	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	374,036		374,036	
<b>c</b>	Accounting . . . . .	4,776,180		4,776,180	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17				
<b>f</b>	Investment management fees . . . . .	1,172,336		1,172,336	
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	433,422,909	412,074,334	21,348,575	
<b>12</b>	Advertising and promotion . . . . .	4,964,987	152,176	4,812,811	
<b>13</b>	Office expenses . . . . .	21,967,358	16,425,331	5,542,027	
<b>14</b>	Information technology . . . . .	55,322,327	529,889	54,792,438	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	33,420,886	25,368,730	8,052,156	
<b>17</b>	Travel . . . . .	903,796	240,237	663,559	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	20,507		20,507	
<b>20</b>	Interest . . . . .	5,126,004	945,964	4,180,040	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	36,797,563	12,611,693	24,185,870	
<b>23</b>	Insurance . . . . .	1,301,387	1,147,569	153,818	
<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>	Capitation Paid to Affi	371,758,093	371,758,093		
<b>b</b>	Medical Supplies	32,852,107	32,851,876	231	
<b>c</b>	Equipment Repairs/Maint	4,522,999	3,100,174	1,422,825	
<b>d</b>	Fundraising Expense	3,342,418			3,342,418
<b>e</b>	All other expenses	5,223,990	1,924,580	3,299,410	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	1,428,835,625	1,053,071,444	372,421,763	3,342,418
<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
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .		444,662	<b>1</b>	411,039
	<b>2</b>	Savings and temporary cash investments . . . . .		248,578,036	<b>2</b>	265,846,378
	<b>3</b>	Pledges and grants receivable, net . . . . .			<b>3</b>	
	<b>4</b>	Accounts receivable, net . . . . .		24,603,534	<b>4</b>	28,846,205
	<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 . . . . .		4,200,000	<b>7</b>	4,200,000
	<b>8</b>	Inventories for sale or use . . . . .		8,919,448	<b>8</b>	7,884,973
	<b>9</b>	Prepaid expenses and deferred charges . . . . .		45,657,915	<b>9</b>	48,414,733
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 692,356,905			
	<b>b</b>	Less: accumulated depreciation . . . . .	<b>10b</b> 360,454,596	273,103,508	<b>10c</b>	331,902,309
	<b>11</b>	Investments—publicly traded securities . . . . .		1,352,241,374	<b>11</b>	1,608,419,057
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		7,593,310	<b>12</b>	11,691,362
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		54,322,002	<b>13</b>	58,825,206
	<b>14</b>	Intangible assets . . . . .			<b>14</b>	
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		590,943,026	<b>15</b>	586,164,609
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .		2,610,606,815	<b>16</b>	2,952,605,871
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .		193,989,668	<b>17</b>	191,248,423
	<b>18</b>	Grants payable . . . . .			<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .		2,063,121	<b>19</b>	8,122,057
	<b>20</b>	Tax-exempt bond liabilities . . . . .		591,102,195	<b>20</b>	577,190,160
	<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 . . . . .		1,826,236,747	<b>25</b>	2,148,568,443
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .		2,613,391,731	<b>26</b>	2,925,129,083
Net Assets or Fund Balances	<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 . . . . .		-46,123,512	<b>27</b>	-18,751,558
	<b>28</b>	Temporarily restricted net assets . . . . .		38,033,909	<b>28</b>	40,693,137
	<b>29</b>	Permanently restricted net assets . . . . .		5,304,687	<b>29</b>	5,535,209
	<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>	<b>Total net assets or fund balances</b> . . . . .		-2,784,916	<b>33</b>	27,476,788
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .		2,610,606,815	<b>34</b>	2,952,605,871

Part XI

Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,388,891,041
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,428,835,625
3	Revenue less expenses Subtract line 2 from line 1	3	-39,944,584
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-2,784,916
5	Net unrealized gains (losses) on investments	5	74,358,373
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4,152,085
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	27,476,788

Part XII

Financial Statements and Reporting

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

☐

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

Additional Data

Software ID:  
Software Version:  
EIN: 95-6077327  
Name: Sharp HealthCare

Form 990, Part III, Line 4a

4a	(Code	) (Expenses \$	539,609,084	including grants of \$	339,845 ) (Revenue \$	747,904,318 )
	Sharp HealthCare provides administrative support to its subsidiaries Its general purpose is to promote healthcare through supporting and/or operating its subsidiaries					

**Form 990, Part III, Line 4b**

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**4b** (Code ) (Expenses \$ 513,462,360 including grants of \$ 0 ) (Revenue \$ 565,259,661 )

Sharp HealthCare operates a number of outpatient clinics throughout San Diego County which provide outpatient and urgent care services to the community. Total patient visits were 1,897,018 for the twelve months ended 9/30/2016.

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**Form 990, Part III, Line 4c**

**4c**

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

See Community Benefit Report on Schedule O



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			
Deirdre Alpert ..... Director	2 00 ..... 0 00	X						0	0	0
Hugo Barrera MD ..... Director	5 00 ..... 2 00	X						0	42,600	0
Alan Bier MD ..... Director	5 00 ..... 0 00	X						0	0	0
Marilyn Brown ..... Director	1 00 ..... 2 00	X						0	0	0
Gary Cady ..... Director	1 00 ..... 2 00	X						0	0	0
Timothy Considine ..... Treasurer	4 00 ..... 0 00	X		X				0	0	0
Barbara DeMichele ..... Secretary	3 00 ..... 2 00	X		X				0	0	0
John M Dunn ..... Director	2 00 ..... 0 00	X						0	0	0
Richard Freeman ..... Director	5 00 ..... 0 00	X						0	0	0
Carol Gallagher ..... Director	1 00 ..... 0 00	X						0	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			
William Geppert ..... Director	2 00 ..... 0 00	X						0	0	0
Peter Hanson MD ..... Director	1 00 ..... 2 00	X						0	27,313	0
Tom Karlo ..... Director	1 00 ..... 2 00	X						0	0	0
Robert Kelly ..... Chairman	2 00 ..... 2 00	X		X				0	0	0
Scott McMillin ..... Director	2 00 ..... 5 00	X						0	0	0
Eugene Mitchell ..... Director	0 50 ..... 0 00	X						0	0	0
Lori Moore RN ..... Vice Chair	2 00 ..... 2 00	X		X				0	0	0
Michael A Morton ..... Treasurer	2 50 ..... 0 00	X		X				0	0	0
Michael W Murphy ..... President	34 00 ..... 30 00	X		X				1,679,369	0	104,766
Walter Olsen MD ..... Director	5 00 ..... 40 00	X						0	4,704	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			
Regina A Petty ..... Director	2 00 ..... 0 00	X						0	0	0
Derek Quackenbush ..... Director	2 00 ..... 0 00	X						0	0	0
James Reopelle ..... Director	3 00 ..... 4 00	X						0	634	0
Kenneth Roth MD ..... Director	2 00 ..... 0 00	X						0	12,000	0
James B SmithIII ..... Director	2 00 ..... 0 00	X						0	0	0
Lou Smith ..... Director	5 00 ..... 2 00	X						0	0	0
Geoffrey Stiles MD ..... CMO - SMH	2 00 ..... 45 00	X						308,327	0	14,801
Faye Wilson ..... Director	4 00 ..... 0 00	X						0	0	0
Julie Meier Wnght ..... Secretary	2 00 ..... 0 00	X		X				0	0	0
Ann Pumpian ..... SVP - CFO	40 00 ..... 10 00			X				890,348	0	49,708

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			
Carlisle C Lewis III ..... SVP - Legal/HR	30 00 ..... 25 00			X				734,929	0	57,661
Daniel Gross ..... EVP - Hospital Operations	45 00 ..... 15 00				X			1,254,096	0	65,360
Kenneth Lawonn ..... SVP - Info Systems	50 00 ..... 0 00				X			578,062	0	33,506
Timothy B Smith ..... CEO - SMH	5 00 ..... 55 00				X			750,629	0	43,304
William S Evans ..... CEO-GH	0 00 ..... 50 00				X			558,074	0	35,180
Anastasia H Baini ..... CEO - SRS	55 00 ..... 0 00				X			542,434	0	46,081
Pablo Velez-Canillo ..... CEO - SCVMC	0 00 ..... 40 00				X			603,684	0	32,971
Kathleen Lencioni ..... CEO - SMV	0 00 ..... 50 00				X			553,556	0	29,217
William S Littlejohn ..... CEO - Foundation	0 00 ..... 40 00				X			432,807	0	34,588
Patncia Khaleghi ..... CEO - SMBHWN	0 00 ..... 50 00				X			500,783	0	41,554

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			
Susan Stone ..... CEO - SCOR	0 00 ..... 60 00				X			422,260	0	39,077
John E Jenrette ..... CEO - SCMG	50 00 ..... 0 00					X		754,895	0	40,181
Alison J Fleury ..... SVP Business Development	48 00 ..... 4 00					X		481,029	0	42,357
Lynne H Milgram ..... CMO - SCMG	60 00 ..... 0 00					X		412,579	0	30,411
Amy A Adome ..... SVP - Clinical Effectivene	40 00 ..... 0 00					X		409,709	0	21,245
Diane G Lofgren ..... Chief Marketing Officer	40 00 ..... 0 00					X		398,292	0	28,872
Donna Mills ..... CEO-SRS(Former)	0 00 ..... 0 00						X	103,050	0	0

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 HealthCare

Employer identification number  
95-6077327

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		
Total						

Part II

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

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

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

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

**Part 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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 <b>Part VI</b>.</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

	Yes	No
<div>1</div> <div>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? <i>If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i></div>		
<div>2</div> <div>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? <i>If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i></div>		

Section C. Type II Supporting Organizations

	Yes	No
<div>1</div> <div>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)? <i>If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i></div>		

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>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? <i>If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
<div>1</div> <div>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (<b>see instructions</b>)</div> <div><div><div><input type="checkbox"/></div><div>The organization satisfied the Activities Test. Complete <b>line 2</b> below.</div></div><div><div><input type="checkbox"/></div><div>The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.</div></div><div><div><input type="checkbox"/></div><div>The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).</div></div></div>		
<div>2</div> <div>Activities Test. <b>Answer (a) and (b) below.</b></div> <div><div><div>2a</div><div>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? <i>If "Yes," then in <b>Part VI</b> 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.</i></div></div><div><div>2b</div><div>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? <i>If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i></div></div></div>		
<div>3</div> <div>Parent of Supported Organizations. <b>Answer (a) and (b) below.</b></div> <div><div><div>3a</div><div>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? <i>Provide details in Part VI.</i></div></div><div><div>3b</div><div>Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i></div></div></div>		

Part V

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

1

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

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

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

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

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

Section D - Distributions	Current Year
<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	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
<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

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).

OMB No 1545-0047

2015

Open to Public Inspection

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 HealthCare	Employer identification number 95-6077327
--	--

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<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** ☐ **No**

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) 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

		(a)	(b)
		Yes	No Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of		
a	Volunteers?		No
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c	Media advertisements?		No
d	Mailings to members, legislators, or the public?		No
e	Publications, or published or broadcast statements?		No
f	Grants to other organizations for lobbying purposes?		No
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	25,539
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes	229,855
i	Other activities?		No
j	Total. Add lines 1c through 1i.		255,394
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b	If "Yes," enter the amount of any tax incurred under section 4912		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1	Sharp HealthCare attempts to influence local, state and national legislation related to reimbursement, regulatory requirements, and any other issues that could potentially affect the quality and/or ability to effectively provide healthcare to the San Diego community



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 HealthCare

Employer identification number  
95-6077327

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.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)  
☐ Preservation of land for public use (e g , recreation or education)  
☐ Protection of natural habitat  
☐ Preservation of open space  
☐ Preservation of an historically important land area  
☐ Preservation of a certified historic structure

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

Number of states where property subject to conservation easement is located ►

5

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

☐ 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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 

☐ Yes ☐ No

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

☐

Part V Endowment Funds.

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	7,170,232	7,120,085	5,884,004	4,920,225	4,614,953
b Contributions . . . . .	1,061,713	278,671	842,260	402,825	-62,948
c Net investment earnings, gains, and losses	973,347	-207,524	470,902	636,863	455,055
d Grants or scholarships . . . . .	11,103	21,000	77,081	70,909	86,835
e Other expenditures for facilities and programs . . . . .	30,000			5,000	
f Administrative expenses . . . . .					
g End of year balance . . . . .	9,164,189	7,170,232	7,120,085	5,884,004	4,920,225

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

a Board designated or quasi-endowment ▶ 29.000 %

b Permanent endowment ▶ 71.000 %

c Temporarily restricted endowment ▶

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

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land . . . . .		51,353,960		51,353,960
b Buildings . . . . .		188,274,542	52,134,819	136,139,723
c Leasehold improvements . . . . .		77,437,069	46,791,099	30,645,970
d Equipment . . . . .		308,517,695	261,528,678	46,989,017
e Other . . . . .		66,773,639		66,773,639
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . . ▶				331,902,309



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	1,461,420,786
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments . . . . .	2a	74,358,373
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	74,358,373
3	Subtract line 2e from line 1 . . . . .	3	1,387,062,413
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,172,336
b	Other (Describe in Part XIII ) . . . . .	4b	656,291
c	Add lines 4a and 4b . . . . .	4c	1,828,627
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	1,388,891,040

Part XII

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

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

1	Total expenses and losses per audited financial statements . . . . .	1	1,427,663,289
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	
e	Add lines 2a through 2d . . . . .	2e	0
3	Subtract line 2e from line 1 . . . . .	3	1,427,663,289
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	1,172,336
b	Other (Describe in Part XIII ) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	1,172,336
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	1,428,835,625

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: 95-6077327

Name: Sharp HealthCare

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

1	(a) Description of Liability	(b) Book Value
	Intercompany Payables	1,905,173,200
	Deferred Rent Expense	16,950,706
	CQ I Retrospective Premium Payable	28,743,549
	LT Pension Liability	14,407,223
	LT Workers Compensation	45,179,123
	Capital Leases	53,391,922
	Construction Debt	33,855,293
	Reserve for Malpractice	3,900,000
	New Market Tax Credit Debt	39,315,100
	Mark to Market Swaps	3,172,367
	Synthetic Fixed Rate Swap	4,479,960

Supplemental Information

Return Reference	Explanation
Part V , Line 4	Sharp HealthCare Foundation holds 10 board designated and permanent endowments for Sharp H ealthCare that are restricted for a variety of purposes, such as rehabilitation, nursing e ducation and scholarships, clinical equipment and technology, 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 4b - Other Adjustments	Foundation Contributed Capital 205,332 Book/tax difference on partnership interest - MRI 61,806 Book/tax diff on partnership interest - Sharp/UCSD Transplant Program 389,153



SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Sharp HealthCare

Employer identification number  
95-6077327

Part I

General Information on Activities Outside the United States.  
Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total	0	1			21,669,129
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	1			21,669,129

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

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

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

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

**3** Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

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

**Part IV Foreign Forms**

- 1

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

☒

Yes

☐

No
- 2

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

☐

Yes

☒

No
- 3

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

☒

Yes

☐

No
- 4

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

☐

Yes

☒

No
- 5

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

☐

Yes

☒

No
- 6

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

☐

Yes

☒

No

**Part V**   **Supplemental Information**

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

**990 Schedule F, Supplemental 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.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, line 3	The accrual method of accounting was used to determine the amounts reported

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, line 1, Column (e)	(e) Specific Types of Service in Central America and the Caribbean Region Payments for management of insurance captive services and insurance premium payments to captive Sharp HealthCare employees volunteered for humanitarian missions

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, line 4, Column (e)	(e) Specific Types of Services in North American Region Provide community outreach programs promoting Sharp HealthCare's program for emergency evacuations Sharp HealthCare employees volunteered for humanitarian missions



**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Part I, line 5, Column (e)	(e) Specific Types of Services in East Asia and the Pacific Region Participate in International Travel & Health Insurance conference Sharp HealthCare employees volunteered for humanitarian missions

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 95-6077327  
**Name:** Sharp HealthCare

### Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	1	Program Services	See Part V	9,223,707
Central America and the Caribbean	0	0	Investments	Investments required to be held by offshore insurance captive	12,342,892
Europe	0	0	Program Services	Participate in International Travel & Health Insurance conferences	40,832

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	See Part V	11,340
East Asia and the Pacific	0	0	Program Services	See Part V	23,834
Sub-Saharan Africa	0	0	Program Services	Sharp HealthCare employees volunteer for humanitarian missions	13,156

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	Sharp HealthCare employees volunteer for humanitarian missions	8,620
South Asia	0	0	Program Services	Sharp HealthCare employees volunteer for humanitarian missions	4,748

# 2015

95-6077327

## Schedule I (Form 990) 2015

**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: 95-6077327  
Name: Sharp HealthCare

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Diego Regional Chamber of Commerce 402 West Broadway Suite 1000 San Diego, CA 92101	95-1184680	501(c)(6)	50,000				Annual Sponsorship/Membership
YWCA of San Diego County 1012 C Street San Diego, CA 92101	95-1661119	501(c)(3)	15,000				In the Company of Women Recognition luncheon sponsorship
Downtown San Diego Partnership Foundation 401 B Street Suite 100 San Diego, CA 92101	95-1729734	501(c)(6)	15,000				Family Reunification 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
San Diego Regional Economic Development Corp 530 B Street San Diego, CA 92101	95-2406199	501(c)(6)	10,000				Annual Sponsorship/Membership
Balboa Park Conservancy 1549 El Prado Suite 1 San Diego, CA 92101	45-2072081	501(c)(3)	10,000				December Nights Sponsorship
CAHHSCHA 1215 K Street Suite 800 Volunteer Services Department Sacramento, CA 95814	94-1205908	501(c)(6)	10,000				Sponsorship for Volunteer Leadership Conference



**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 9404 Genesee Avenue Suite 240 La Jolla, CA 92037	13-5613797	501(c)(3)	10,000				Pledge - affiliate sponsorship
San Diego North Chamber of Commerce 10875 Rancho Bernardo Rd Ste 104 El Cajon, CA 92127	20-3185588	501(c)(6)	10,000				Women's Week Partnership
Patrons of the Prado 6104 Waverly Ave La Jolla, CA 92037	33-0764923	501(c)(3)	10,000				Materpiece Gala 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
Alzheimer's San Diego 6632 Convoy Court San Diego, CA 92111	95-3565388	501(c)(3)	10,000				Courage & Hope Table Sponsorship
Sharp HealthCare Foundation 8695 Spectrum Center Boulevard San Diego, CA 92123	95-3492461	501(c)(3)	110,000				Women's Health Conference Sponsorship

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990.  
▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization  
Sharp HealthCare

Employer identification number  
95-6077327

Part I Questions Regarding Compensation

	Yes	No
<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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
<b>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	Yes	
<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?	Yes	
<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. <div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
<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: <b>a</b> Receive a severance payment or change-of-control payment?		No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		No
<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: <b>a</b> The organization?		No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		No
<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.		No
<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.		No
<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)?		

**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	Monthly dues paid to the University Club for Michael Murphy, President/CEO and Daniel Gross, EVP Hospital Operations. The University Club memberships are used for business puposes.
Part I, Line 4b	Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following: - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.

Additional Data

Software ID:

Software Version:

EIN: 95-6077327

Name: Sharp HealthCare

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Michael W MurphyPresident	(i)	1,278,042	330,001	71,326	84,109	20,657	1,784,135	0
	(ii)	0	0	0	0	0	0	0
1Geoffrey Stiles MD CMO - SMH	(i)	251,905	36,612	19,810	13,220	1,581	323,128	0
	(ii)	0	0	0	0	0	0	0
2Ann PumpianSVP - CFO	(i)	721,938	135,971	32,439	34,068	15,640	940,056	0
	(ii)	0	0	0	0	0	0	0
3Carlisle C Lewis III SVP - Legal/HR	(i)	594,116	114,888	25,925	37,509	20,152	792,590	0
	(ii)	0	0	0	0	0	0	0
4Daniel Gross EVP - Hospital Operations	(i)	958,612	230,318	65,166	49,565	15,795	1,319,456	0
	(ii)	0	0	0	0	0	0	0
5Kenneth Lawonn SVP - Info Systems	(i)	489,688	60,906	27,468	18,631	14,875	611,568	0
	(ii)	0	0	0	0	0	0	0
6Timothy B SmithCEO - SMH	(i)	614,682	110,216	25,731	23,198	20,106	793,933	0
	(ii)	0	0	0	0	0	0	0
7William S EvansCEO-GH	(i)	540,981	15,000	2,093	19,688	15,492	593,254	0
	(ii)	0	0	0	0	0	0	0
8Anastasia H BarniCEO - SRS	(i)	425,522	90,951	25,961	26,536	19,545	588,515	0
	(ii)	0	0	0	0	0	0	0
9Pablo Velez-Canilo CEO - SCVMC	(i)	504,278	78,033	21,373	23,809	9,162	636,655	0
	(ii)	0	0	0	0	0	0	0
10Kathleen Lencioni CEO - SMV	(i)	414,023	116,831	22,702	16,898	12,319	582,773	0
	(ii)	0	0	0	0	0	0	0
11William S Littlejohn CEO - Foundation	(i)	331,917	64,144	36,746	15,359	19,229	467,395	0
	(ii)	0	0	0	0	0	0	0
12Patricia Khaleghi CEO - SMBHWN	(i)	384,453	83,525	32,805	22,215	19,339	542,337	0
	(ii)	0	0	0	0	0	0	0
13Susan StoneCEO - SCOR	(i)	342,451	70,352	9,457	19,944	19,133	461,337	0
	(ii)	0	0	0	0	0	0	0
14John E Jenrette CEO - SCMG	(i)	587,240	120,240	47,415	25,041	15,140	795,076	0
	(ii)	0	0	0	0	0	0	0
15Alison J Fleury SVP Business Development	(i)	373,101	75,106	32,822	22,931	19,426	523,386	0
	(ii)	0	0	0	0	0	0	0
16Lynne H Milgram CMO - SCMG	(i)	319,710	65,348	27,521	21,771	8,640	442,990	0
	(ii)	0	0	0	0	0	0	0
17Amy A Adome SVP - Clinical Effectivene	(i)	326,513	64,236	18,960	12,709	8,536	430,954	0
	(ii)	0	0	0	0	0	0	0
18Diane G Lofgren Chief Marketing Officer	(i)	371,008	178	27,106	14,400	14,472	427,164	0
	(ii)	0	0	0	0	0	0	0
19Donna Mills CEO-SRS(Former)	(i)	103,050	0	0	0	0	103,050	0
	(ii)	0	0	0	0	0	0	0

Schedule K  
(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

Sharp HealthCare

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Information about Schedule K (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

Employer identification number

95-6077327

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ABAG Finance Authority for Nonprofit Corporations	94-3130123	00037CNR7	02-12-2009	60,000,000	See Part VI		X		X		X
B ABAG Finance Authority for Nonprofit Corporations	94-3130123	00037CPH7	07-22-2009	137,265,605	See Part VI		X		X		X
C ABAG Finance Authority for Nonprofit Corporations	94-3130123	00037CPN4	09-02-2009	99,880,000	See Part VI		X		X		X
D ABAG Finance Authority for Nonprofit Corporations	94-3130123	000000000	12-16-2010	30,000,000	See Part VI		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	60,000,000		138,037,297		99,880,000		30,305,092	
4	Gross proceeds in reserve funds . . . . .			10,985,222					
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .								
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .			112,571,362				30,305,092	
11	Other spent proceeds . . . . .	60,000,000		12,500,000		99,880,000			
12	Other unspent proceeds . . . . .								
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X		X		X
16	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

Part III

Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X			X	X			X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X			
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶			2 000 %		4 230 %		0 880 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶			0 020 %					
6	Total of lines 4 and 5 . . . . .			2 020 %		4 230 %		0 880 %	
7	Does the bond issue meet the private security or payment test? . . . .		X		X	X			X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		X
2	If "No" to line 1, did the following apply? . . . . .								
a	Rebate not due yet? . . . . .		X		X		X		X
b	Exception to rebate? . . . . .		X		X		X		X
c	No rebate due? . . . . .	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .	X			X	X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider . . . . .	NA		NA		Citibank NA		NA	
c	Term of hedge . . . . .					2120 0000000000 %			
d	Was the hedge superintegrated? . . . . .		X		X		X		X
e	Was the hedge terminated? . . . . .		X		X		X		X



Part IV Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b	Name of provider . . . . .	NA		NA		NA		NA	
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .		X		X		X		X
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name ABAG Finance Authority for Nonprofit Corporations Date the Rebate Computation was Performed 06/13/2014 Issuer Name ABAG Finance Authority for Nonprofit Corporations Date the Rebate Computation was Performed 08/27/2014 Issuer Name ABAG Finance Authority for Nonprofit Corporations Date the Rebate Computation was Performed 06/13/2014 Issuer Name ABAG Finance Authority for Nonprofit Corporations Date the Rebate Computation was Performed 12/16/2015 Issuer Name ABAG Finance Authority for Nonprofit Corporations Date the Rebate Computation was Performed 06/13/2014 Issuer Name ABAG Finance Authority for Nonprofit Corporations Date the Rebate Computation was Performed 06/13/2014

Return Reference	Explanation
Schedule K, Part I, Entity 1, Line A	The purpose of this bond issuance is to refund the Series 2003A&B Auction Rate Securities

Return Reference	Explanation
Schedule K, Part I, Entity 1, Line B	The purpose of this bond issuance is to provide funds for capital improvements, capacity expansion, and building renovations at four hospital entities, to purchase major equipment, to refund a portion of the 2003B Auction Rate Securities and to provide for a debt service reserve fund

Return Reference	Explanation
Schedule K, Part I, Entity 1, Line C	The purpose of this bond issuance is to refund the Series 2007 A&B Statewide Easy Equipment Program (SWEEP) bonds

Return Reference	Explanation
Schedule K, Part I, Entity 1, Line D	The purpose of this bond issuance is to finance the acquisition, construction, equipping and improvement of facilities at four hospital entities

Return Reference	Explanation
Schedule K, Part I, Entity 2, Line A	The purpose of this bond issuance is to refund the Series 2001A Revenue bonds and to partially refund the 1998 County of San Diego Certificates of Participation bonds

Return Reference	Explanation
Schedule K, Part I, Entity 2, Line B	The purpose of the bond issuance is to refund the 1998 County of San Diego Certificates of Participation bonds

Return Reference	Explanation
Schedule K, Part I, Entity 2, Line C	The purpose of this bond issuance is to (i) finance the acquisition, renovation, construction, improvements, furnishing and equipping of facilities at four hospital entities and (ii) refund all of the Authority's outstanding Revenue Bonds (San Diego Hospital Association), Series 2003C



Return Reference	Explanation
Schedule K, Part II, Line 3	Tax Exempt Bond Issue 2009B, 2010A & 2014A Total proceeds are different than issue price due to investment earnings

Return Reference	Explanation
Schedule K, Part II, Line 13	Tax Exempt Bond Issue 2009B Stephen Birch HealthCare Center - 2010 Sharp Chula Vista Inpatient Capacity Expansion - 2011 Chiller piping at Grossmont Hospital - 2011 East Tower Renovation at Grossmont Hospital - 2011 Sharp Mary Birch Expansion and Remodel - 2012 Remaining projects - 2011

Return Reference	Explanation
Schedule K, Part II, Line 13	Tax Exempt Bond Issue 2010A Sharp Memorial Central and South Tower Retrofit - project still ongoing Sharp Mary Birch Expansion and Remodel - 2012 Chiller Piping at Grossmont Hospital - 2011 Sharp Chula Vista Emergency Department Expansion - 2012 Sharp Chula Vista Cancer Center - 2012

Return Reference	Explanation
Schedule K, Part III, Line 4	Tax Exempt Bond Issue 2009 CD Life to date private business use is 4 47 % and is expected to remain under 5 00 % over the life of the bond

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As Filed Data -

DLN: 93493219007437

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service  
Name of the organization  
Sharp HealthCare

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990.  
▶ Information about Schedule K (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

Employer identification number

95-6077327

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A ABAG Finance Authority for Nonprofit Corporations	94-3130123	00037CRG7	02-10-2011	78,140,374	See Part VI		X		X		X
B ABAG Finance Authority for Nonprofit Corporations	94-3130123	00037GSJO	01-24-2012	51,889,934	See Part VI		X		X		X
C ABAG Finance Authority for Nonprofit Corporations	94-3130123	00037GVN7	02-12-2014	166,110,472	See Part VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired . . . . .								
2	Amount of bonds legally defeased . . . . .								
3	Total proceeds of issue . . . . .	78,140,374		51,889,934		167,090,719			
4	Gross proceeds in reserve funds . . . . .								
5	Capitalized interest from proceeds . . . . .								
6	Proceeds in refunding escrows . . . . .								
7	Issuance costs from proceeds . . . . .	3,642							
8	Credit enhancement from proceeds . . . . .								
9	Working capital expenditures from proceeds . . . . .								
10	Capital expenditures from proceeds . . . . .					105,820,639			
11	Other spent proceeds . . . . .	78,136,732		51,889,934		22,445,769			
12	Other unspent proceeds . . . . .					38,824,311			
13	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue? . . . .	X		X		X			
15	Were the bonds issued as part of an advance refunding issue? . . . .		X		X		X		
16	Has the final allocation of proceeds been made? . . . . .	X		X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X		X		X			

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶								
6	Total of lines 4 and 5 . . . . .								
7	Does the bond issue meet the private security or payment test? . . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?. . . . .		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . .		X		X		X		
2	If "No" to line 1, did the following apply? . . . .								
a	Rebate not due yet? . . . . .		X		X	X			
b	Exception to rebate? . . . . .		X		X		X		
c	No rebate due? . . . . .	X		X			X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3	Is the bond issue a variable rate issue? . . . . .		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider . . . . .	NA		NA		NA			
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .		X		X		X		
e	Was the hedge terminated? . . . . .		X		X		X		

**Part IV Arbitrage** *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b>	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
<b>b</b>	Name of provider . . . . .	NA		NA		NA			
<b>c</b>	Term of GIC . . . . .								
<b>d</b>	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .		X		X		X		
<b>6</b>	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
<b>7</b>	Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X			

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K (see instructions).

**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).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
Sharp HealthCare

**Employer identification number**

95-6077327

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part I, Line 1	ORGANIZATION'S MOST SIGNIFICANT ACTIVITIES The organization's primary exempt purpose is to provide administrative support to its tax-exempt subsidiaries. In addition, outpatient services are provided to patients within the greater San Diego area through multispecialty medical group practices. Community members are offered a number of benefit services to assist them in obtaining treatment, and information is provided on topics ranging from disease prevention to improvement of health status.



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 1	<p>To promote health care through supporting and/or operating, directly or through wholly-owned subsidiaries and other appropriate management arrangements, hospitals and other medically-related facilities and activities in the State of California</p> <p>The specific and primary purposes for which this corporation is formed are to support and be responsive to the needs of its publicly supported, tax-exempt subsidiaries</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part IV, Line 24A	Tax Exempt Bonds are issued for the Sharp HealthCare Obligated Group. As a result, all tax exempt bond balances, including those allocated to other members of the Obligated Group, are reported on the Sharp HealthCare return (EIN 95-6077327). The Sharp HealthCare Obligated Group is comprised of Sharp HealthCare (EIN 95-6077327), Sharp Memorial Hospital (EIN 95-3782169), Grossmont Hospital Corporation (EIN 33-0449527), and Sharp Chula Vista Medical Center (EIN 95-2367304).

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	<p>Policies are considered proprietary information, 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).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	Medical Fees Program service expenses 292,282,636 Management and general expenses 836,063 Fundraising expenses 0 Total expenses 293,118,699 Registry Program service expenses 0 Management and general expenses 1,964,172 Fundraising expenses 0 Total expenses 1,964,172 Purchased Services Program service expenses 119,791,698 Management and general expenses 18,548,340 Fundraising expenses 0 Total expenses 138,340,038

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part XI, line 9	Current Year Other Comprehensive Income -8,204,329   Beneficial Interest in Sharp HealthCare Foundation 4,503,204 Book/tax difference on partnership interest - MRI -61,806   Book/tax diff on partnership interest - UCSD/Sharp Transplant Program -389,154



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 5471	<p>Attachment to 2015 Form 990 and Form 5471 Transferee Corporation's Information Statement Filed in Accordance with Reg Section 1 351-3(b) Transferor Name SHARP HEALTHCARE Taxable Year End 9/30/2016 FEIN 95-6077327 Transferee Name CONTINUOUS QUALITY INSURANCE SPC (FKA CONTINUOUS QUALITY INSURANCE COMPANY, LTD ) FEIN N/A Transferee Address 23 LIME TREE BAY AVENUE, P O Box 1363, GRAND CAYMAN CAYMAN ISLANDS, BRITISH WEST INDIES This statement is being filed with Sharp HealthCare, the transferee's, Form 5471, Information Return of U S Persons, with respect to the transferee, for the taxable year ended 9/30/2016 This statement is filed in accordance with Reg Section 1 351-3(b) to disclose the details of property transferred to the above controlled corporation The exchange took place during the year ended 9/30/2016 1 Property received from the transferor Contribution of cash 2 The cost or other basis thereof in the hands of the transferor adjusted to the date of transfer \$9,942,499 32 Transferee's Corporation Stock N/A 4 Securities of the transferee corporation N/A 5 Amount of money paid in the exchange to the transferor N/A 6 Other property passing to the transferor in the exchange N/A 7 Each of the transferor's liabilities assumed by the transferee corporation N/A</p> <p>Attachment to 2015 Form 990 and Form 5471 Transferor Corporation's Information Statement Filed in Accordance with Reg Section 1 351-3(a) Transferor Name SHARP HEALTHCARE Taxable Year End 9/30/2016 FEIN 95-6077327 Transferee Name CONTINUOUS QUALITY INSURANCE SPC (FKA CONTINUOUS QUALITY INSURANCE COMPANY, LTD ) FEIN N/A Transferee Address PO BOX 1092, GRAND CAYMAN CAYMAN ISLANDS, BRITISH WEST INDIES This statement is being filed with Sharp HealthCare, the transferor's, Form 5471, Information Return of U S Persons, with respect to the transferor for the taxable year ended 9/30/2016 This statement is also being filed with Sharp HealthCare, the transferor's, Form 990, Return of Organization Exempt from Income Tax This statement is filed in accordance with Reg Section 1 351-3(a) to disclose the details of property transferred to the above controlled corporation The exchange took place during the tax year ended 9/30/2016 1 Property transferred to the transferee Contribution of \$9,942,499 32 cash 2 Information with respect to the transferee corporation's stock (i) The kind of stock and preferences N/A (ii) The number of shares of each class at the date of the exchange Before the exchange N/A After the exchange N/A (iii) The fair market value per share of each class at the date of the exchange N/A 3 Securities of the transferee corporation received in the exchange N/A 4 Amount of money received N/A 5 Other property received N/A 6 Liabilities of the transferor assumed by the transferee Corporation N/A</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2016 Section 1 An Overview of Sharp HealthCare Sharp team members - both current and those who have come before us - have been making a difference in San Diegoans' lives for more than 60 years. We have been entrusted with a great responsibility to build on this legacy, and we are honored to do all we can to make Sharp the very best it can be. I'm proud that we are always striving to make our patients, their families and our community our highest priorities. - Michael W. Murphy, President and Chief Executive Officer, Sharp HealthCare</p> <p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 22 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3.2 million in San Diego County (SDC), as of September 30, 2016, Sharp is licensed to operate 2,084 beds and has more than 2,900 Sharp-affiliated physicians and 18,000 employees.</p> <p><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. <b>THREE</b></p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women &amp; Newborns (206 licensed beds) A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the largest privately operated psychiatric hospital in San Diego, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy (SRS) are included within the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported within SGH</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves</p> <p>Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Making * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality Focused, Compelled by Operational and Service Excellence, Cost E</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>ffective, Accountable Culture The Sharp Experience For more than 16 years, Sharp has been on a journey to transform the health care experience for patients and their families, phy sicians and staff Through a sw eeping organization-w ide performance-and-experience-improve ment initiative called The Sharp Experience, the entire Sharp team has recommitted to purp oseful, w orthw hile w ork and creating the kind of health care people w ant and deserve This w ork has added discipline and focus to every part of the organization, helping to make Sh arp one of the nation's top-ranked health care systems Sharp is San Diego's health care l eader because it remains focused on the most important element of the health care equation the people Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be *</p> <p>The best place to w ork Attracting and retai ning highly skilled and passionate staff members w ho are focused on providing quality heal th care and building a culture of teamw ork, recognition, celebration, and professional and personal grow th This commitment to serving patients and supporting one another w ill make Sharp "the best health system in the universe " *</p> <p>The best place to practice medicine Cr eating an environment in w hich physicians enjoy positive, collaborative relationships w ith nurses and other caregivers, experience unsurpassed service as valued customers, have acc ess to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie o f the highest-caliber medical staff at San Diego's health care leader *</p> <p>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 w ho see it as their priv ilege to exceed the expectations of every patient - treating them w ith the utmost care, co mpassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through this transformation, Sharp w ill cont inue to live its mission to care for all people, w ith special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than h alf a century</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (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: Sensitivity to operations, A reluctance to simplify, Preoccupation with failure, Deference to expertise, Resilience. Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could become better. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> <li><b>Quality:</b> Demonstrate and improve clinical excellence to set industry standards and exceed customer expectations.</li> <li><b>Safety:</b> Keep patients, employees and physicians safe and free from harm.</li> <li><b>Service:</b> Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence.</li> <li><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.</li> <li><b>Finance:</b> Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization.</li> <li><b>Growth:</b> Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development.</li> <li><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.</li> </ul> <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, forcing peers to</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>o 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 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 Recycling Awards Program.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>ram 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 (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community From 2013 to 2016, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence AwardsSM Based on one year of data, this designation recognizes recipients for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality Awarded SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRS, SCMG and Sharp Home Health for Employee Engagement, SMBHWN and the Sharp Senior Health Centers at SMH for Patient Satisfaction, and SCHHC, SMBHWN and SMV for Physician Engagement Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence AwardSM (formerly named the Beacon of Excellence Award) This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the Press Ganey categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance In 2013, 2015 and 2016, Press Ganey recognized SMH for patient experience From 2013 to 2015, SHC was recognized for Employee Engagement In 2013, SCHHC and SMV were recognized for Physician Engagement</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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 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 is a symbol of excellence in customer experience awarded by the collective voice of women. For the third year in a row, and the fourth time in five years, Sharp won the top spot in the Mega Employer category in the San Diego Association of Government's (SANDAG's) iCommute Rideshare 2015 Challenge. The month-long challenge encouraged the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes. Powered by SANDAG and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions. Sharp was named the 2015 Medical Provider of the Year at the International Travel &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</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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 outpatient drugs at reduced prices The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist patient access to medications through the Patient Assistance Team The Patient Assistance Team helps those in need of assistance gain access to free or low-cost medications Patients are identified through usage reports or referred through case management, social 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance and other low-cost alternatives. Also in 2016, Sharp supported and provided payment options to high-risk, uninsured and underinsured patients at all Sharp hospitals with an inability to pay their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, Sharp provided patients with education during their hospital stay, and also helped them to understand their health insurance benefits, access care, as well as provided payment options. Public Resource Specialists, new to the Patient Financial Services (PFS) team, also offered support to uninsured and underinsured patients at all Sharp hospitals needing extra guidance on available funding options. The Public Resource Specialists performed field calls (home visits) to patients who left the hospital and required assistance in completing the coverage application process to facilitate coverage. New this past year, SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh/SNAP (Supplemental Nutrition Assistance Program) benefits prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2016, SGH's PFS team completed 227 CalFresh applications and 125 patients were granted CalFresh benefits. As a result of the success from this pilot, in February 2017 Sharp's PFS team will expand this program to the remaining acute care hospitals. In summer 2015, a pilot program was launched at SMBHWN to support and provide financial assistance to both insured and unfunded families with Neonatal Intensive Care Units (NICU) babies. This process included meeting with families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight, and evaluating those families for Supplemental Security Income (SSI) eligibility. The program provided assistance for the newborn's costs of care both within and outside of the hospital. Public Resource Specialists have assisted more than 60 families through the process of applying for SSI.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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, connections to community resources, and financial support for medical equipment and medications. SCHHC, SGH and SMH work with the San Diego Rescue Mission (SDRM) to identify homeless patients, or patients who have exhausted other community housing resources, who have a continuing medical need after hospital discharge. Once referred to the SDRM's Recuperative Care Unit, patients receive follow-up medical care through Sharp in a safe environment, and may also receive psychiatric care, help scheduling specialty appointments, assistance with CalFresh applications, and connections to community resources including programs that support continued sobriety and residential treatment. In addition, a social worker provides referrals for permanent housing and collaborates with St. Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego - an effort to increase access to SSI for people who are homeless or at risk of homelessness. Sharp is committed to providing free of charge medical records to support an SSI claim.</p> <p>Health Professions Training Internships: Students and recent health care graduates are a valuable asset to the community.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>Sharp demonstrates a deep investment in these potential and new est 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 profess ional educational programs Sharp provided education and training programs for nursing stu dents (e g , critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice) and allied health professions such as rehabilitation therapies (spe ech, physical and occupational therapy), pharmacy, respiratory therapy, imaging, cardiovas cular, dietetics, lab, radiation therapy, surgical technology, paramedic, social w ork, psy chology, business, health information management and public health Students came from loc al community colleges such as Grossmont College, San Diego City College, San Diego Mesa Co llege (Mesa College) and Southw estern College, local and national university campuses such as Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University o f 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 Sh arp 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 Ho urs Ancillary 73 Students 20,778 Hours Total 632 Students 110,838 Hours Sharp Grossmont Hospital Nursing 737 Students 64,689 Group Hours 13,004 Precepted Hours Ancillary 218 St udents 50,156 Hours Total 955 Students 127,849 Hours Sharp Mary Birch Hospital for Women &amp; New borns Nursing 183 Students 14,098 Group Hours 4,262 Precepted Hours Ancillary 12 St udents 3,420 Hours Total 195 Students 21,780 Hours Sharp Memorial Hospital Nursing 449 S tudents 26,736 Group Hours 17,845 Precepted Hours Ancillary 277 Students 74,501 Hours Tot al 726 Students 119,082 Hours Sharp Mesa Vista Hospital Nursing 339 Students 24,802 Grou p Hours 2,516 Precepted Hours Ancillary 47 Students 34,371 Hours Total 386 Students 61,6 89 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 Studen ts 42,333 Hours Total 646 Students 112,246 Hours Total Nursing 3,338 Students 256,069 Gr oup Hours 128,099 Precepted Hours Ancillary 966 Students 253,617 Hours Total 4,304 Stude nts 637,785 Hours</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>In addition, Sharp offers a graduate level Clinical Pastoral Education (CPE) program to teach students clinical theories and skills to provide spiritual care to patients and their families. In FY 2016, the program supervised six chaplain residents and eight chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services. Health Sciences High and Middle College Sharp is an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide high school students broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world application of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five career pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHC in 2010, and SCVMC in 2011. Students also devote time to various SRS sites. Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotation, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, and take additional health-related coursework at a community college, including Health 101, Public Health, Psychology and Abnormal Psychology, Nutrition, Intro to Health Professions, and Health and Social 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.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>, 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 its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. HSHMC was also recognized with a 2015 Model Professional Learning Community at Work(tm) Award by Solution Tree for its sustained success in raising student achievement. Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>ia (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 members. The Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI).</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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. 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.</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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.</p> <p>Evidence-Based Practice Institute. Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care. This evolution in practice and care occurs through identifying a care problem, developing a plan to solve it and then incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between Sharp, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UC San Diego Health, VA San Diego Healthcare System (VASDHS), Elizabeth Hospice, PLNU, SDSU, APU and USD. Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom and structured mentorship throughout the program. The EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice. Mentors also assist the fellows in working collaboratively with other key hospital leadership personnel. The nine-month program culminated with a community conference and graduation ceremony in November, at which the project results of all EBPI fellows were shared. Thirty fellows graduated from the EBPI program in FY 2016, completing projects that address the following issues in clinical practice and patient care: creating an acute care-friendly environment for altered mental status and high-risk fall patients, the effects of aromatherapy on anxiety in pediatric post-operative patients, implementing a health literacy protocol, debriefing after resuscitation, and bedside pressure mapping for ulcer prevention.</p> <p>Volunteer Service. Sharp Lends a Hand. In FY 2016, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). Sharp team members suggested projects</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>ect 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 toward the ADA's mission to prevent, cure and improve the lives of all people affected by diabetes SLAH volunteers participated in the ADA Tour de Cure 2016 to support the more than 24 million San Diegans with diabetes or prediabetes and raise critical funds for diabetes research, education and advocacy in support of the ADA For two days in April, approximately 25 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution and first aid The Ssubi Foundation's Greening for Good project collects discarded but safe and usable supplies from U.S. hospitals and distributes them to clinics around the world that have little or no medical resources In November, August and September, nearly 160 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare these materials for shipment In addition to providing life-saving services to people in underserved countries, the project has protected the environment by keeping more than 400,000 pounds of medical equipment and supplies out of local landfills</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>In November 2015, approximately 15 SLAH volunteers joined the San Diego Chargers football team at their 37th annual Blood Drive in Mission Valley. The event supported the San Diego Blood Bank during the vital holiday season when people tend to donate less blood. Volunteers specifically included nurses and certified phlebotomists who assisted with blood typing (determining the blood type of an individual). The Special Olympics Southern California - San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities. In December 2015, nearly 20 SLAH volunteers supported the program's basketball competition at Balboa Park Municipal Gym. Volunteers assisted with score-keeping, time-keeping, lunch service and the awards ceremony. In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates two ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase. The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat homes throughout SDC. For one weekend in December, 30 volunteers organized donated items and took inventory of stock for the Mission Valley ReStore retail center. The Food Bank feeds 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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>a Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including San Eljo State Beach, Miramar Lake, Mission Bay, Pacific Beach, Lake Murray, Mast Park, Eastlake and Coronado City Beach SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-based social services to veterans without a permanent residence On seven days in June, approximately 150 volunteers sorted and organized clothing donations and set up the event's clothing tent During the two-day event in July, which served more than 900 veterans, 120 SLAH volunteers worked in the clothing tent to find suitable clothes for the homeless veterans In addition, approximately 70 clinical volunteers - including Sharp nurses, doctors, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI Through the organization's award-winning program, They Will Surf Again, paraplegics and quadriplegics can experience mobility through surfing with support from adaptive equipment and volunteers In September, an estimated 70 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water FSD, part of the Feeding America network, is committed to leading the community in the fight against hunger by efficiently providing access to food and nutritious meals FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region Every week, the organization feeds more than 63,000 children, families and seniors in need On seven days in 2016, approximately 340 SLAH volunteers contributed their time to bag, box and distribute food for FSD Founded in 2001, the San Diego River Park Foundation is a grass roots 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 Rive</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>r 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 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>A Sharp speech pathologist also spent 10 days in Jamaica to provide outreach to deaf students and their teachers through Songs for Sound, an organization dedicated to protecting and restoring hearing. The team included a deaf education teacher, speech language pathologists, audiologists, nurses and other volunteers who provided hearing aids and speech and language services to approximately 50 deaf children. The team also trained six deaf teachers on how to perform speech and language activities for children with hearing aids. In July, a Sharp team member joined Su Refugio Ministries - an organization dedicated to caring for orphans and widows - to assist local doctors and dentists in caring for more than one thousand residents of Tobati, Paraguay. During the ten-day mission, the team organized a community health clinic to provide medical, vision, and dental services as well as spiritual care, self-defense training for high school girls, and a social services fair. Since 2009, Experience Camp has provided one-week camps for youth throughout the U.S. who have experienced the death of a parent, sibling or primary caregiver. The program helps build confidence, encourages laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common bond of loss. In FY 2016, a Sharp team member served as a clinician with Experience Camp to help develop programs to meet the emotional needs of the camp's youth and provide support for other volunteer clinicians and cabin counselors. 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</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>initiatives throughout the year. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's various foundations. More than 17,400 volunteer hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events. Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support. Table 2: Sharp Volunteers and Volunteer Hours - FY 2016</p> <p>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.</p> <p>Total Volunteer Hours: Sharp Chula Vista Medical Center 51,877, 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.</p> <p>In support of Sharp's foundations - including the Sharp Healthcare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - volunteers supported various events, such as annual golf tournaments and galas. In addition, Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future healthcare 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.</p> <p>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</p>

**990 Schedule O, Supplemental Information**

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



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (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.</p> <p>Sharp Employee Volunteer Efforts: In FY 2016, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees served the community this past year.</p> <p>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> <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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, Line 4C (CONTINUED)	<p>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 repurchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. Santa's Korner served 28 families - equivalent to 119 individuals - during the 2015 holiday season. In August, SGH nurses held their annual Backpack Drive in collaboration with Christie's Place, a non-profit that supports women, children and families affected by HIV/AIDS (human immunodeficiency virus/acquired immunodeficiency syndrome), to prepare children and teens for academic success. Nearly 300 backpacks were filled with school supplies and distributed to youth during a back-to-school party in Balboa Park. Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight against hunger through participation in the International Relief Team's (IRT) FSD's Kids project. Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives. Through FSD's Kids, nutritious food is provided to children in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse. Every week, labor and delivery team members fill backpacks with nonperishable, nutritious food.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, Line 4C (CONTINUED)	<p>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. All Ways Green Initiative. As San Diego's largest private employer and leading health care provider, Sharp is committed to improving the health of the environment and therefore the communities it serves. Understanding that a healthy environment can influence individual well-being, Sharp helps minimize adverse impacts on the environment by creating healthy green practices for its employees, physicians and patients. Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices, reduce the cost of green practices, and facilitate the implementation of sustainable initiatives. The All Ways Green(tm) logo was created in 2009 to brand Sharp's environmental activities and communicate sustainability throughout the organization and the San Diego community. Sharp's systemwide All Ways Green(tm) committee is charged with identifying, creating and evaluating opportunities and best practices in five distinct areas: (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) commuter solutions, and (5) sustainable food practices. Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system. Established Green Teams at each Sharp entity are responsible for developing new programs that educate and motivate employees to conserve natural resources and reduce, reuse and recycle. 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, Line 4C (CONTINUED)	<p>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 CO<sub>2</sub> each year. In 2013, Sharp was the first health care system in San Diego to implement a computer power management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. This software program has been installed on more than 16,000 computers, resulting in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). This initiative earned Sharp a Certificate of Recognition from the EPA in 2013. In July 2015, Sharp implemented TSO Logic software, an innovative system that identifies opportunities for replacing inefficient hardware with energy-efficient hardware in Sharp's centralized data center. In addition, the software identifies underutilized hardware, which can be permanently shut down or put to rest during periods of non-utilization.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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 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 Establish energy use baseline SCHHC - yes SCVMC - yes SGH - yes Shar</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>p 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-saving devices * Installation of high-efficiency, low water use dishwashers * Installation of water-efficient chillers * Water monitoring and control systems * Water practice and utilization evaluations * Regular rounding to identify leaks * Installation of low-water sterile processing equipment To comply with mandatory water restrictions issued for California on April 1, 2015, Sharp made significant modifications to its landscape maintenance practices, including adjusting irrigation schedules, properly sizing sprinkler heads, installing water-sensing equipment and drip irrigation systems, xeriscaping, hardscaping, planting succulents and other drought-tolerant plants, and reducing watering times and frequency at all sites. Each year Sharp uses over eight million pounds of textiles such as</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>Table 4 Water Conservation Initiatives by Sharp HealthCare Entity Establish water use baseline SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Drip irrigation systems SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes 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 Rainwater collection for use in fountains SCHHC - no SCVMC no SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no Water dispensers to replace bottled water SCHHC - yes SCVMC yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Water-efficient dishwashing/ equipment washing/ chemical dispensing system SCHHC - yes SCVMC yes SGH - yes Sharp System Services - no SHP - no SMH/SMBHWN - yes SMV/SMC - no SRS - no 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 47 thousand tons of waste diverted from the landfill (equivalent to the weight of 12 loaded Boeing 747 aircrafts) Sharp made the following achievements in waste minimization in FY 2016 * SCVMC and SGH generated nearly 44,000 pounds</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>unds of green waste through the implementation of green waste recycling * More than 2.7 million pounds of trash were diverted from the landfill through recycling of non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Approximately 75,000 pounds of surgical instruments were collected, reprocessed and sterilized for further use * More than 153,000 pounds of plastic and cardboard were diverted from the landfill through the use of reusable sharps containers * More than 200,000 pounds of surgical blue wrap (recycled at all hospital entities) and disposable privacy curtains (recycled at SCVMC) were diverted from the landfill * Sharp continued to collaborate with Ssubi is Hope, a nonprofit charity organization that collects donated expired (though still safe and usable) medical equipment, to support a health center in rural Uganda. Ssubi is Hope has collected more than 25 tons of supplies from Sharp facilities * Sharp continued to participate in Office Depot's GreenerOffice(tm) Delivery Service. Through the program, paper bags composed of 40 percent postconsumer recycled material are used in place of small and mid-sized 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 eyeglasses 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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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 ) 9,521,971 Total Waste Per Year (lbs ) 23,784,990 Percent Recycled 40% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Establish waste diversion baseline SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes 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 SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Electronic and pharmaceutical waste recycling events SCHHC - no SCVMC - no SGH - no Sharp System Services - yes SHP - no SMH/SMBHWN - no SMV/SMC - no SRS - no 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>es - 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 commitment 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 estimated average of 1,100 pounds of food will be donated to the community each week through the program Sharp is the first health care system in SDC to donate food to those in need in San Diego on such a wide-scale level * In February, Sharp launched a soup stock program which turns previously unused vegetable scraps into soup stock and saves an average of 174 pounds of food each week * Each month, Sharp's imperfect produce program purchases an average of 700 pounds of surplus fruits and vegetables that are nutrient-rich and full of flavor but would otherwise be thrown away * SCVMC started a food waste composting program through the</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>e 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 cafés * Sharp increased purchasing of 100 percent recycled goods at all sites as well as continued its systemwide recycling campaign * Sharp has implemented self-audit checklists to help kitchen teams be mindful of waste between food preparation and cleanup</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>In recognition of these initiatives, the San Diego Food System Alliance awarded Sharp and Sodexo the inaugural 2016 EMIES Unwasted Food award. Named after the Emerson Good Samaritan Food Donation Act, the award was created to encourage food donation to nonprofit organizations by minimizing liability. Sharp was among five organizations in SDC to receive the award for demonstrating exemplary practices in waste prevention, food donation, and composting and recycling. Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative and facilitated by Community Health Improvement Partners (CHIP). In December 2015, seven SDC hospital representatives experienced a "Mindful Meal" at SCHHC's newly renovated cafeteria to learn how they can implement similar best practice food initiatives at their organizations. Sharp participates in the Healthier Food Initiative sponsored by Practice Greenhealth's HHI. As a participant, Sharp manages and measures the impact of its food initiatives by (1) reducing the purchase of animal protein, (2) of the animal protein that is purchased, increasing the percentage that is sustainable, and (3) increasing the purchase of locally-grown food. The results of these efforts in FY 2016 are described below:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p>Commuter Solutions: Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer carpool parking spaces, designated bike racks and lockers, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. As part of the nationwide Electric Vehicle Project, Sharp installed 34 electric vehicle chargers (EVCs).</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>at its corporate office location, SCVMC and SMMC Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. The use of EVCs at Sharp has resulted in a reduction of approximately 20,000 pounds of CO2 and 3,700 gallons of fuel saved during FY 2016. Sharp will continue its efforts to expand EVCs at other entities. In its long-standing partnership with SANDAG, Sharp offers SANDAG's 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 workdays, thus reducing commute costs, lowering parking demand, and helping the environment. Sharp's on</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>going efforts to promote alternative commute choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award winner consistently between 2001 and 2010, and again from 2013 through 2016. Education, Communication and Community Outreach Sharp conducted the following environmental community education and outreach activities in FY 2016:</p> <ul style="list-style-type: none"> <li>* 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.</li> <li>* 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.</li> <li>* 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.</li> <li>* 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.</li> <li>* Sharp provided confidential paper shredding through Shred-it(r), a secure paper shredding and document destruction service, at Sharp's annual Disaster expo.</li> <li>* 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.</li> <li>* 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.</li> <li>* 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.</li> <li>* 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.</li> </ul> <p>Table 7 highlights Sharp's education and outreach to staff and the community.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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 System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Earth Week activities SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Environmental policy SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Green Team SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes No smoking policy SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - yes SMH/SMBHWN - yes SMV/SMC - yes SRS - yes Organic farmer's market SCHHC - yes SCVMC - yes SGH - yes Sharp System Services - yes SHP - no SMH/SMBHWN - yes SMV/SMC - yes SRS - no 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 Entity 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 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 leader</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>Sharp 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 of California and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to a mass decontamination event. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the system's normal water supply is interrupted. In September, Sharp hosted its fifth Annual Disaster Preparedness Expo to educate San Diego residents on effective disaster preparedness and response in the event of an earthquake, fire, power outage or other emergency. Held at Balboa Park, the free event provided approximately 500 community members with a variety of disaster exhibitors, demonstrations and displays, as well as education on personal and family disaster planning, and confidential document shredding from Shred-It. In recent years, glob</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>al endemic events had the potential to impact public health in the local San Diego community. Sharp continues to partner with community agencies, SDC Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the continued delivery of uninterrupted care to the community in the face of public health threats.</p> <p><b>Employee Wellness.</b> Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives to improve the overall health, happiness and productivity of Sharp's workforce. Sharp Best Health encourages team members to incorporate healthy habits into their lifestyles and supports them on their journey to attain their personal health goals. Each Sharp hospital as well as SRS has a dedicated Best Health committee that works to promote wellness at their individual work site. Team members are encouraged to participate in on-site fitness classes, meditation workshops, micro-stretch breaks, and relaxation and stress management workshops. In addition, Sharp Best Health offers web-based resources to help team members stay fit and healthy, including interactive blogging, recipes, as well as education on biometric screenings, health risk assessments, mindfulness, healthy eating and active lifestyle development. Since 2013, Sharp Best Health has offered annual employee health screenings to raise awareness of important biometric health measures and help team members learn how to reduce their risk of related health issues. In FY 2016, more than 10,000 employees received health screenings for blood pressure, cholesterol, Body Mass Index (BMI), blood sugar and tobacco use. Sharp Best Health hosted a variety of wellness programs and events in FY 2016 for its employees, family and friends, including walking and hiking clubs. The walking clubs varied by location with either structured meeting points or various small walking groups, and 15 systemwide hikes served more than 250 attendees over the past year. In February, Sharp's Best Health committees collaborated to host the 2nd annual 5 K 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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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><b>Section 2 Executive Summary</b> This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year (FY) 2016 (October 1, 2015, through September 30, 2016). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill (SB) 697, for the following entities: * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women &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.</p> <p><b>Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2016</b> 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</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>ar disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavior al health * Health education, support and screening activities for seniors * Welfare of s eniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Educa tion and training of community health care professionals * Student and intern supervision and support * Collaboration w ith local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Wom en's and prenatal health services and education * Meeting the needs of new mothers and the ir loved ones * Mental health and substance abuse education and support for the community Highlights of Community Benefit Provided by Sharp in FY 2016</p> <p>The follow ing are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2016</p> <ul style="list-style-type: none"> <li>* 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 Progra m 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, thei r 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</li> <li>* Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and ot her support to community clinics to assist in providing and improving access to health ser vices, Project HELP, Project CARE, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank (Food Bank), and Feeding San Diego (FSD), fina ncial and other support to the Sharp Humanitarian Service Program, and other assistance fo r vulnerable and high-risk community members</li> <li>* Other Benefits for the Broader Community i ncluded 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 w ith local sch ools 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 parti cipated in numerous community organizations, committees and coalitions to improve the heal th of the community See Appendix A for a listing of Sharp's involvement in community orga nizations In addition, the category included costs associated with planning and operating community benefit programs, s</li> </ul>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>uch as community health needs assessments and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and o ther health care students and professionals, as well as supervision and support for studen ts and interns, and time devoted to generalizable health-related research projects that we re 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 bene fit programs and services that were unreimbursed Table 8 displays a summary of unreimburs ed 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 Hospit al Fee Program for the time period of January 1, 2014 through December 31, 2016 This resu lted in an increased reimbursement of \$164.2 million and an assessment of a quality assura nce fee and pledge totaling \$103.1 million in FY 2016 The net impact of the program total ing \$61.1 million reduced the amount of unreimbursed medical care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care servi ces, how ever the additional funds recorded in FY 2016 understate the true unreimbursed med ical care services performed for the past fiscal year Table 8 Sharp HealthCare Total Community Benefit - FY 2016 Note The table show s estimated FY 2016 unreimbursed costs and th e data is presented by SB 697 category and by programs and services included in SB 697 Cat egory Medical Care Services Shortfall in Medi-Cal - \$79,239,017 Note Methodology for cal culating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge r atios, which are derived from the cost accounting system, offset by the actual payments re ceived Costs for patients paid through the Medicare program on a prospective basis also i nclude payments to third parties related to the specific population Shortfall in Medicare - \$192,175,656 Note Methodology for calculating shortfalls in public programs is based o n 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 Medic are program on a prospective basis also include payments to third parties related to the s pecific population</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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 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</p>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>2016 Unreimbursed Costs Sharp Chula Vista Medical Center - \$60,805,123 Sharp Coronado Hos pital and Healthcare Center - \$13,791,050 Sharp Grossmont Hospital - \$98,464,086 Sharp Mar y Birch Hospital for Women &amp; New borns - \$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 cost s for each Sharp hospital entity based on the categories specifically identified in SB 697 Table 10 FY 2016 Detailed Economic Value of SB Bill 697 Categories Note Table show s Es timated FY 2016 Unreimbursed Costs and is presented by Sharp HealthCare entity and by SB 6 97 category Economic value is based on unreimbursed costs Sharp Chula Vista Medical Cent er Medical Care Services - \$59,362,219 Other Benefits for Vulnerable Populations - \$318,6 13 Other Benefits for the Broader Community - \$248,531 Health Research, Education and Trai ning Programs - \$875,760 Total Estimated FY 2016 Unreimbursed Costs - \$60,805,123 Sharp Co ronado Hospital and Healthcare Center Medical Care Services - \$13,346,669 Other Benefits f or Vulnerable Populations - \$32,822 Other Benefits for the Broader Community - \$64,013 Hea lth Research, Education and Training Programs - \$347,546 Total Estimated FY 2016 Unreimbur sed Costs - \$13,791,050 Sharp Grossmont Hospital Medical Care Services - \$95,687,226 Othe r 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 F Y 2016 Unreimbursed Costs - \$98,464,086 Sharp Mary Birch Hospital for Women &amp; New borns Me dical Care Services - \$5,455,562 Other Benefits for Vulnerable Populations - \$51,104 Other Benefits for the Broader Community - \$300,746 Health Research, Education and Training Pro grams - \$320,862 Total Estimated FY 2016 Unreimbursed Costs - \$6,128,274 Sharp Memorial Ho spital 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 O ther Benefits for Vulnerable Populations - \$608,878 Other Benefits for the Broader Communi ty - \$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 - \$- Oth er 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 201 6 Unreimbursed Costs - \$75,000 ALL ENTITIES Medical Care Services - \$309,712,716 Other Be nefits for Vulnerable Populations - \$2,702,467 Other Benefits for the Broader Community - \$2,062,814 Health Research, Ed</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>Education and Training Programs - \$5,019,420 Total Estimated FY 2016 Unreimbursed Costs - \$3 19,497,417 Section 3</p> <p>Community Benefit Planning Process An exceptional community citizen listens to their community's needs, barriers to service and vision of their future and help s 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 vulnerable populations Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&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 //w w w hasdic org</a></p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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.</p> <p><b>CHNA Committee</b> 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.</p> <p><b>CHNA Objectives</b> 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: * Acute Respiratory Infections * Asthma * Back Pain * Breast Cancer * Cardiovascular Disease * Colorectal Cancer * Dementia and Alzheimer's * Diabetes (Type 2) * High Risk Pregnancy * Lung Cancer * Mental Health/Mental Illness * Obesity * Prostate Cancer * Skin Cancer * Unintentional Injuries.</p> <p>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: * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients. * Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>communities of high need - face in their attempts to access health care and maintain health and well-being * Identify currently available community resources that support identified health conditions and health challenges * Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community 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 ambulatory care encounters to understand the hospital patient population Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC Additional variables analyzed in the 2016 CHNA processes are included in Table 11 below, variables were analyzed at the ZIP code level wherever possible Table 11 Data Variables in the HASD&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</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>ts, 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.</p> <p>HASD&amp;IC 2016 CHNA Community Engagement Activities * 3 Behavioral Health Discussions * 19 Key Informant Interviews * 87 Community Partner Discussion Participants * 91 HHSA Regional Live Well Surveys * 235 Health Access &amp; Navigation Surveys</p> <p>In addition, Sharp contracted with IPH to collect additional community input through three primary methods: facilitated discussions, key informant interviews, and the Health Access and Navigation Survey with patients and community members. This input focused on behavioral health, cancer, cardiovascular health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members. In addition, Sharp conducted specific outreach to community promoters, and members of Sharp's Patient Family Advisory Councils - community members who are also current or former Sharp patients. More than 40 Sharp providers and nearly 150 Sharp patients or community members were reached through these engagement efforts.</p> <p>Findings 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 for review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in SDC. In addition, cardiovascular disease, Type 2 diabetes, and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. As the HASD&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.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>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.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a>. 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> <li>* Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs</li> <li>* Reports on activities conducted in the prior fiscal year - FY 2016 Report of Activities</li> <li>* Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2017 Plan</li> <li>* Reports and categorizes the economic value of community benefit provided in FY 2016, according to the framework specifically identified in SB 697</li> <li>* Reviews and approves a Community Benefit Plan</li> <li>* 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</li> <li>* Implement community benefit activities identified for the upcoming fiscal year</li> </ul> <p>Ongoing Commitment to Collaboration</p> <p>Underscoring Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association (CHA), HASD&amp;IC, and a variety of local collaboratives including but not limited to the San Diego Hunge</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>r Coalition, the San Diego Regional Chamber of Commerce and Community Health Improvement Partners Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2016 Community organizations are listed alphabetically *</p> <p>2-1-1 San Diego 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 * Careriver Coalition of San Diego * Caring Hearts Medical Foundation * Center for Community Solutions * Check Your Mood Committee * Chelsea's Light Foundation * Chicano Federation of San Diego County * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Health Literacy Task F</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	<p>orce * 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 &amp; 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&amp;IC) * HASD&amp;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 &amp; 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</p>



**990 Schedule O, Supplemental Information**

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C (CONTINUED)	, 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 * YWCA Board of Directors * YWCA Executive Committee * YWCA Finance Committee * YWCA In the Company of Women Event

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp HealthCare

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2015

Open to Public Inspection

Employer identification number

95-6077327

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
(1) Sharp Otay MOB LLC 8695 Spectrum Center Blvd San Diego, CA 921231489 47-5374479	Operate Medical Office Building	CA	306,424	306,424	Sharp HealthCare

Part II

Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)Sharp Memonal Hospital (SMH) 8695 Spectrum Center Blvd  San Diego, CA 921231489 95-3782169	Hospital	CA	501(c)(3)	3	Sharp HealthCare	Yes	
(2)Grossmont Hospital Corporation (SGH) 8695 Spectrum Center Blvd  San Diego, CA 921231489 33-0449527	Hospital	CA	501(c)(3)	3	Sharp HealthCare	Yes	
(3)Sharp Chula Vista Medical Center (SCVMC) 8695 Spectrum Center Blvd  San Diego, CA 921231489 95-2367304	Hospital	CA	501(c)(3)	3	Sharp HealthCare	Yes	
(4)Sharp Coronado and Healthcare Center (SCHHC) 8695 Spectrum Center Blvd  San Diego, CA 921231489 95-0651579	Hospital	CA	501(c)(3)	3	Sharp HealthCare	Yes	
(5)Sharp Health Plan 8695 Spectrum Center Blvd  San Diego, CA 921231489 33-0519730	Health Plan	CA	501(c)(4)	N/A	Sharp HealthCare	Yes	
(6)Sharp HealthCare Foundation 8695 Spectrum Center Blvd  San Diego, CA 921231489 95-3492461	Healthcare foundation	CA	501(c)(3)	7	Sharp HealthCare	Yes	
(7)Grossmont Hospital Foundation 8695 Spectrum Center Blvd  San Diego, CA 921231489 33-0124488	Healthcare foundation	CA	501(c)(3)	7	Grossmont Hspital 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	
(1) Sharp and Children's MRI Center LLC  7901 Frost Street San Diego, CA 92123 33-0520955	Imaging	CA	N/A	Related	394,475	1,589,460		No		Yes		33 330 %

**Part IV**

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) Continuous Quality Insurance SPC  23 Lime Tree Bay Avenue PO Box 1 Grand Cayman CJ	Captive Insurance Company	CJ	Sharp HealthCare	C	874,898	19,035,252	100 000 %	Yes	

**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

<b>1</b> 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?		<b>Yes</b>	<b>No</b>
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>		<b>No</b>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	<b>Yes</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	<b>Yes</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	<b>Yes</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		<b>No</b>
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		<b>No</b>
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		<b>No</b>
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		<b>No</b>
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		<b>No</b>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	<b>Yes</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	<b>Yes</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	<b>Yes</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	<b>Yes</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	<b>Yes</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	<b>Yes</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	<b>Yes</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	<b>Yes</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	<b>Yes</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	<b>Yes</b>	

<b>2</b> If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

[illegible]

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

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

Return Reference	Explanation
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**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 95-6077327  
**Name:** Sharp HealthCare

**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 Memorial Hospital (SMH) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3782169	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 Coronado and Healthcare Center (SCHHC) 8695 Spectrum Center Blvd San Diego, CA 921231489 95-0651579	Hospital	CA	501(c)(3)	3	Sharp HealthCare	Yes	
Sharp Health Plan 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0519730	Health Plan	CA	501(c)(4)	N/A	Sharp HealthCare	Yes	
Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489 95-3492461	Healthcare foundation	CA	501(c)(3)	7	Sharp HealthCare	Yes	
Grossmont Hospital Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489 33-0124488	Healthcare foundation	CA	501(c)(3)	7	Grossmont Hspital Corporation	Yes	



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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Sharp Memorial Hospital	J	864,838	Accrual Accounting
(1)	Sharp Memorial Hospital	K	296,683	Accrual Accounting
(2)	Sharp Memorial Hospital	L	118,416	Accrual Accounting
(3)	Sharp Memorial Hospital	M	7,472,927	Accrual Accounting
(4)	Sharp Memorial Hospital	P	221,401	Accrual Accounting
(5)	Sharp Memorial Hospital	Q	950,475,397	Accrual Accounting
(6)	Sharp Memorial Hospital	R	3,816,445	Accrual Accounting
(7)	Sharp Memorial Hospital	S	283,683,104	Accrual Accounting
(8)	Grossmont Hospital Corporation	K	3,215,892	Accrual Accounting
(9)	Grossmont Hospital Corporation	M	13,519,379	Accrual Accounting
(10)	Grossmont Hospital Corporation	P	265,932	Accrual Accounting
(11)	Grossmont Hospital Corporation	Q	687,016,579	Accrual Accounting
(12)	Grossmont Hospital Corporation	R	2,475,293	Accrual Accounting
(13)	Grossmont Hospital Corporation	S	7,373,257	Accrual Accounting
(14)	Sharp Chula Vista Center	M	345,075	Accrual Accounting
(15)	Sharp Chula Vista Center	Q	379,130,735	Accrual Accounting
(16)	Sharp Chula Vista Center	R	5,179,879	Accrual Accounting
(17)	Sharp Chula Vista Center	S	7,495,741	Accrual Accounting
(18)	Sharp Coronado and Healthcare Center	Q	67,469,329	Accrual Accounting
(19)	Sharp Coronado and Healthcare Center	R	552,835	Accrual Accounting
(20)	Sharp Coronado and Healthcare Center	S	7,992,759	Accrual Accounting
(21)	Sharp Health Plan	J	909,092	Accrual Accounting
(22)	Sharp Health Plan	L	211,028	Accrual Accounting
(23)	Sharp Health Plan	M	163,049,668	accrual Accounting
(24)	Sharp Health Plan	Q	12,604,843	Accrual Accounting

**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>(26)</b>	Sharp Health Plan	R	904,482	Accrual Accounting
<b>(1)</b>	Sharp Health Plan	S	795,266	Accrual Accounting
<b>(2)</b>	Sharp HealthCare Foundation	C	1,571,168	Accrual Accounting
<b>(3)</b>	Sharp HealthCare Foundation	D	740,630	Accrual Accounting
<b>(4)</b>	Sharp HealthCare Foundation	M	3,342,418	Accrual Accounting
<b>(5)</b>	Sharp HealthCare Foundation	N	126,926	Accrual Accounting
<b>(6)</b>	Grossmont Hospital Foundation	C	110,332	Accrual Accounting
<b>(7)</b>	Continuous Quality Insurance SPC	R	9,942,499	Accrual Accounting
<b>(8)</b>	Sharp HealthCare Foundation	B	110,000	Accrual Accounting