

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

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
Sharp Memorial Hospital

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

D Employer identification number
95-3782169

E Telephone number
(858) 499-5150

G Gross receipts \$ 1,554,779,461

F Name and address of principal officer
Daniel Gross
8695 Spectrum Center Blvd
San Diego, CA 921231489

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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 1981 **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Sharp Memorial Hospital provides comprehensive medical services to the San Diego community

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	8
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	6,084
6 Total number of volunteers (estimate if necessary)	628
7a Total unrelated business revenue from Part VIII, column (C), line 12	1,516,981
7b Net unrelated business taxable income from Form 990-T, line 34	-107,373

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,482,995	7,402,814
9 Program service revenue (Part VIII, line 2g)	1,205,386,387	1,163,436,845
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,984,315	99,907,628
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,982,691	2,422,081
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,224,836,388	1,273,169,368
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	527,341	462,744
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	486,690,694	509,884,558
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	494,182,219	505,589,326
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	981,400,254	1,015,936,628
19 Revenue less expenses Subtract line 18 from line 12	243,436,134	257,232,740

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	2,395,536,073	2,620,683,964
21 Total liabilities (Part X, line 26)	473,236,310	453,149,820
22 Net assets or fund balances Subtract line 21 from line 20	1,922,299,763	2,167,534,144

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 _____ Date 2018-08-08
Staci Dickerson Assistant Treasurer
Type or print name and title _____

Paid Preparer Use Only
Print/Type preparer's name Jocelyne Miller Preparer's signature Jocelyne Miller Date _____
Check if self-employed PTIN P00634378
Firm's name ▶ Ernst & Young US LLP Firm's EIN ▶ 34-6565596
Firm's address ▶ 4365 Executive Drive Suite 1600 Phone no (858) 595-7200
San Diego, CA 921212101

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 938,710,856 including grants of \$ 462,744) (Revenue \$ 1,163,436,845)
See Additional Data

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

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

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

4e Total program service expenses ▶ 938,710,856

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (16), 1b (8), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (Yes), 7a (Yes), 7b (Yes), 8a (Yes), 8b (Yes), 9 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (Tim Handgis 8695 Spectrum Center Blvd San Diego, CA 92123 (858) 499-5150).

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	7,402,814				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	0				
	g Noncash contributions included in lines 1a-1f \$ <u>3,152</u>						
	h Total. Add lines 1a-1f		7,402,814				
Program Service Revenue		Business Code					
	2a PATIENT SERVICES	900099	804,586,578	804,586,578			
	b MEDICARE/MEDICAL	900099	355,227,553	355,227,553			
	c REFERENCE LAB	621500	1,516,981		1,516,981		
	d MEDICAL OFFICE RENT	532000	1,229,486	1,229,486			
	e CONTRACT PHARMACY	446110	483,032	483,032			
	f All other program service revenue		393,215	393,215	0	0	
g Total. Add lines 2a-2f		1,163,436,845					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		21,985,401			21,985,401	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)	77,569,955	352,272			
		d Net gain or (loss)		77,922,227			77,922,227
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b Less direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a PARKING	812930	1,017,384			1,017,384		
b SMBHWN GIFT SHOP	446199	354,703			354,703		
c HEALTH PLAN IT ACCESS FEES	900099	609,024			609,024		
d All other revenue		440,970	0	0	440,970		
e Total. Add lines 11a-11d		2,422,081					
12 Total revenue. See Instructions		1,273,169,368	1,161,919,864	1,516,981	102,329,709		

Part IX Statement of Functional Expenses

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	451,955	451,955		
2 Grants and other assistance to domestic individuals See Part IV, line 22	10,789	10,789		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	4,601,078	2,117,244	2,483,834	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	406,206,398	395,677,775	10,528,623	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,434,401	13,993,783	440,618	
9 Other employee benefits	54,765,855	52,725,500	2,040,355	
10 Payroll taxes	29,876,826	29,057,267	819,559	
11 Fees for services (non-employees)				
a Management	26,196,588	24,766,482	1,430,106	
b Legal	1,390,214	80,096	1,310,118	
c Accounting	10,741,152		10,741,152	
d Lobbying	77,659		77,659	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	757,627		757,627	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	59,254,329	55,683,152	3,571,177	0
12 Advertising and promotion	9,714,849	1,284,819	8,430,030	
13 Office expenses	37,008,377	33,294,312	3,714,065	
14 Information technology	46,334,925	40,774,734	5,560,191	
15 Royalties				
16 Occupancy	13,188,912	11,040,125	2,148,787	
17 Travel	753,574	713,052	40,522	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,014,844	269,397	745,447	
20 Interest	15,976,900	15,307,490	669,410	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,408,510	41,883,097	2,525,413	
23 Insurance	5,466,823	4,633,769	833,054	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	151,236,727	151,204,684	32,043	
b MEDI-CAL PROVIDER TAX	20,468,156	20,468,156		
c SYSTEM ALLOCATION	44,790,150	29,858,062	14,932,088	
d REPAIR AND MAINTENANCE	12,632,396	11,949,276	683,120	
e All other expenses	4,176,614	1,465,840	2,710,774	0
25 Total functional expenses. Add lines 1 through 24e	1,015,936,628	938,710,856	77,225,772	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	4,456,658	1	3,713,153
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	159,430,285	4	138,896,921
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,092,673	8	18,152,625
	9 Prepaid expenses and deferred charges	5,004,516	9	15,218,580
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	772,548,873		
	b Less accumulated depreciation	364,084,708		
	11 Investments—publicly traded securities	9,845,803	11	9,956,987
	12 Investments—other securities See Part IV, line 11	0	12	
	13 Investments—program-related See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	1,789,734,671	15	2,026,281,533
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,395,536,073	16	2,620,683,964	
Liabilities	17 Accounts payable and accrued expenses	78,439,607	17	78,870,573
	18 Grants payable		18	
	19 Deferred revenue	4,050,000	19	6,914,488
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	390,746,703	25	367,364,759
	26 Total liabilities. Add lines 17 through 25	473,236,310	26	453,149,820
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,922,299,763	27	2,167,534,144
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,922,299,763	33	2,167,534,144
	34 Total liabilities and net assets/fund balances	2,395,536,073	34	2,620,683,964

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	1,273,169,368
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,015,936,628
3	Revenue less expenses Subtract line 2 from line 1	3	257,232,740
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,922,299,763
5	Net unrealized gains (losses) on investments	5	-16,301,490
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	4,303,131
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,167,534,144

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 95-3782169

Name: Sharp Memorial Hospital

Form 990 (2016)

Form 990, Part III, Line 4a:

Sharp Memorial Hospital provides inpatient and outpatient healthcare services to the community. For fiscal year 2017, patient days totaled 205,190 and outpatient visits totaled 469,394. See Community Benefits Report on Schedule O.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael W Murphy PRESIDENT & CEO SHC	6 0	X		X				0	1,840,078	108,207
Daniel L Gross EVP HOSPITAL OPS SHC	10 0	X		X				0	1,343,233	68,268
Marilyn Brown CHAIR	1 0	X		X				0	0	0
Cary Miller TREASURER	2 0	X		X				0	0	0
Mark Trotter SECRETARY	2 0	X		X				0	0	0
Pamela Wells VP PATIENT CARE SVCS-SMH	50 0	X						0	295,020	20,229
Linnea Arrington DIRECTOR	0 3	X						0	0	0
Steve Cushman DIRECTOR	2 0	X						0	0	0
Gil Harrison DIRECTOR	2 0	X						0	0	0
Keith Jones DIRECTOR	5 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Thomas Lawrie MD DIRECTOR	50 0	X						38,800	0	0
James Lyon MD DIRECTOR	410 0	X						8,800	0	0
Christopher Morache MD DIRECTOR	300 0	X						150,354	0	0
Maynard Rasmussen MD DIRECTOR	200 0	X						13,738	0	0
Sanjoy Sathpathy MD DIRECTOR	200 0	X						125,361	0	0
David Slagle DIRECTOR	200 0	X						0	0	0
Timothy Watt MD DIRECTOR	200 0	X						1,650	0	0
Sheryl White DIRECTOR	200 0	X						0	0	0
Paul Wozniak MD DIRECTOR	400 00	X						548,665	397,785	0
Ann Pumpian SVP & CFO SHC	10 280			X				0	983,486	52,605

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Staci L Dickerson SVP & CFO SHC	20 580			X				0	405,894	32,567
Carlisle C Lewis III SVP LEGAL/HR	60 540			X				0	909,224	61,909
Kari Cornicelli CFO SMH	50 00			X				0	304,424	38,685
Timothy B Smith CEO SMH	60 00				X			0	824,991	20,090
Patricia Khaleghi CEO SHC SPECIALTY HOSP	60 00				X			0	579,101	27,916
Janie Kramer COO SMH	60 00				X			0	385,226	41,880
Maria Colombo CNO MB	50 00				X			0	256,120	14,641
Cheryl Odell CNO SMV	40 00				X			0	244,967	33,297
Beverly Self VP CLINICAL SUPPORT	50 00				X			0	239,163	17,367
Thor Anderson DIR PHARMACY	50 00				X			0	189,467	18,913

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								(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
(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)								
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael Plopper CMO SHARP BEHAVIORAL HEALTH	50 0					X		0	467,964	30,263
Geoffrey Stiles MD CHIEF MEDICAL OFFICER-SMH	40 0					X		0	321,221	15,278
Anthony Guerra VP CAMPUS PLN & DEV-SMH	50 0					X		0	292,748	31,714
Randi Larsson DIR OUTPT PAVILION	45 0					X		0	239,364	35,562
Matthew Geriak PHARMACIST-RESEARCH	40 0					X		0	232,031	16,453
John Johnson DIR PHARMACY (FORMER)	0 0						X	0	203,778	20,302
Susan Stone FORMER KEY EMPLOYEE	0 0						X	0	479,545	27,201
Kevin Thompson FORMER OFFICER	55 0						X	0	356,878	34,183

SCHEDULE A
(Form 990 or 990EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number

95-3782169

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 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)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. 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 ▶ <input type="checkbox"/>		
b	33 1/3% support test—2015. 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 ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2016. 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 ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2015. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	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>		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals

(b) Affiliated group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a If zero or less, enter -0-**i** Subtract line 1f from line 1c If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response 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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		77,659
j	Total Add lines 1c through 1i			77,659
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

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
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Sharp Memorial Hospital (SMH) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes For FY 2017, SMH's annual dues calculated to have been used for lobbying purposes was \$77,659
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Sharp Memorial Hospital (SMH) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes For FY 2017, SMH's annual dues calculated to have been used for lobbying purposes was \$77,659

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,893,785	3,530,385	3,495,099	3,243,457	2,951,456
b Contributions	29,923	11,174	3,024	35,048	26,363
c Net investment earnings, gains, and losses	388,536	363,033	53,704	229,865	291,500
d Grants or scholarships	30,180	6,815	19,192	11,825	23,641
e Other expenditures for facilities and programs	5,575	3,992	2,250	1,446	2,221
f Administrative expenses					
g End of year balance	4,276,489	3,893,785	3,530,385	3,495,099	3,243,457

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 5 %
 - b** Permanent endowment ▶ 95 %
 - c** Temporarily restricted endowment ▶ 0 %
- 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 | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
| 3b | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,021,172		9,021,172
b Buildings		599,539,424	273,219,313	326,320,111
c Leasehold improvements		2,715,777	2,209,122	506,655
d Equipment		140,837,219	83,244,649	57,592,570
e Other		20,435,281	5,411,624	15,023,657
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				408,464,165

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	2,025,697,445
(2) UNAMORTIZED FINANCING COSTS	0
(3) RECEIVABLE FROM FOUNDATION DESIGNATED FUND	576,288
(4) DEFERRED RENT	7,800
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	2,026,281,533

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
2003 A&B MARK TO MARKET SWAP	0
LONG TERM PENSION LIABILITY	8,899,884
ALLOCATED TAX EXEMPT BONDS	357,420,938
DEFERRED RENT EXPENSE	112,464
OTHER DEFERRED LIABILITIES	57,881
LONG TERM WORKERS' COMPENSATION	309,284
ESTIMATED SETTLEMENTS FROM GVMNT PROGRAMS	294,933
OTHER CURRENT LIABILITIES	269,375
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	367,364,759

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	1,251,889,447
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-16,301,490
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		-405,093
e	Add lines 2a through 2d		2e	-16,706,583
3	Subtract line 2e from line 1		3	1,268,596,030
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		757,627
b	Other (Describe in Part XIII)	4b		3,815,711
c	Add lines 4a and 4b		4c	4,573,338
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	1,273,169,368

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	1,014,773,908
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		81,635
e	Add lines 2a through 2d		2e	81,635
3	Subtract line 2e from line 1		3	1,014,692,273
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		757,627
b	Other (Describe in Part XIII)	4b		486,728
c	Add lines 4a and 4b		4c	1,244,355
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	1,015,936,628

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	

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

1 (a) Description of Liability	(b) Book Value
2003 A&B MARK TO MARKET SWAP	0
LONG TERM PENSION LIABILITY	8,899,884
ALLOCATED TAX EXEMPT BONDS	357,420,938
DEFERRED RENT EXPENSE	112,464
OTHER DEFERRED LIABILITIES	57,881
LONG TERM WORKERS' COMPENSATION	309,284
ESTIMATED SETTLEMENTS FROM GVMNT PROGRAMS	294,933
OTHER CURRENT LIABILITIES	269,375

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	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, 2017 and 2016 no such assets or liabilities were recorded.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Foundation Donations to Other Organizations/Individuals - 81635 Loss on Disposal of Assets - -486728

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Donated Capital - 3625971 Medical Staff/Gift Shop revenue - 189740

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	FOUNDATION DONATIONS TO OTHER ORGANIZATIONS/INDIVIDUALS - 81635

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Loss on Disposal of Assets - 486728

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service
Name of the organization
 Sharp Memorial Hospital

Hospitals

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

Employer identification number
 95-3782169

OMB No 1545-0047
2016
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			8,767,341	0	8,767,341	0 86 %
b Medicaid (from Worksheet 3, column a)			195,522,419	137,460,921	58,061,498	5 72 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			14,454,060	6,562,440	7,891,620	0 78 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	218,743,820	144,023,361	74,720,459	7 35 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,463,940	0	1,463,940	0 14 %
f Health professions education (from Worksheet 5)			843,829	0	843,829	0 08 %
g Subsidized health services (from Worksheet 6)			34,698,306	20,306,871	14,391,435	1 42 %
h Research (from Worksheet 7)			85,935	85,935	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			579,698		579,698	0 06 %
j Total. Other Benefits	0	0	37,671,708	20,392,806	17,278,902	1 70 %
k Total. Add lines 7d and 7j	0	0	256,415,528	164,416,167	91,999,361	9 06 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			160,125	0	160,125	0.02 %
2 Economic development					0	0 %
3 Community support			45,321	41,309	4,012	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	205,446	41,309	164,137	0.02 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		10,075,084
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		0
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	134,233,476
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	157,345,652
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-23,112,176
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

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

4

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SHARP MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

SHARP MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

SHARP MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 0 % and FPG family income limit for eligibility for discounted care of 400 0 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SHARP MESA VISTA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0% and FPG family income limit for eligibility for discounted care of 400.0%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

SHARP MESA VISTA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
	a <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
	f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
	a <input type="checkbox"/> Reporting to credit agency(ies)		
	b <input type="checkbox"/> Selling an individual's debt to another party		
	c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
	d <input type="checkbox"/> Actions that require a legal or judicial process		
	e <input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
	a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
	b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
	c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
	d <input type="checkbox"/> Made presumptive eligibility determinations		
	e <input checked="" type="checkbox"/> Other (describe in Section C)		
	f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

SHARP MESA VISTA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

SHARP MCDONALD CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200.0% and FPG family income limit for eligibility for discounted care of 400.0%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>https://www.sharp.com/patient/billing/financial-assistance.cfm</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

SHARP MCDONALD CENTER

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

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

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

SHARP MCDONALD CENTER

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 0

Name and address	Type of Facility (describe)
1 SHARP MEMORIAL OUTPATIENT PAVILION 3075 HEALTH CENTER DRIVE SAN DIEGO, CA 92123	OUTPATIENT SERVICES
2 SHARP HOME CARE 8080 DAGGET STREET SUITE 200 SAN DIEGO, CA 92111	HOME HEALTH
3 BEHAVIORAL HEALTH OUTPATIENT CENTER 1460 EAST MAIN STREET EL CAJON, CA 92021	BEHAVIORAL HEALTH OUTPATIENT
4 RENAL TRANSPLANT 7910 FROST STREET SUITE 230 SAN DIEGO, CA 92123	OUTPATIENT SERVICES
5 CARDIAC TRANSPLANT 3131 BERGER AVE SAN DIEGO, CA 92123	OUTPATIENT SERVICES
6 BEHAVIORAL HEALTH OUTPATIENT CENTER 4275 EL CAJON BLVD SUITE 100 SAN DIEGO, CA 92123	BEHAVIORAL HEALTH OUTPATIENT
7 UCP BUILDING 7947 BIRMINGHAM DRIVE SAN DIEGO, CA 92123	OUTPATIENT SERVICES
8 SENIOR HEALTH CENTER 4320 GENESEE AVENUE SUITE 104 SAN DIEGO, CA 92117	SENIOR HEALTH CENTER
9 SENIOR HEALTH CENTER 956 10th Avenue San Diego, CA 92101	SENIOR HEALTH CENTER
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 SCH H, PART VI, LINE 7	Sharp HealthCare prepares an annual Community Benefit Report in accordance with the requirements of California Senate Bill (SB) 697, community benefit legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefit Report to the California OSHPD For purposes of the Sharp HealthCare Community Benefit Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp McDonald Center In addition, consolidated financials for these hospitals are also provided in the FY 2017 Sharp HealthCare Community Benefit Plan and Report under the section entitled Sharp Metropolitan Medical Campus The Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2017 is available online at https://www.sharp.com/about/community/community-benefits/benefit-report.cfm

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 SCH H, PART III, LINE 3	No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 7 PARTS III, LINE 7	The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows: Medicare revenue received reported on Parts I and III - \$154,540,347 Medicare allowable costs reported on Parts I and III - \$176,076,840 Shortfall included on Parts I and III - (\$21,536,493) Actual Medicare revenue received - \$154,284,994 Actual Medicare cost - \$190,888,560 Actual Medicare shortfall - (\$36,603,566) Additional Medicare shortfall not on Parts I and III (\$15,067,073)

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

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

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

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	- SHARP MEMORIAL HOSPITAL Line 16a URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS Line 16a URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MESA VISTA HOSPITAL Line 16a URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MCDONALD CENTER Line 16a URL https://www.sharp.com/patient/billing/financial-assistance.cfm ,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- SHARP MEMORIAL HOSPITAL Line 16b URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS Line 16b URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MESA VISTA HOSPITAL Line 16b URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MCDONALD CENTER Line 16b URL https://www.sharp.com/patient/billing/financial-assistance.cfm ,

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- SHARP MEMORIAL HOSPITAL Line 16c URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS Line 16c URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MESA VISTA HOSPITAL Line 16c URL https://www.sharp.com/patient/billing/financial-assistance.cfm , - SHARP MCDONALD CENTER Line 16c URL https://www.sharp.com/patient/billing/financial-assistance.cfm ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) for more than 20 years. Sharp hospitals, including those comprising the Sharp Metropolitan Medical Campus (SMMC) - Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Memorial Hospital (SMH), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) - base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. In 2016, each of the hospital entities of SMMC conducted a CHNA, examining the health needs of the community members they serve in San Diego County (SDC). In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed distinct CHNAs in 2016. The 2016 CHNA processes and findings for SMH, SMV and SMC (SMMC) are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 Community Health Needs Assessment process and findings for SDC. This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The complete 2016 Community Health Needs Assessments for SMMC's entities (SMH/SMBHWN, SMV and SMC) are available online at https://www.sharp.com/about/community/community-benefits/health-needs-assessments-cfm or by contacting Sharp HealthCare Community Benefit at communitybenefits@sharp.com. SMMC's hospitals reviewed their most recent (2016) CHNAs and used the assessments to help inform priority needs for members of the communities they serve. In identifying these priorities, the entities also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region. SMMC's hospitals are committed to the health and well-being of their communities, and the findings of their 2016 CHNAs help inform the activities and services provided to improve the health of their community members. These programs are detailed in the hospitals' FY18-FY 21 implementation strategies, which are also available online to the community at https://www.sharp.com/about/community/community-benefits/health-needs-assessments-cfm. For both SMBHWN and SMH, the community education and support elements of behavioral health care are addressed through the programs and services provided through SMV and SMC, which are the major providers of behavioral health and chemical dependency services in SDC. Relatedly, although additional priority health needs were identified for community members served by SMV and SMC through the 2016 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cancer, cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. Through further analysis of SMBHWN's community programs and consultation with SMBHWN's community benefit team, SMBHWN's community benefit plan also addresses the following priority health needs for community members served by SMBHWN: Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery. Meeting the needs of new mothers and their families. Health professions education and training, and collaboration with local schools to promote interest in health care careers. Similarly, through analysis of SMH's community programs and consultation with SMH's community relations team, SMH's community benefit plan includes</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>es programs and services that address the following health needs for community members served by SMH: General health education and wellness; Prevention of unintentional injuries; Health professions education and training, and collaboration with local schools to promote interest in health care careers; Support during the transition of care for high-risk, underserved and underfunded patients. In alignment with the identified need of mental/behavioral health, the community benefit plan for SMV/SMC details programs that specifically address: Mental health and substance abuse education and support for the community; Improving behavioral health outcomes for seniors at risk; Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers. These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY 2017 Community Benefit Plan and Report, available for public viewing/download at https://www.sharp.com/about/community/community-benefits/benefit-report.cfm. In addition, the entities of SMMC incorporate community priorities and community relations into its strategic plan and develops service line-specific goals (SMBHWN, SMH, SMV/SMC). Estimate an annual budget for community programs and services based on community needs, the prior years' experience and current funding levels (SMBHWN, SMH, SMV/SMC). Consults with representatives from a variety of departments to discuss, plan, and implement community activities (SMH). Hosts a bimonthly committee to discuss, plan, and implement community activities (SMV/SMC). Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants (SMBHWN).</p>

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

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>The community served by SMMC (SMBHWN, SMH, SMV and SMC) encompasses the entire community of San Diego County (SDC), including all six regions central, east, north central, north coastal, north inland and south For SMMC's 2016 CHNA processes, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U S) based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to the CNI, communities served by the SMMC hospitals with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area and Downtown San Diego In SDC in 2016, 99 7 percent of surveyed children ages zero to 11, 99 5 percent of surveyed children ages 12 to 17, and 90 8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65 In SDC in 2016, 14 5 percent of adults ages 18 to 64 did not have a usual source of care and 10 6 percent of these adults had health insurance In addition, 25 3 percent of adults without a usual source of care reported fair or poor health outcomes In 2015, the unemployment rate for SDC was 10 3 percent During 2015-2016, 15 5 percent of SDC adults ages 18 to 64 reported living below the federal poverty level (FPL) Among SDC adults with a household income below 200 percent FPL surveyed in 2015-2016, 42 4 percent reported experiencing food insecurity (lack of access to healthy food) In addition, 17 5 percent of SDC adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California Further, 8 6 percent of SDC adults with a household income below 300 percent FPL received Supplemental Security Income In 2015, there were 397,674 residents ages 65 and older in SDC, representing 12 3 percent of the population Between 2015 and 2020, it is anticipated that SDC's senior population will grow by 22 percent</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>Sharp Memorial Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care. Maintaining a healthy environment is central to the health of our community. By improving environmental health, Sharp HealthCare is helping fulfill its mission to improve the health of the communities it serves. As San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices to reduce the costs of green practices and facilitate implementation of sustainable initiatives. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than five years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. These programs include but are not limited to regular donations of surplus food to San Diego Rescue Mission and the San Diego Food Bank, a soup stock recovery program, a composting program, a cooking oil recycling program, hospital-based organic gardens on SMH and SMV grounds, and active membership in San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative. Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees. Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp's employee parking lots offer car pool parking spaces, designated bike racks, and motorcycle spaces. Employees can also purchase discounted monthly bus passes. In addition, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. In FY 2017, Sharp provided education to 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 first responders and health care providers 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 (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp's acute-care hospitals, Sharp Rees-Stealy Medical Group Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, other San Diego hospitals and health systems, community clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriff's Department and the Marine Corps Air Station Miramar Fire Department. The partnership continually identifies and develops relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve San Diego County and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, members of the partnership are better prepared for a coordinated response to an emergency or disaster affecting San Diego. In recent years, endemic events occurring across the globe have had the potential to impact public health in the local San Diego community. Sharp has continued to partner with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This preparation has allowed for the continued delivery of uninterrupted care to the community in the face of public health threats.</p>

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Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 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 also offers individual and group Health Maintenance Organization (HMO) coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2017, Sharp is licensed to operate 2,084 beds and has more than 2,600 Sharp-affiliated physicians and 18,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. With 1,036 licensed beds, SMMC (including SMH, SMBHWN, SMV and SMC) features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego. SMH is also a Magnet hospital for nursing and patient care excellence. SMH received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence. In January 2012, SMH was designated a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. In 2014, SMH achieved Planetree Designation with Distinction and was redesignated as a Planetree Patient-Centered Hospital in 2015. SMH has been a part of San Diego health care history for more than 50 years. A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, SMBHWN delivers more babies than any other private hospital in California. The largest private freestanding psychiatric hospital in California, SMV is a premier provider of behavioral health services. SMC is SDC's only licensed chemical dependency recovery hospital.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	CA

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL Based on the results of the community health statistics scan and feedback from community partners received during the FY 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to SMMC's hospitals, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health 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 Community engagement activities of the collaborative FY 2016 CHNA included 19 key informant interviews, facilitated discussions with 87 care coordinators (community partnership discussions), and input from more than 230 community residents through a Health Access and Navigation ("Roadmap") Survey Key informants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities Further, SMH-specific community and patient engagement efforts included additional key informant interviews, facilitated discussions with nearly 45 health care professionals and the collection of 115 more Health Access and Navigation Surveys from patients and community members These community engagement activities were conducted from July, 2015 through March, 2016

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY 2016 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems Kaiser Foundation Hospital - San Diego Palomar Health Rady Children's Hospital - San Diego Scripps Health (Chair) Sharp HealthCare (Vice Chair) Tri-City Medical Center University of California San Diego Health

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL The FY 2016 CHNA processes and findings for SMH, SMBHWN, SMV and SMC (SMMC) are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU)

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - SHARP MEMORIAL HOSPITAL The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH 2016 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY 2017 (TY 2016) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2016 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community SMMC's 2016 CHNAs continued to identify the following health needs for its community members * Behavioral Health * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High Risk Pregnancy (for SMH/SMBHWN only) * Obesity * Senior Health Further, in recognition of the significance of various forms of cancer prioritized in the previous 2013 CHNA process, as well as discussion with SMH team members and the priorities they observe in their patient population, SMH's 2016 CHNA also identified cancer as a priority health need to address in its community The hospital entities of SMMC reviewed their 2016 CHNAs to assist in the design and implementation of programs and services provided for their community members In identifying these priorities, each hospital also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service areas and regions The hospital entities of SMMC collectively address all of the identified health needs from the 2016 CHNA (behavioral health, cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education and support elements of for the identified health need of behavioral health Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the which are the major providers of behavioral health and chemical dependency services in SDC Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not ha</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ve the capacity, resources and expertise to address the identified health needs of cancer , cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs The most recently completed (FY 2018- FY 2021) implementation strategies for each of SMMC's hospital entities are available online at https://www.sharp.com/about/community/community-benefits/health-needs-assessments cfm These implementation strategies detail the programs that each hospital provides to address needs identified in their 2016 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address Through further analysis of SMBHWN's community programs and consultation with SMBHWN's community benefit team, SMBHWN addresses the following priority health needs for community members served by SMBHWN Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery Meeting the needs of new mothers and their families Health professions education and training, and collaboration with local schools to promote interest in health care careers Similarly, through analysis of SMH's community programs and consultation with SMH's community relations team, SMH addresses the following health needs for community members served by SMH General community health education and wellness Prevention of unintentional injuries Health professions education and training, and collaboration with local schools to promote interest in health care careers Support during the transition of care for high-risk, underserved and underfunded patients In alignment with the identified need of behavioral health, SMV/SMC provide programs that specifically address behavioral health, including Mental health and substance use education and support for the community Improving behavioral health outcomes for seniors at risk Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections o</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	f Sharp HealthCare's FY 2017 Community Benefit Plan and Report, available for public viewing/download at https://www.sharp.com/about/community/community-benefits/benefit-report.cfm

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL The Sharp Metropolitan Medical Campus (SMMC) does not make presumptive FAP-eligibility determinations based on third-party information as defined in section 501(r)-6(c)(2) Instead, SMMC makes reasonable efforts based on notification and processing of applications as defined in 501(r)-6(c)(3)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN Based on the results of the community health statistics scan and feedback from community partners received during the FY 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to SMMC's hospitals, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health 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 Community engagement activities of the collaborative FY 2016 CHNA included 19 key informant interviews, facilitated discussions with 87 care coordinators (community partnership discussions), and input from more than 230 community residents through a Health Access and Navigation ("Roadmap") Survey Key informants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities Further, SMH-specific community and patient engagement efforts included additional key informant interviews, facilitated discussions with nearly 45 health care professionals and the collection of 115 more Health Access and Navigation Surveys from patients and community members These community engagement activities were conducted from July, 2015 through March, 2016

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY 2016 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems Kaiser Foundation Hospital - San Diego Palomar Health Rady Children's Hospital - San Diego Scripps Health (Chair) Sharp HealthCare (Vice Chair) Tri-City Medical Center University of California San Diego Health

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN The 2016 CHNA processes and findings for SMH, SMBHWN, SMV, and SMC (SMMC) are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) FY 2016 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU)

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH 2016 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY 2017 (TY 2016) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2016 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided in sight gathered from direct conversations with the community SMMC's 2016 CHNAs continued to identify the following health needs for its community members * Behavioral Health * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High Risk Pregnancy (for SMH/SMBHWN only) * Obesity * Senior Health Further, in recognition of the significance of various forms of cancer prioritized in the previous 2013 CHNA process, as well as discussion with SMH team members and the priorities they observe in their patient population, SMH's 2016 CHNA also identified cancer as a priority health need to address in its community The hospital entities of SMMC reviewed their 2016 CHNAs to assist in the design and implementation of programs and services provided for their community members In identifying these priorities, each hospital also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service areas and regions The hospital entities of SMMC collectively address all of the identified health needs from the 2016 CHNA (behavioral health, cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education and support elements of for the identified health need of behavioral health Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the which are the major providers of behavioral health and chemical dependency services in SDC Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Is do not have the capacity, resources and expertise to address the identified health need s of cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and se nior health) These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not add ressed by programs/services provided by these two hospital entities Further, SMH addresse s obesity through both clinical programs, as well as general nutrition and exercise educat ion and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC - which includes the community serv ed by SMMC - provide structured weight management and health education programs to communi ty members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs The most recently complete d (FY 2018- FY 2021) implementation strategies for each of SMMC's hospital entities are av ailable online at https://www.sharp.com/about/community/community-benefits/health-needs-a-ssessments-cfm These implementation strategies detail the programs that each hospital pr ovides to address needs identified in their 2016 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address Through furthe r analysis of SMBHWN's community programs and consultation with SMBHWN's community benefit team, SMBHWN addresses the following priority health needs for community members served b y SMBHWN Reducing the incidence of neonatal morbidity and mortality associated with high- risk pregnancy and preterm delivery Meeting the needs of new mothers and their families He alth professions education and training, and collaboration with local schools to promote i nterest in health care careers Similarly, through analysis of SMH's community programs and consultation with SMH's community relations team, SMH addresses the following health need s for community members served by SMH General community health education and wellness Pre vention of unintentional injuries Health professions education and training, and collabora tion with local schools to promote interest in health care careers Support during the tran sition of care for high-risk, underserved and underfunded patients In alignment with the i dentified need of behavioral health, SMV/SMC provide programs that specifically address be havioral health, including Mental health and substance use education and support for the community Improving behavioral health outcomes for seniors at risk Mental health and subst ance abuse education for health care professionals and students, and collaboration with lo cal schools to promote interest in health care careers These programs are detailed further in the SMBHWN, SMH and SMV/SM</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	C sections of Sharp HealthCare's FY 2017 Community Benefit Plan and Report, available for public viewing/download at https //www sharp com/about/community/community-benefits/benef it-report cfm

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - Sharp Mary Birch Hospital for Women & Newborns The Sharp Metropolitan Medical Campus (SMMC) does not make presumptive FAP-eligibility determinations based on third-party information as defined in section 501(r)-6(c)(2) Instead, SMMC makes reasonable efforts based on notification and processing of applications as defined in 501(r)-6(c)(3)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL Based on the results of the community health statistics scan and feedback from community partners received during the FY 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to SMMC's hospitals, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health 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 Community engagement activities of the collaborative FY 2016 CHNA included 19 key informant interviews, facilitated discussions with 87 care coordinators (community partnership discussions), and input from more than 230 community residents through a Health Access and Navigation ("Roadmap") Survey Key informants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities Further, SMH-specific community and patient engagement efforts included additional key informant interviews, facilitated discussions with nearly 45 health care professionals and the collection of 115 more Health Access and Navigation Surveys from patients and community members These community engagement activities were conducted from July, 2015 through March, 2016

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY 2016 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems Kaiser Foundation Hospital - San Diego Palomar Health Rady Children's Hospital - San Diego Scripps Health (Chair) Sharp HealthCare (Vice Chair) Tri-City Medical Center University of California San Diego Health

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL The FY 2016 CHNA processes and findings for SMH, SMBHWN, SMV and SMC (SMMC) are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU)

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MESA VISTA HOSPITAL The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBH WN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH 2016 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY 2017 (TY 2016) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2016 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity , particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community SMMC's 2016 CHNAs continued to identify the following health needs for its community members * Behavioral Health * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High Risk Pregnancy (for SMH/SMBHWN only) * Obesity * Senior Health Further, in recognition of the significance of various forms of cancer prioritized in the previous 2013 CHNA process, as well as discussion with SMH team members and the priorities they observe in their patient population, SMH's 2016 CHNA also identified cancer as a priority health need to address in its community The hospital entities of SMMC reviewed their 2016 CHNAs to assist in the design and implementation of programs and services provided for their community members In identifying these priorities, each hospital also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service areas and regions The hospital entities of SMMC collectively address all of the identified health needs from the 2016 CHNA (behavioral health, cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education and support elements of for the identified health need of behavioral health Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the which are the major providers of behavioral health and chemical dependency services in SDC Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>have the capacity, resources and expertise to address the identified health needs of cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members , such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs The most recently completed (FY 2018 - FY 2021) implementation strategies for each of SMMC's hospital entities are available on line at https://www.sharp.com/about/community/community-benefits/health-needs-assessments cfm These implementation strategies detail the programs that each hospital provides to address needs identified in their 2016 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address Through further analysis of SMBHWN's community programs and consultation with SMBHWN's community benefit team, SMBHWN addresses the following priority health needs for community members served by SMBHWN Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery Meeting the needs of new mothers and their families Health professions education and training, and collaboration with local schools to promote interest in health care careers Similarly, through analysis of SMH's community programs and consultation with SMH's community relations team, SMH addresses the following health needs for community members served by SMH General community health education and wellness Prevention of unintentional injuries Health professions education and training, and collaboration with local schools to promote interest in health care careers Support during the transition of care for high-risk, underserved and underfunded patients In alignment with the identified need of behavioral health, SMV/SMC provide programs that specifically address behavioral health, including Mental health and substance use education and support for the community Improving behavioral health outcomes for seniors at risk Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	of Sharp HealthCare's FY 2017 Community Benefit Plan and Report, available for public view/download at https://www.sharp.com/about/community/community-benefits/benefit-report.cfm

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL The Sharp Metropolitan Medical Campus (SMMC) does not make presumptive FAP-eligibility determinations based on third-party information as defined in section 501(r)-6(c)(2) Instead, SMMC makes reasonable efforts based on notification and processing of applications as defined in 501(r)-6(c)(3)

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SHARP MCDONALD CENTER Based on the results of the community health statistics scan and feedback from community partners received during the FY 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to SMMC's hospitals, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health 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 Community engagement activities of the collaborative FY 2016 CHNA included 19 key informant interviews, facilitated discussions with 87 care coordinators (community partnership discussions), and input from more than 230 community residents through a Health Access and Navigation ("Roadmap") Survey Key informants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities Further, SMH-specific community and patient engagement efforts included additional key informant interviews, facilitated discussions with nearly 45 health care professionals and the collection of 115 more Health Access and Navigation Surveys from patients and community members These community engagement activities were conducted from July, 2015 through March, 2016

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MCDONALD CENTER The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY 2016 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems Kaiser Foundation Hospital - San Diego Palomar Health Rady Children's Hospital - San Diego Scripps Health (Chair) Sharp HealthCare (Vice Chair) Tri-City Medical Center University of California San Diego Health

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MCDONALD CENTER The 2016 CHNA processes and findings for SMH, SMBHWN, SMV and SMC (SMMC) are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) FY 2016 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU)

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - SHARP MCDONALD CENTER The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH 2016 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY 2017 (TY 2016) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2016 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community SMMC's 2016 CHNAs continued to identify the following health needs for its community members * Behavioral Health * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High Risk Pregnancy (for SMH/SMBHWN only) * Obesity * Senior Health Further, in recognition of the significance of various forms of cancer prioritized in the previous 2013 CHNA process, as well as discussion with SMH team members and the priorities they observe in their patient population, SMH's 2016 CHNA also identified cancer as a priority health need to address in its community The hospital entities of SMMC reviewed their 2016 CHNAs to assist in the design and implementation of programs and services provided for their community members In identifying these priorities, each hospital also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service areas and regions The hospital entities of SMMC collectively address all of the identified health needs from the 2016 CHNA (behavioral health, cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education and support elements of for the identified health need of behavioral health Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and chemical dependency services in SDC Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>the capacity, resources and expertise to address the identified health needs of cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs The most recently completed (FY 2018- FY 2021) implementation strategies for each of SMMC's hospital entities are available online at https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm These implementation strategies detail the programs that each hospital provides to address needs identified in their 2016 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address Through further analysis of SMBHWN's community programs and consultation with SMBHWN's community benefit team, SMBHWN addresses the following priority health needs for community members served by SMBHWN Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery Meeting the needs of new mothers and their families Health professions education and training, and collaboration with local schools to promote interest in health care careers Similarly, through analysis of SMH's community programs and consultation with SMH's community relations team, SMH addresses the following health needs for community members served by SMH General community health education and wellness Prevention of unintentional injuries Health professions education and training, and collaboration with local schools to promote interest in health care careers Support during the transition of care for high-risk, underserved and underfunded patients In alignment with the identified need of behavioral health, SMV/SMC provide programs that specifically address behavioral health, including Mental health and substance use education and support for the community Improving behavioral health outcomes for seniors at risk Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers These programs are detailed further in the SMBHWN , SMH and SMV/SMC sections of</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	Sharp HealthCare's FY 2017 Community Benefit Plan and Report, available for public viewing /download at https //www sharp com/about/community/community-benefits/benefit-report cfm

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 20 Facility , 1	Facility , 1 - SHARP MCDONALD CENTER The Sharp Metropolitan Medical Campus (SMMC) does not make presumptive FAP-eligibility determinations based on third-party information as defined in section 501(r)-6(c)(2) Instead, SMMC makes reasonable efforts based on notification and processing of applications as defined in 501(r)-6(c)(3)

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number

95-3782169

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) REHABILITATION EVENT SPONSORSHIP - ANDREW COHN	1	10,789		Book	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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: 16000421
Software Version: 2016v3.0
EIN: 95-3782169
Name: Sharp Memorial Hospital

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
Alzheimers Association 6632 Convoy Street San Diego, CA 92123	95-3565388	501(c)(3)	30,000				Annual Sponsorship
HealthImpact PO Box 70007 Oakland, CA 94612	82-0570413	501(c)(3)	7,500				Annual Sponsorship

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 Crew Classic 1875 Quivira Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	10,000				Presenting Sponsor For Crew Classic Event
San Diego Family Care 6973 Linda Vista Road San Diego, CA 92104	95-2700856	501(c)(3)	65,000				Donation

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
Vista Hill Foundation 8910 Clairemont Mesa Blvd San Diego, CA 92123	95-1944230	501(c)(3)	7,000				Event Sponsorship
California Health Foundation & Trust 1215 K Street Suite 800 San Diego, CA 92111	94-1498697	501(c)(3)	279,732				Medi-Cal program

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

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

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

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II, Column (B)(i) SCH J, PART II, COL B1	Compensation was paid to Dr Paul Wozniak through San Diego Nenatology Inc by Sharp Memorial Hospital Compensation was paid to Dr Sanjoy Sathpathy MD through Dr Sanjoy Sathpathy MD Inc by Sharp Memorial Hospital
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Committee of Sharp Healthcare, the parent organization, establishes the compensation of the Chief Executive Officer The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Exec Benefits Plan Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company The Plan is administered on a Plan Year basis of January 1 to December 31 Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance) Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003 The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003 Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael W Murphy PRESIDENT & CEO SHC	(i)	0	0	0	0	0	0	
	(ii)	1,383,503	382,168	74,407	87,784	20,423	1,948,285	
1 Daniel I Gross EVP HOSPITAL OPS SHC	(i)	0	0	0	0	0	0	
	(ii)	1,028,952	246,799	67,482	52,746	15,522	1,411,501	
2 Pamela Wells VP PATIENT CARE SVCS-SMH	(i)	0	0	0	0	0	0	
	(ii)	244,547	47,010	3,463	11,978	8,251	315,249	
3 Chnstopher Morache MD DIRECTOR	(i)	150,354	0	0	0	0	150,354	
	(ii)	0	0	0	0	0	0	
4 Paul Wozniak MD DIRECTOR	(i)	548,665	0	0	0	0	548,665	
	(ii)	397,785	0	0	0	0	397,785	
5 Kevin Thompson FORMER OFFICER	(i)	0	0	0	0	0	0	
	(ii)	272,651	56,826	27,401	21,219	12,964	391,061	
6 Ann Pumpian SVP & CFO SHC	(i)	0	0	0	0	0	0	
	(ii)	788,611	161,431	33,444	37,083	15,522	1,036,091	
7 Staci L Dickerson SVP & CFO SHC	(i)	0	0	0	0	0	0	
	(ii)	316,011	64,652	25,231	18,709	13,858	438,461	
8 Carlisle C Lewis III SVP LEGAL/HR	(i)	0	0	0	0	0	0	
	(ii)	740,698	136,010	32,516	42,354	19,555	971,133	
9 Kan Cornicelli CFO SMH	(i)	0	0	0	0	0	0	
	(ii)	235,620	49,518	19,286	19,665	19,020	343,109	
10 John Johnson DIR PHARMACY (FORMER)	(i)	0	0	0	0	0	0	
	(ii)	168,886	32,101	2,791	14,442	5,860	224,080	
11 Susan Stone FORMER KEY EMPLOYEE	(i)	0	0	0	0	0	0	
	(ii)	387,884	80,733	10,928	7,831	19,370	506,746	
12 Timothy B Smith CEO SMH	(i)	0	0	0	0	0	0	
	(ii)	665,347	133,347	26,297	0	20,090	845,081	
13 Patricia Khaleghi CEO SHC SPECIALTY HOSP	(i)	0	0	0	0	0	0	
	(ii)	451,224	92,173	35,704	8,319	19,597	607,017	
14 Janie Kramer COO SMH	(i)	0	0	0	0	0	0	
	(ii)	303,858	58,621	22,747	27,491	14,389	427,106	
15 Mana Colombo CNO MB	(i)	0	0	0	0	0	0	
	(ii)	202,093	43,028	10,999	13,829	812	270,761	
16 Cheryl Odell CNO SMV	(i)	0	0	0	0	0	0	
	(ii)	180,983	38,449	25,535	19,413	13,884	278,264	
17 Beverly Self VP CLINICAL SUPPORT	(i)	0	0	0	0	0	0	
	(ii)	193,699	40,346	5,118	0	17,367	256,530	
18 Thor Anderson DIR PHARMACY	(i)	0	0	0	0	0	0	
	(ii)	188,927	249	291	5,233	13,680	208,380	
19 Michael Plopper CMO SHARP BEHAVIORAL HEALTH	(i)	0	0	0	0	0	0	
	(ii)	350,989	73,600	43,375	23,499	6,764	498,227	

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Geoffrey Stiles MD CHIEF MEDICAL OFFICER-SMH	(i)	0	0	0	0	0	0	
	(ii)	258,626	42,711	19,884	13,788	-	-	
					1,490	336,499	0	
1 Anthony Guerra VP CAMPUS PLN & DEV-SMH	(i)	0	0	0	0	0	0	
	(ii)	239,474	43,466	9,808	12,787	-	-	
					18,927	324,462	0	
2 Randi Larsson DIR OUTPT PAVILION	(i)	0	0	0	0	0	0	
	(ii)	193,843	37,405	8,116	21,567	-	-	
					13,995	274,926	0	
3 Matthew Genak PHARMACIST-RESEARCH	(i)	0	0	0	0	0	0	
	(ii)	231,643	0	388	8,602	-	-	
					7,851	248,484	0	

SCHEDULE O
(Form 990 or 990-
EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

95-3782169

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2017 Section 1 An Overview of Sharp HealthCare We're an organization filled with passionate, determined and caring people, who have grown our health care system into the remarkable place that it is Each day, these professionals recognize and celebrate the purpose of their work and the impact it has on our neighbors, friends and family in the community - 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, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 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 also offers individual and group Health Maintenance Organization (HMO) coverage through Sharp Health Plan (SHP) Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2017, Sharp is licensed to operate 2,084 beds and has more than 2,600 Sharp-affiliated physicians and 18,000 employees</p> <p>FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's fast-growing South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region'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, liver care, rehabilitation therapies, orthopedics, 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 cancer treatment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also houses the county's largest emergency and trauma center</p> <p>THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gyn</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>ecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive mental health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides behavioral health services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patients of all ages 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 Medical Group (SRSMG) are included within the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported within SGH Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients and families, 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 of those it serves Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>e For more than 18 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:</p> <ul style="list-style-type: none">* The best place to work: Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe."* The best place to practice medicine: Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader.* The best place to receive care: Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient—treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. <p>Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century.</p>

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

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<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 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 improve 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 1 Demonstrate and improve clinical excellence and exceed customer expectations 2 Keep patients, employees and physicians safe and free from harm 3 Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members 4 Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision 5 Achieve financial results to ensure Sharp's ability to deliver on its mission and vision 6 Achieve net revenue growth to enhance market position, sustain infrastructure improvements and support innovative development 7 Be an exemplary public citizen by improving the health of our community and environment Awards Below please find a selection of recognitions Sharp has received in recent years In 2013, 2014, 2016 and 2017, Sharp was recognized as one of the "World's Most Ethical (WME) Companies" by the Ethisphere Institute, the leading business ethics think tank WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind Sharp was ranked No. 45 out of 500 large employers on Forbes' 2017 America's Best Employers listing In 2016, Sharp ranked No. 16 and received the No. 2 spot on the new</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>comer's list Sharp was also ranked No 52 out of 250 organizations on Forbes' 2017 America's Best Employers for Diversity and was the only hospital system listed in San Diego In 2017, Sharp was recognized as one of "150 Top Places to Work in Healthcare" by Becker's Hospital Review The list recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees In 2015 and 2017, Sharp ranked first for "San Diego's Best Hospital Group " in the annual San Diego Union-Tribune Readers Poll Sharp ranked second in this category in 2016 SMH ranked first for "San Diego's Best Hospital" in 2017 while ranking second in this category in 2016 Also in 2016, SMBHWN and SGH ranked third and fourth, respectively , for "San Diego's Best Hospital " From 2015 to 2017, Sharp Community Medical Group (SCMG) ranked first as "San Diego's Best Medical Group " In 2016, SRSMG ranked third for "San Diego's Best Medical Group" and was recognized as "San Diego's Best Hearing Aid Store" in 2017 In 2016 and 2017, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facilities that meet the highest standards of patient safety, care quality and efficiency In 2016, SMH was also recognized as a Top Hospital SGH, SMH and SMBHWN received MAGNET(r) recognition by the American Nurses Credentialing Center (ANCC) The MAGNET Recognition Program(r) is the highest level of honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2017 by Hospitals & Health Networks magazine's annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective In 2007, SCHHC became a Designated Planetree Person-Centered Hospital and was re-designated in 2017 for the fourth consecutive time Additionally, SCHHC achieved Planetree Designation with Distinction for its leadership and innovation in patient-centered care SMH became a Planetree Person-Centered Hospital in 2012 and achieved Planetree Designation with Distinction in 2014 In 2015, SMH was re-designated as a Planetree Person-Centered Hospital In 2014, SCVMC joined SCHHC and SMH as a Designated Planetree Person-Centered Hospital 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, then again each year from 2010 through 2013, and most recently in 2017 SCVMC received</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>ES certification from 2009 to 2011 as well as in 2013, 2015 and 2017 San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving techniques to the community SDG&E also named Sharp as San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation In 2013 and 2015, Sharp was named a "Recycler of the Year" at the City of San Diego Environmental Services Department's annual Waste Reduction and Recycling Awards Program for a successful and extensive recycling program SMH and SMBHWN were honored for their comprehensive waste-reduction programs in 2013 Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives As the oldest and one of the largest nonprofit recycling organizations in the country, CRRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting 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 in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team 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</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>SRSMG was recognized by the Centers for Disease Control and Prevention (CDC) as a 2017 Million Hearts Hypertension Control Champion for achieving blood pressure control for at least 70 percent of its adult patients with hypertension. From 2013 to 2017, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence Awards(r). Based on one year of data, this designation recognizes recipients that reach 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, SRSMG, SCMG and Sharp Home Health for Employee Engagement, SMH and SMBHWN for Patient Experience, and SCHHC, SMBHWN and SMV for Physician Engagement. Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence Award(r) (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 and 2015 through 2017, Press Ganey recognized SMH for patient experience. From 2013 to 2015, SHC was recognized for Employee Engagement. In 2013, SCHHC and SMV were recognized for Physician Engagement. SHP's 2016-2017 National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings rating increased from a 4 to 4.5 out of 5, making it one of the highest-rated health plans in the nation. SHP was also ranked a top 100 U.S. health plan and a top three California health plan from 2014 to 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 each year from 2013 to 2015. The NCQA awards accreditation status is 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. In addition, SHP was rated highest in California among reporting California health plans in the rating categories of 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 2017, Sharp 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 Computerworld survey. The list is compiled by evaluating a company's benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more. The Women's Ch</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>oice Award(r) is a symbol of excellence in customer experience awarded by the collective v oice of women SGH received a Women's Choice Award(r) as one of America's Best Hospitals f or Cancer Care in 2015, Obstetrics in 2016 and Heart Care in 2017 SMH and SGH received a Women's Choice Award(r) as one of America's Best Stroke Centers in 2017 In 2015, SMBHWN r eceived the award as one of America's Best Hospitals for Obstetrics The Women's Choice Aw ard(r) also ranked SCHHC, SCVMC and SMH amongst America's 100 Best Hospitals for Patient E xperience in 2017 In addition, SMH received the award as one of America's Best Hospitals for Bariatric Surgery in 2017 For the fourth year in a row, and the fifth time in six yea rs, Sharp won the top spot in the Mega Employer category in the San Diego Association of G overnments' (SANDAG) iCommute 2016 Rideshare Corporate Challenge The annual month-long ch allenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike , walk, or transit commutes Powered by SANDAG and in cooperation with the 511 transportat ion information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions Sharp was named the 2015 Medical Provider of the Year at the International Travel & Health Insurance Journal (ITIJ) Awards The ITIJ honors companies that have made an outstanding contribution to the global travel and health insu rance industry over the past year Sharp's Global Patient Services program coordinates pat ient transfers and evacuations for medical emergencies from around the world to a Sharp ho spital Global Healthcare Exchange (GHX) recognized Sharp as one of the 2016 GHX "Best 50" Supply Chains in North America Organizations receiving this distinction are recognized f or their work in improving operational performance and driving down costs through supply c hain automation Patient Access to Care Programs Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and hig h-risk patients without the ability to pay and insured patients with inadequate coverage Sharp does not refuse any patient requiring emergency medical care Sharp provides service s to help every uninsured patient receiving care in the ED find opportunities for health c overage through PointCare - a team of health coverage experts whose principal product is a quick, web-based screening, enrollment and reporting technology designed to provide commu nity 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 th e questionnaire allow Sharp staff to have an informed and supportive discussion with the p atient about health care cover</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>age, and empower them with options From October 2015 to July 2017, Sharp helped nearly 22 ,800 self-pay patients through PointCare, 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 Fiscal Year (FY) 2017, Sharp secured this benefit for approximately 3,800 unfunded patients in the ED In support of Covered California's annual open enrollment period, 25 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 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 with 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 referred for medication assistance through population health teams, physicians, pharmacists, case managers, social workers, nurses or even other patients, as well as identified through usage reports Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from the lack of access to medication 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 In FY 2017, the Patient Assistance Team helped uninsured and underinsured patients access prescriptions worth a total of \$3.9 million</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Also in 2017, Sharp supported and provided payment options to high-risk, uninsured and underinsured patients at all Sharp hospitals who were unable to meet their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, team members met with patients to help them better understand their health insurance benefits and how to access care during their hospital stay, as well as provided payment options. In addition, Public Resource Specialists, from Sharp's Patient Financial Services (PFS) team offered support to uninsured and underinsured patients at all Sharp hospitals in need of extra guidance on available funding options. The Public Resource Specialists performed field calls (home visits) to patients who left the hospital and required assistance with completing the coverage application process. SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh, the Supplemental Nutrition Assistance Program in California, prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2017, SGH's PFS team completed 687 CalFresh applications and 405 patients were granted CalFresh benefits. In February 2017, Sharp's PFS team expanded this program to the remainder of Sharp's acute care hospitals. In summer 2015, a pilot program was launched at SMBHWN to evaluate both insured and unfunded families with Neonatal Intensive Care Unit (NICU) babies for financial assistance. This process included helping families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight apply for Supplemental Security Income (SSI) to help with the cost of care for their newborn both within and outside of the hospital. Public Resource Specialists have assisted more than 150 families through the SSI application process. 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, assistance scheduling specialty appointments, support 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.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>tion 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 medical records to support an SSI claim free of charge Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships and career pipeline programs In FY 2017, nearly 4,600 student interns dedicated more than 650,000 hours within the Sharp system Sharp provided education and training for students in a variety of disciplines, including nursing students (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice) and allied health professions such as rehabilitation therapies (speech, physical and occupational therapy), pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, lab, radiation therapy, surgical technology, paramedic, social work, psychology, business, health information management and public health Students came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC), local and national universities such as Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC), San Diego, 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 2017 Table 1 Sharp HealthCare Internships - FY 2017 Sharp Chula Vista Medical Center Students - 804, Hours - 135,872 Sharp Coronado Hospital and Healthcare Center Students - 663, Hours - 104,697 Sharp Grossmont Hospital Students - 1,007, Hours - 144,056 Sharp Mary Birch Hospital for Women & Newborns Students - 202, Hours - 22,076 Sharp Memorial Hospital Students - 777, Hours - 116,662 Sharp Mesa Vista Hospital Students - 442, Hours - 59,668 Sharp HospiceCare Students - 56, Hours - 1,356 Sharp HealthCare Students - 645, Hours - 68,383 Total Students - 4,596, Hours - 652,770 In addition, Sharp offers a graduate level Clinical Pastoral Education program, which teaches students clinical theories and skills to provide spiritual care to patients and their families In FY 2017, the program supervised six chaplain residents and eight chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services International Rescue Committee Sharp hosts more than 4,000 students annually for clinical rotations, internships and other educational experiences Further underscoring how both workforce and community partnership development are critical to the fulfillment of Sharp's mission, the Staffing Resource Network (SRN) within Sharp's Workforce Support Services division of Human Resources facilitates the plac</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>ement of students across the Sharp system New in FY 2017, the Sharp SRN collaborated with SWC and the International Rescue Committee (IRC) on a workforce development partnership s pecifically serving San Diego's refugee community IRC is a global humanitarian aid organi zation that focuses on helping refugees survive, recover, and resettle their lives As par t of its mission, IRC works to educate and find employment for refugees once they are sett led One such program trains refugees to work as Certified Nursing Assistants (CNAs) Trad itional CNA training programs prepare participants for work in skilled nursing facilities, which do not require the training necessary for work in acute care settings and provide l ittle opportunity for advancement Sharp SRN's collaboration with IRC and SWC enhances the SWC CNA training program by providing acute care clinical training and experience Progra m participants take an acute care nursing assistant course at SWC, and Sharp provides staf f preceptors, medical supplies and learning experiences within Sharp hospitals that prepar e participants for jobs in hospital environments Following completion of the program, CNA s are qualified to work in any acute care setting The partnership began in spring 2017, w ith five students enrolling in and completing the program, and two graduates securing posi tions within SRN's inter-facility acute care nursing assistant float pool Thus far, the n ew team members from the IRC training program are on their way to successful careers at Sh arp Health Sciences High and Middle College Sharp partners with charter school Health Sci ences High and Middle College (HSHMC) to provide high school students with broad exposure to health care careers Through this partnership, HSHMC students connect with Sharp team m embers through job shadowing to explore real-world applications of their school-based know ledge and skills This collaboration prepares students to enter health, science and medica l technology careers in the following five pathways biotechnology research and developmen t, 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, complet e 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 c ampuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011 Students also devote time to various SRSMBG sites</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotations, 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, Realities of Nutrition, Intro to Health Professions and Organizations, and Health and Social Injustice. In FY 2017, 432 HSHMC students - including 162 Level I students and 270 Level II students - were supervised for more than 97,700 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to nursing, emergency services, obstetrics and gynecology, occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, rehabilitation, laboratory services, pharmacy, pathology, radiation oncology, radiology, endoscopy, engineering, nutrition, infection control, pulmonary services, and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2017, the HSHMC program graduated 161 students in its seventh full class. Each year, Sharp reviews and evaluates its collaboration with HSHMC, including the 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 school excels in preparing students for high school graduation, college entrance and a future career. In 2017, 90 percent of the HSHMC graduating class went on to attend two- or four-year college, while 80 percent of students said they wanted to pursue a career in health care. In addition, HSHMC has a 98.7 percent graduation rate, which is higher than California's 83.2 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, the Classroom for the Future Foundation awards education programs across SDC in four categories: innovate, inspire, achieve and impact. HSHMC was also recognized as a U.S. News & World Report Best High Schools bronze award winner in 2014, 2016 and 2017. The California Department of Education recognized HSHMC as a</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. HSHMC was also recognized with a 2015 Model Professional Learning Community at Work(tm) Award by Solution Tree for its sustained success in raising student achievement. Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is ongoing, job-embedded education 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 was a 2014 National School Safety Advocacy Council award winner. Lectures and Continuing Education Sharp contributes to the academic development of students at colleges and universities throughout San Diego. In FY 2017, Sharp staff provided hundreds of hours in guest lectures and presentations on numerous health care topics. Lecture topics included stroke treatment techniques, health information technology (HIT), diabetes, spiritual care in the health care setting, a variety of health administration topics, electronic medical records, clinical informatics and change management, spinal cord injury (SCI), and topics related to end-of-life care, including advance care planning, Physician Orders for Life-Sustaining Treatment, hospice, palliative care, bereavement, bioethics and goals of care. Lectures were delivered to students at San Diego Mesa College, SDSU, USD, Azusa Pacific University (APU), California State University San Marcos (CSUSM) and the University of St. Augustine. These students were enrolled in a variety of programs, including nursing, nurse practitioner, physical therapy, medical assisting, HIT, health care informatics and public health. 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 2017, Sharp's CME Department invested more than 546 hours in live and online CME activities for San Diego health care providers. This included conferences on advanced illness management, patient safety, cardiology, oncology, urgent care, kidney transplant and osteopathic medicine, as well as presentations on HROs, telehealth, physician leadership, sepsis, infection prevention and opioid usage. Research Sharp Center for Research Innovation is critical to the future of health care. The Sharp Center for Research supports innovation through its commitment to protecting re</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>search participants and promoting 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), which includes the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI) Human Research Protection Program and Institutional Review Board. In March 2016, The Sharp Center for Research received 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 of 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 and includes three components: the organization, the researchers and the IRB. As one of the key components of the HRPP, the IRB 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 2017, a dedicated IRB committee of 16 - including physicians, nurses, pharmacists and non-scientists - devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research at Sharp is conducted on all clinical phases of drug and device development, and the populations studied span the life cycle - from neonates to older adults. These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new treatments. Sharp participates in approximately 210 clinical trials at any given time covering many therapeutic areas, including behavioral health, emergency care, infectious disease, neonatal, heart and vascular, kidney, liver, neurology, orthopedics and oncology - the latter of which comprises the largest share 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 the protection of human research participants. 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. Presentations at the quarterly meetings in FY 2017 included Research Community Outreach, Completing Subject Enrollment Logs and Attestation Reports, Reporting Deviations in Research Protocol, Clinical Trials Coverage Analysis, Compliance and Education Requirements, Creating Research Study Budgets, Who is a Sub-Investigator, and Utilizing IRB Software.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Outcomes Research Institute Since its inception in 2010, Sharp's ORI seeks to measure the long-term results of care to continue to develop and promote best practices in health care delivery The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC The ORI collaborates with Sharp team members to facilitate the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health This networking has resulted in collaborative research partnerships with investigators at SDSU and National University In addition, in FY 2017, ORI research studies were presented at various professional conferences, including the Health Care Systems Research Network Conference in San Diego, the Cardiovascular Disease and Stroke Scientific Sessions in Arlington, Virginia, and the Academy Health Annual Research Meeting in New Orleans, Louisiana Presentations included Utilizing Data Analytics and Innovation Partnerships to Reduce Hospital Readmissions, Influence of Ethnic and Gender Diversity in Quality of Care for Patients Receiving Treatment for Acute Myocardial Infarction, and Impact of Behavioral Health Data in Improving Prediction of Hospital Patient Readmissions Beginning in September 2016, the ORI expanded its capabilities by adding a full-time postdoctoral clinical psychology fellowship position and a half-time practicum placement for a predoctoral graduate student Based on the successful contributions of these programs, the ORI has hired a full-time clinical psychologist, renewed the graduate student practicum placement, and will offer new research training experiences for three psychology undergraduate students in FY 2018 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 through identifying a care problem, developing a plan to solve it and incorporating this new knowledge into practice The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices 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, U S Department of Veterans Affairs (VA) San Diego Healthcare System, 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</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>the classroom, and structured mentorship throughout the program EBPI fellows and mentors partner with one another through 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 fellows in working collaboratively with other key hospital leadership personnel In FY 2017, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared project results Forty-six attendees, including 23 fellows and 23 mentors, graduated from the program Projects addressed the following issues in clinical practice and patient care post-operative spine mobilization, reduction of anxiety for hospitalized patients undergoing caesarean section, nurse-physician rounding, the impact of wait time in the psychiatric intensive care unit, early mobilization in the adult trauma population, the impact of education on cell phone cleaning among NICU visitors and staff, and improving discharge timeliness Volunteer Service Sharp Lends a Hand In FY 2017, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH) Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC Nineteen projects were selected for FY 2017 San Diego Food Bank (Food Bank), Feeding San Diego (FSD), Mama's Kitchen, Kitchens for Good, San Diego Wreaths Across America, American Diabetes Association (ADA) Tour de Cure, Doors of Change, Promise 2Kids, Ssubi is Hope Greening for Good Project, Special Olympics, Habitat for Humanity, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, I Love a Clean San Diego's Creek to Bay Cleanup and Coastal Cleanup Day, the San Diego River Park Foundation's Point Loma Native Plant Garden, Coastal Habitat Restoration, and Clean and Green River Cleanup, and River Kids Discovery Days - a joint effort between I Love a Clean San Diego and the San Diego River Park Foundation More than 2,300 Sharp employees, family members and friends volunteered over 6,500 hours in support of these projects The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues The Food Bank distributes an average of 26 million pounds of food - equivalent to 21.6 million meals - throughout the year and serves nearly 400,000 San Diegans each month Throughout SDC, weekend backpacks full of food are provided to chronically hungry children at elementary schools, while distribution sites provide boxes of groceries and staple food items to low-income seniors On nine days between November 2016 and June 2017, more than 325 SLAH volunteers inspecte</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Doors of Change is a nonprofit organization dedicated to solving youth homelessness through empowerment and self-sufficiency. Through its Taking Music & Art to the Streets program, Doors of Change provides homeless youth with free music and art lessons, haircuts, hot meals, clothing, chiropractic care and social services. On eight days in February, June, and August, 35 SLAH volunteers served homeless youth at the Episcopal Church Center in Ocean Beach by sorting clothing and hygiene products, making sandwiches, and cleaning up after the program. Promises2Kids provides current and former foster youth in SDC with the tools, opportunities and guidance they need to grow into healthy, happy and successful adults. In June and July, 20 SLAH volunteers supported the Guardian Scholars and Camp Connect programs by assembling goody bags, packing boxes, and assisting with inventory, as well as assembling care packages for college students raised in the foster care system. The Ssubi is Hope 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 addition to providing life-changing and life-saving services to people in underserved countries, the project has protected the environment by keeping more than one million pounds of medical surplus out of local landfills. On 20 days between October 2016 and September 2017, 265 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare medical materials for shipment. 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 May 2017, 25 SLAH volunteers supported the program's basketball competition during the Regional Spring Games at Carlsbad High School. Volunteers served as athlete escorts as well as assisted with score-keeping, time-keeping 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. On two days in August and September, 20 volunteers organized donated items and took inventory of stock for the Mission Valley ReStore retail center. 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. Over 10 days in June and July, approximately 120 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent. In addition, approximately 60 clinical volunteers - including Sharp-affiliated physicians and Sharp nurses</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>, podiatry technicians, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services More than 900 veterans were served through the 2017 Stand Down for Homeless Veterans events 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, paraplegic and quadriplegic community members can experience mobility through surfing with support from adaptive equipment and volunteers In September, an estimated 60 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 In celebration of Earth Day, in April, SLAH partnered with I Love a Clean San Diego for the 15th annual Creek to Bay Cleanup Approximately 35 SLAH volunteers participated in this countywide effort to beautify San Diego's beaches, bays, trails, canyons and parks In September, 11 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, Chula Vista Marina View Park, Mission Trails Regional Park, Pacific Beach, San Dieguito Lagoon, Los Penasquitos Canyon, San Diego River and Coronado City Beach Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River Approximately 10 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in August Activities included trail maintenance, watering, pruning and other light gardening projects In January, March, May, July and September, 80 SLAH volunteers joined the San Diego River Park Foundation's Coastal Habitat Restoration events 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 SLAH joined the San Diego River Park Foundation once again in May and June during the Clean and Green River Clean Up days Approximately 35 SLAH volunteers gathered to help create a healthier, cleaner and safer San Diego River Park system by removing garbage and debris from identified sites along the San Diego River In March, I Love a Clean San Diego and the San Diego River Park Foundation partnered to provide the third annual River Kids Discovery Days Six SLAH volunteers participated in the free event, which provides river education and service events to teach more than 600 children and families about protecting the Earth's natural resources Sharp Humanitarian Service Program In FY 2017, the Sharp Humanitarian Service Program funded</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>d more than 60 Sharp employees in programs that provided health care or other supportive services to underserved or adversely affected populations in Mexico, Guatemala, the Philippines, Vietnam, Peru, Armenia and other countries throughout the world. In April, Sharp team members traveled to San Quintin, Baja California, as part of the VIIDAI (Viajes Interinstitucionales de Integración Docente, Asistencial y de Investigación) program. VIIDAI is an international public health field experience that integrates students and faculty from three participating universities - SDSU, UC San Diego and the Universidad Autónoma de Baja California - to promote health and provide services to underserved populations while increasing cultural awareness. Held at a local elementary school, the weeklong program provided more than 100 community members with clinical, dental and psychological services. In addition, participants trained 12 teachers to deliver a hygiene curriculum that encourages proper handwashing behaviors among the school's nearly 300 students, who frequently contract parasitic infections due to poor hygiene practices. Sharp team members also volunteered in Guatemala in May as part of a medical mission trip with Friends with Purpose, a nonprofit organization dedicated to providing medical care and community development in underserved communities around the world. The team of surgeons, registered nurses, anesthesia providers and other volunteers traveled to the city of Patzún, where they performed 43 surgeries on local patients, including gallbladder removals, hernia repairs and the removal of cysts. CHOICE Humanitarian and the doTERRA Healing Hands Foundation are dedicated to eliminating poverty and empowering impoverished communities with the tools they need to become self-reliant. For one week in February, a Sharp team member joined these organizations on a mission to the Alta Verapaz region of Guatemala. The mission team of 20, including a dietitian, an emergency medical technician, and a research scientist, built vented stoves for more than 40 families to help prevent respiratory problems associated with open-fire cooking techniques as well as dug post holes for fencing to surround sustainable farm land. The team also partnered with Days for Girls - a nonprofit organization committed to feminine hygiene access and education for females throughout the world - to provide personal hygiene training and education for local women and girls, including the provision of reusable feminine hygiene kits.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>The Alegado Foundation is a San Diego-based medical mission organization determined to help children, the sick and the aged through the provision of medical services, and donations of medical supplies, children's books, toys and sports equipment. In March, a Sharp team member joined the Alegado Foundation on a medical mission to the southern Philippines. Alongside local doctors, nurses, dentists, elementary school teachers and Philippine military personnel, the team provided free medicine, medical consultations, dental services and minor surgical procedures to approximately 275 patients over a two-day period. The team also fed and read to local children and provided free haircuts for youth and senior citizens. Random Acts of Kindness Life (RAKlife) is a nonprofit organization dedicated to developing a global culture that incorporates random acts of kindness into daily life to help those less fortunate around the world. For 10 days in April, a Sharp team member participated in a RAKlife trip to the Mai Chau District in Northwestern Vietnam, where the team built a small house and a clean water basin for a local family. In February, another Sharp team member visited Vietnam for two weeks through Prisoners of Hope, a ministry offered through the Rock Church Global Outreach program. The mission team provided a variety of medical and optometry services for approximately 1,190 medical patients and 800 optometry patients, including prisoners, orphans, the disabled, and those living in poverty. Since 1934, Liga International (The Flying Doctors of Mercy) has provided free health care and education to the people of the Mexican state of Sinaloa. In March and April, a Sharp nurse traveled to the city of El Fuerte, Sinaloa, to assist with admitting, operating and recovery for approximately 30 local patient surgeries. In May, a Sharp nurse participated in a 10-day mission trip to Lima, Peru, through CardioStart International - a global volunteer organization that brings specialized cardiac care teams to underserved regions. The team, which included a cardiac surgeon, anesthesiologist, cardiologist, respiratory therapist, nurses and support staff, performed surgery for eight children with congenital heart defects as well as provided advanced cardiac education to help local medical teams improve surgical outcomes and patient care. Also in May, a Sharp team member helped co-lead a team of eight PLNU students on a mission trip to Armenia with LoveWorks, a short-term mission program committed to sending well-trained, culturally sensitive and flexible teams of student missionaries to serve in challenging and remote areas of the world. The team provided numerous services to Armenian families, including donating clothing to the impoverished, repainting local schools, helping a local church move to a larger facility, and encouraging local churches in their ministry to women, children and teens. Community Walks Heart disease is the leading cause of death in the U.S. For</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>For the past 21 years, Sharp has proudly supported the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. In September 2017, approximately 960 walkers represented Sharp at the 2017 San Diego Heart & Stroke Walk held at Balboa Park. More than 120 teams, representing entities across the Sharp system, raised funds for the walk through numerous activities, such as auctions, drawings for prizes and a karaoke competition. Sharp has maintained its position as the No. 1 team in San Diego for the past 21 years and was the No. 2 team in the AHA Western States Affiliate for the third year in a row, raising more than \$217,700 and setting a SHC fundraising record. To date, Sharp has raised more than \$3 million through its San Diego Heart & Stroke Walk fundraising efforts.</p> <p>Sharp Volunteers Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others. Sharp provides many volunteer opportunities for individuals to assist with a wide variety of programs, events and initiatives across the Sharp system. Volunteers of all ages and skill level devote their time and compassion to patients within Sharp's hospitals, community events for the general public, and activities supporting Sharp's various foundations. On average, more than 1,780 individuals actively volunteered at Sharp each month in FY 2017, contributing a total of nearly 253,900 hours of service to Sharp and its initiatives. This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's foundations. Nearly 13,800 volunteer hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events.</p> <p>Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support.</p> <p>Table 2: Sharp HealthCare Volunteers and Volunteer Hours - FY 2017</p> <table border="1"> <thead> <tr> <th>Entity</th> <th>Average Active Volunteers per Month</th> <th>Total Volunteer Hours</th> </tr> </thead> <tbody> <tr> <td>Sharp Chula Vista Medical Center</td> <td>373</td> <td>47,967</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>67</td> <td>9,679</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>617</td> <td>101,261</td> </tr> <tr> <td>Sharp HospiceCare</td> <td>70</td> <td>7,446</td> </tr> <tr> <td>Sharp Metropolitan Medical Campus</td> <td>628</td> <td>82,893</td> </tr> <tr> <td>TOTAL</td> <td>1,755</td> <td>249,246</td> </tr> </tbody> </table> <p>Volunteers supported Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - through assistance with various events, such as annual golf tournaments and galas. In addition, Sharp off</p>	Entity	Average Active Volunteers per Month	Total Volunteer Hours	Sharp Chula Vista Medical Center	373	47,967	Sharp Coronado Hospital and Healthcare Center	67	9,679	Sharp Grossmont Hospital	617	101,261	Sharp HospiceCare	70	7,446	Sharp Metropolitan Medical Campus	628	82,893	TOTAL	1,755	249,246
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Form 990, Part III, Line 4 Community Benefit Report	<p>ers a systemwide Junior Volunteer Program for high school students interested in giving ba ck to their communities and exploring future health care careers Program requirements var y, however all require a high grade point average and a long-term commitment of at least 1 00 hours The Junior Volunteer Program supports workforce development by introducing the s tudents to careers in health care, including clinical and ancillary support services The junior volunteers enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxin g environment for guests Through volunteering in the gift shops and thrift store, they le arn about merchandising, fundraising and retail sales On the inpatient units, they are ex posed to clinical experiences that provide a glimpse into future careers Junior volunteer s also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments In FY 2017, nearly 510 high school students contributed more than 53,600 hours to the Junior Volunteer Program This included 74 junior volunteers who provided approximately 4,400 hours of service at SMH and SMBHWN, 160 junior volunteer s who dedicated more than 17,500 hours of service at SCVMC, and 275 junior volunteers who contributed more than 31,700 hours of service at SGH Volunteers on Sharp's various entity boards provide program oversight, administration and decision-making regarding financial resources In FY 2017, nearly 130 volunteers contributed their time to Sharp's boards Sha rp employees also donate time as volunteers for the Sharp organization, including service on the Cabrillo Credit Union Sharp Division Board, Sharp and Children's MRI Board, Grossmo nt Imaging LLC Board, and Sharp and UC San Diego Health's Joint Venture Board, which overs ees the operations of their joint Liver Transplantation and Bone Marrow Transplant Program s This section describes the achievements of various Sharp volunteer programs in FY 2017 Sharp HospiceCare Volunteer Programs Sharp HospiceCare offered various volunteer training opportunities in FY 2017, providing valuable knowledge and experience to volunteers who a re often working towards a career in the medical field Volunteers supported Sharp Hospice Care and those it serves by providing companionship to those near the end of life, support for families and caregivers, and help with community outreach</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Approximately 50 new hospice volunteers were trained in FY 2017. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. In addition, seven teenagers participated in Sharp HospiceCare's Teen Volunteer program. In this program, teens completed special projects in Sharp HospiceCare administration, as well as assisted with patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Tasks included grooming and hygiene activities, and simple acts of kindness such as sitting with patients, listening to their stories and holding their hand. Further, seven premedical students from SDSU, UC San Diego and CSUSM volunteered time by supporting family caregivers in private homes. Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and simply remaining by their side. Families who were present with their dying loved one could also receive comfort from a volunteer as their loved one passed away. Ten volunteers were trained through the 11th Hour program in FY 2017. In FY 2017, Sharp HospiceCare trained 12 volunteers in integrative therapies to promote relaxation and restful sleep and 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 hand massage. Volunteers help support Sharp HospiceCare's partnership with We Honor Veterans (WHV). WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies their volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which aims to pair volunteers who have military experience with veteran patients, as well as honors veteran patients through special pinning ceremonies. In FY 2017, Sharp HospiceCare held two pinning ceremonies during which volunteers presented a WHV pin and a certificate of appreciation to approximately 90 Sharp HospiceCare veteran patients as well as more than 50 veteran community members. Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one. Through the program, volunteers created teddy bears out of the garments of those who</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>have passed on, which served as special keepsakes and permanent reminders of the grieving individual's loved one In FY 2017, volunteers dedicated nearly 2,700 hours to sewing more than 670 bears for approximately 240 families Sharp HospiceCare recognizes the valuable impact that volunteers have on the experience of its patients, family and caregivers In light of this recognition, Sharp HospiceCare offered a monthly continuing education support group to enhance the skills of its volunteers In addition, Sharp HospiceCare honored its volunteers 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 present during their hospital stay Activities may include reading, writing letters, taking walks, playing games, or simply comforting patients through conversation In addition, CCP volunteers help 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 In FY 2017, 9 CCP volunteers devoted nearly 600 hours to approximately 460 patient visits The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2017 Serving SMH, the SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings the library's services directly to patients and family members and empowers them to become involved in their own health care Through the program, hospital volunteers receive specialized training to become Health Information Ambassadors, who offer to bring patients and family members additional resources on their diagnosis during their hospital stay Information requests are brought to the consumer health librarian who then prints consumer-oriented information from high-quality websites, and returns the information back to the patients and families through the Health Information Ambassadors Patients and family members are also provided with access to an online database of reliable health information as well as the opportunity to keep in touch with the library to ensure they continue to receive quality health information at home In FY 2017, the Health Information Ambassadors visited more than 2,400 patient rooms and filled over 500 information requests Established in 2007, the Arts for Healing program at SMMC 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 drumming - to</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>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, adolescents and adults receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depression. In collaboration with SMMC's social workers and palliative care nurses, in FY 2017 Arts for Healing facilitated the donation of more than 300 blankets and quilts to patients receiving end-of-life care at SMH. Twelve of the blankets were knitted and crocheted by patients at the SMV East County Outpatient Programs site, an activity that was also designed to reduce anxiety and depression among the patients crafting the blankets. Throughout the year, 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, Sharp's annual Women's Health Conference, and Sharp's annual Disaster Preparedness Expo. In FY 2017, 44 volunteers, including students from various colleges and universities, facilitated art activities for patients and their loved ones through Arts for Healing. Since its launch, the program has provided more than 6,300 one-on-one music therapy sessions and over 2,100 group music and art therapy sessions. In addition, Arts for Healing volunteers have knit 530 baby items for expectant mothers, created approximately 50,000 pieces of art, and enriched more than 55,700 patients, guests and staff through musical performances. In total, more than 117,600 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing program.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Other Sharp Community Efforts In FY 2017, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego Below are just a few examples of these efforts According to the January 2017 WeAllCount Annual Report , there were 9,116 individuals experiencing homelessness in SDC, which represents an increase of 5 percent region-wide from 2016 Since 2011, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of homeless individuals on the streets of Downtown Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean & Safe Program identify homeless individuals who will be best served by traveling back home to loved ones Family and friends are contacted to ensure that the individuals have a place to stay and the support they need to get back on their feet Once confirmed, the outreach team provides the transportation needed to reconnect with their support system With Sharp's help, the Family Reunification Program has reunited more than 1,000 homeless individuals in Downtown San Diego with friends and family across the nation Diapers are expensive - a month's supply can cost up to \$100 per child - and cannot be purchased with CalFresh or Women, Infants, and Children (WIC) benefits As a result, parents with limited economic resources may change diapers less frequently than recommended and unintentionally place their infant at risk In FY 2017, Sharp worked with Assemblywoman Lorena Gonzalez, SDG&E and hundreds of organizations and citizens across San Diego to help struggling families cope with a serious challenge - the cost of diapers - by donating diapers to the Food Bank's new Diaper Bank Program The Diaper Drive, hosted by SDG&E, netted more than 27,000 diapers for families in need, nearly tripling the goal of 10,000 diapers Sharp employees showed their support for this cause by donating more than 6,500 diapers The SGH Engineering Department led a variety of volunteer initiatives in FY 2017 The team continued This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting visitors, patients and staff Through the program, the SGH landscape team grows, cuts, bundles and delivers colorful bouquets to patient rooms as well as offers single-stem roses in a small bud vase to passers-by In FY 2017, the team delivered three to four vases of flowers with an inspirational quote each week, with as many as eight vases or more during peak flower season and upon additional requests In addition, nearly 40 vases of flowers were delivered to new mothers in the hospital on Mother's Day This Bud's for You 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 ser</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>vice Now in its seventh year, the program 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 hospital visitors 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, as well as to recognize patient birthdays, anniversaries and other special moments With help from Sodexo - the hospital's food service, housekeeping and engineering vendor - a bouquet is quickly assembled (with balloons, ribbon, a Sodexo Care Bear and/or football) and delivered to the individual In FY 2017, the team assembled up to 10 Cheers Bouquet s per month, including bouquets for more than 40 new fathers on Father's Day weekend For the past seven years, the SGH Engineering Department, landscape team and Auxiliary have co laborated with local businesses to bring The Shirt Off Our Backs Program to community mem bers in need during the holidays Through the program, volunteers collect and donate a var iety of items to help meet the basic needs of homeless or low-income children and adults In FY 2017, volunteers filled two trucks with donated food and other essential items, incl uding 200 handmade sandwiches and 100 water bottles as well as clothing, socks, shoes, hyg iene kits, toys, towels, blankets, pet food and other household items The SGH landscape t eam created the award-winning Heart 2 Heart project through which the team places heart-sh aped stones etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon The team also installed other various heart shapes m ade out of flagstone or cobble on planters and stone areas of the campus to encourage walk ing and engage campus walkers in its scenery The Heart 2 Heart project earned the team th e 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 a Gold Level finalist - t he company's highest honor - the SGH landscape team demonstrates Sodexo's commitment to cl ients and customers as the heart of business The SGH Engineering Department also particip ated in the Food Bank's Food 4 Kids Backpack program in FY 2017 The program provides week end food packages to chronically hungry elementary school students from low-income househo lds who are at risk of hunger over the weekend when free school meals are unavailable Foo d 4 Kids strives to improve school performance and health by alleviating hunger The progr am also provides information to parents about available local community services Each wee k between January and April 2017, the SGH Engineering Department filled approximately 20 b ackpacks with roughly 250 pounds of food to ensure hungry students had access to food thro ugh the weekend Since 2014, SGH nurses have organized an annual backpack drive in collabo ration with Christie's Place -</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>To demonstrate its ongoing commitment to reducing energy consumption on a national level, in FY 2017 Sharp joined Practice Greenhealth's Healthier Hospitals Lean Energy Challenge - an initiative that provides support and guidance for hospitals that aspire to reduce energy consumption, increase energy efficiency, and save significantly on energy costs. All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international standard for energy efficiency created by the EPA. Buildings that are 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 sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC received the ES certification in 2017 (SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification from 2009 to 2011, 2013 and 2015). In addition, Sharp's SRSMG Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings in San Diego of its kind. Additional energy conservation initiatives at Sharp are outlined in Table 4.</p> <p>Table 4 Natural Resource Projects by Sharp HealthCare Entity</p> <p>Establish Energy and Water Use Baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>ES Participation - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC</p> <p>Air Handler Projects - SCHHC, SMH/SMBHWN</p> <p>Cogeneration Plant - SGH</p> <p>Drip Irrigation/ Landscape Water Reduction Systems - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Drought-tolerant Landscaping - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Electric Vehicle Charging Stations - SCVMC, System Offices, SMH/SMBHWN, SRSMG</p> <p>Electronic/Low-flow Faucets - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Energy-efficient Kitchen/Cafe Appliances - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN</p> <p>Energy-efficient Chillers/ Motors - SCHHC, SCVMC, System Offices, SMH/SMBHWN</p> <p>Faucets and Toilet Retrofits - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Heating, Ventilation and Air Conditioning projects- SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Natural Resource Project - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Light-emitting Diode (LED) - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Lighting Occupancy Sensors - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Lighting Retrofits - SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Mist EI</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>cent Recycled Sharp Chula Vista Medical Center - 43% Sharp Coronado Hospital and Healthcar e Center - 22% Sharp Grossmont Hospital - 37% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns - 36% Sharp Mesa Vista Hospital- 52% Sharp Rees-Stealy Medi cal Group - 69% System Offices - 59% Total Sharp HealthCare - 43% Table 6 Waste Minimizat ion Efforts by Sharp HealthCare Entity Establish Waste Diversion baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Single-stream Recycling - SCHHC, SCVM C, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Recycled Paper - SCHHC, SCVMC, SGH , System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Blue Wrap Recycling - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC, SRSMG Composting - SCVMC, SGH, SMH/SMBHWN, SMV/SMC Construction Debr is Recycling - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electronic Cafe Menus - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SMV/SMC Electronic Patient Bills and Paperless Payroll - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electronic and Pharmaceutical Waste Recycling Events - System Services Organic Waste Recycling (Green Waste)- SCVMC, SGH Recycle Bins Distribution - SCHHC, SCVMC, SGH, Syste m Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Repurposing of Unused Medical Supplies and Equi pment - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SRSMG Reusable Sharps Containers - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Single Serve Paper Napkins and Plastic Cutlery Disp ensers - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Surgical Instr ument Reprocessing - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMG Replacement of Bottled Water w ith Spa Water - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Sustain able Food Practices Sharp believes that food is medicine and the promotion of healthy food choices is necessary to improve the health of patients, employees, and the community Sha rp's commitment to healthy food and nutrition sustainability practices began over six year s ago with a strategy to increase the selection of healthy food options to improve engagem ent In collaboration with its food service partner Sodexo, Sharp continues to be an innov ator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers and reduce its carbon footprint</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>beef and cage-free chicken that is grass-fed and antibiotic and hormone free Sharp and So dexo remain committed to increasing healthy food offerings in an effort to combat obesity, improve sustainability, and ultimately change the eating habits of patients, staff and community members for the better Sharp's sustainable food initiatives are outlined in Table 7 Table 7 Sustainable Food Projects by Sharp HealthCare Entity Report Card and Indicators Tracking - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Food Recovery - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC, SRSMG Soup Stock - SMH/SMBHWN Imperfect Produce - SCVMC Composting - SCVMC, SGH, SMH/SMBHWN, SMV/SMC Oil Recycling - SCVMC, SGH, SMV/SMC Commuter Solutions Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees Sharp's Commuter Solutions Subcommittee continuously works to develop innovative and accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other alternative modes of transportation Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per gallon In addition, Sharp's employee parking lots offer carpool and motorcycle parking spaces Employees can also purchase discounted monthly bus passes As part of the nationwide Electric Vehicle Project, Sharp installed electric vehicle chargers (EVCs) at its corporate office location, SCVMC, SMMC, and some SRSMG sites 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 petroleum Sharp will continue efforts to expand EVCs at its other entities The use of the EVCs has resulted in a reduction of approximately 33 tons of CO2 and 3,800 gallons of fuel in FY 2017</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Sharp offers bike racks as well as a Bicycle Commuter Benefit, which gives employees who b ike to work up to \$20 per month to use toward qualified costs associated with bicycle purc hase, improvement, repair and storage In addition, Sharp participates in the SANDAG Bike to Work Day event every year in May During the 2017 challenge, Sharp employees were among almost 10,000 San Diegans who opted to ride their bike to work Sharp supported community cyclists by hosting food and beverage pit stops at various sites throughout SDC Sharp al so encourages employees to participate in the SANDAG iCommute RideMatcher vanpool and carp ool program, which can help employees find convenient ride share partners and promote sust ainable commuting Using iCommute's TripTracker, employees can monitor the cost and carbon savings resulting from their alternate commuting methods In addition, Sharp is enrolled in SANDAG's Guaranteed Ride Home program, which provides commuters who carpool, vanpool, t ake an express bus, ride the Coaster, or bike to work three or more times a week with a ta xi or a rental car in case of an emergency or being stranded at work In recognition of Ri deshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate C hallenge where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling and public transit In FY 2017, 8 4 organizations in SDC - representing more than 200,000 employees - competed in the challe nge Sharp won the top spot in the Mega Employer category for the fourth year in a row and for the fifth time in six years The annual challenge is instrumental in helping reduce t raffic congestion and greenhouse gas emissions throughout the region Furthering the commi tment to better commuting solutions for its employees, Sharp supplies and supports the har dware and software for almost 500 employees who are able to efficiently and effectively te lecommute to work These employees work in areas that do not require an on-site presence, such as information technology support, transcription, and human resources Sharp also pro vides compressed work schedule options to eligible full-time employees, which enables them to complete the basic eighty-hour biweekly work requirement in less than 10 workdays and thus reduces commute costs, lowers parking demand, and helps the environment Sharp's ongo ing efforts to promote alternative commute choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and aga in from 2013 through 2017 Community Education and Outreach Sharp actively educates the com munity about its sustainability programs In FY 2017, Sharp participated in the following outreach activities * Sharp published e-newsletters for employees highlighting its recycl ing efforts and accomplishments, as well as reminders for proper workplace recycling, carp ooling, and energy and water c</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>observation * Sharp held its sixth 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 they can decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation at work and home Many of Sharp's key vendors participated in the fairs to help raise awareness of green initiatives and how Sharp is involved in those programs * Sharp held a community recycling event that included free e-waste recycling and confidential document destruction The event also included the U S Drug Enforcement Agency's Drug Take Back Program, which provides a safe, convenient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse * In recognition of America Recycles Day, Sharp created a video for all Sharp employees to view on the intranet The video highlights that every employee can make a difference by recycling as well as shows how recyclables are sorted at the local processing facility instead of being disposed of in the landfill * Sharp participates in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC Additional community environmental education and outreach initiatives at Sharp are highlighted in Table 8 Table 8 Environmental Community Education and Outreach by Sharp HealthCare Entity - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG America Recycles Day - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Bike to Work Day - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Earth Week Activities - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Environmental Policy - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Green Team - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG No Smoking Policy - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Organic Farmer's Market - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SMV/SMC Organic Gardens - SCHHC, SM H/SMBHWN Recycling Education - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC , SRSMG Ride Share Promotion - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC , SRSMG 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 2017, Sharp provided education to 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 first responders and health care providers throughout SDC This included a standardized, on-scene federal emergency</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>cy management training for hospital management titled National Incident Management System/ Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. In September, Sharp's emergency preparedness leadership shared its expertise with other hospitals, health care providers, community partners and government agencies at the annual Disaster Planning for California Hospitals conference. Education provided by Sharp included strategies for building and maintaining sustainable and resilient health care coalitions, and improving emergency communications through the use of plain language. In FY 2017, Sharp's emergency preparedness leadership donated their time to state and local organizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group. Sharp was also a member of the San Diego Healthcare Disaster Coalition - a group of representatives from SDC hospitals, health care delivery agencies, county officials, fire agencies, law enforcement and the American Red Cross, through which Sharp's emergency preparedness leadership heads an evacuation subcommittee to review hospital evacuation planning and identify best practices and tools. Sharp's emergency preparedness leadership continued to participate in the Statewide Medical 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 - which is designed to guide local emergency planners in developing, planning and conducting emergency responses.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Through participation in the U S Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes SCVMC, SCHHC, SGH, SMH, SRSMG Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Permanente San Diego and Zion Medical Centers, Alvarado Hospital Medical Center, Paradise Valley Hospital, UC San Diego Health, Palomar Health, Health Center Partners of Southern California, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriff's Department and Marine Corps Air Station Miramar Fire Department. 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, members of the partnership are better prepared for a coordinated response to an emergency or disaster affecting SDC. Sharp supports safety efforts of the state and the city of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to a mass decontamination event. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event of an interruption to the system's normal water supply. In September, Sharp hosted its sixth 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 Liberty Station, the free event provided more than 700 community members with a variety of disaster exhibitors, demonstrations and displays as well as education on personal and family disaster planning. In recent years, endemic events occurring across the globe have had the potential to impact public health in the local San Diego community. Sharp has continued to partner with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This preparation has allowed for the continued delivery of uninterrupted care to the community in the face of public health threats.</p> <p>Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMG and corporate location has a dedicated Best Health committee that works to motivate team members to incorporate healthy habits into the</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>ir lifestyles and support them on their journey to attain their personal health goals Team members are encouraged to participate in a variety of workplace health initiatives ranging from fitness challenges and weight management programs to health education and events Sharp Best Health also offers an interactive web-based health portal where employees can create a wellness plan and track their progress Since 2013, Sharp Best Health has offered annual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encourage employees to track changes in their metrics over time In FY 2017, nearly 10,000 employees received health screenings for blood pressure, cholesterol, body mass index, blood sugar and tobacco use Post-screening resources and tools are available for Sharp employees and their family members, including free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management, and managing the challenges of living with a chronic condition such as diabetes, high blood pressure, asthma or arthritis The AHA recommends walking 10,000 steps a day to help improve or maintain a healthy lifestyle To align with this goal, Sharp Best Health encourages team members to use a Fitbit Zip(tm) wireless pedometer to track their steps, distance, calories burned, sleep patterns and more By syncing these statistics to computers or smartphones, the Fitbit Zips(tm) can inspire team members to achieve their personal fitness goals one step at a time Throughout the year, Sharp Best Health held both entity-specific and systemwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes During FY 2017, more than 700 participants across the Sharp system walked the equivalent of 57,080 miles Since the Fitbit Zip(tm) program's inception in 2014, participating employees have increased their average total steps by 22 percent Additionally, to promote safety along with increased physical activity, Sharp Best Health updated Sharp's acceptable footwear policy to permit walking shoes each day of the week at Sharp corporate offices Sharp Best Health hosted a variety of wellness programs and events for employees and their family and friends This included systemwide walking and hiking clubs through which more than 500 participants completed more than 50 hikes during FY 2017 In addition, in February, Sharp's Best Health committees collaborated to host the third annual 5K the Sharp Way Walk/Run Event at Tideland's Park in Coronado, which engaged 300 employees and family members Sharp Best Health participated in community health events throughout the year, including the American Cancer Society Great American Smoke Out, National Nutrition Month, National Fresh Fruits & Vegetables Month, Stress Awareness Month and National Walking</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Day Sharp Best Health also aligned its summer Fitbit challenges with the San Diego Heart & Stroke Walk by making a contribution to the AHA on behalf of each of the challenge winners. In addition, Sharp Best Health partnered with the AHA to promote walking meetings as a heart healthy alternative to standard meetings. At Sharp System Offices, Sharp Best Health partnered with the Humane Society to provide free "Walk a Dog, Boost Your Health Events" where employees were given the opportunity to relieve stress and get some exercise while providing highly valuable human interaction for sheltered dogs and puppies. Sharp Best Health provided on-site health and fitness classes for employees throughout FY 2017. This included an educational session on the importance of taking micro-breaks, the health impact of extended periods of sitting, and simple stretches to incorporate into the workday. Workshops were also offered on managing chronic pain as well as on the MELT technique, which uses soft body rollers and hand and foot balls to self-treat joint pain and tension. Fitness offerings included yoga, Zumba and aquatics classes. Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home. In FY 2017, Sharp Best Health went beyond nutrition and physical fitness to support the overall health and happiness of employees by working with the vendor Whil, to launch their digital mindfulness and yoga training platform designed to help employees manage stress and improve their well-being. Offering more than 1,200 mindfulness and yoga sessions of various lengths and skill levels, Whil gives employees the flexibility to move at their own pace and set their own goals. Whil has also been used throughout the system as a tool during staff meetings, department huddles and shift changes. Since Whil's launch, more than 2,100 employees have become active users. Sharp Best Health also collaborated with certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>New in 2017, Sharp Best Health introduced Wellness on Wheels, a monthly educational event offered to Sharp employees to address the challenge of accessing online health resources and programs during work hours. Wellness on Wheels involves "rounding" in staff lounges, hospital units, and nursing stations to promote a new and relevant subject each month. Each session includes an educational component, an interactive activity and a call to action. Wellness on Wheels brings wellness education to employees where they work, accommodating their unique schedules and dedication to patient care. Keeping the experience relevant and quick allows staff who were previously unable to receive wellness resources to access these benefits. Sharp has established a systemwide Mindful healthy food initiative in partnership with Sodexo. As part of 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 2017, Sharp partnered with Farm Fresh to You to make customizable boxes of organic, locally-grown produce available for purchase by employees. This CSA service offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers. Weight Watchers(r) offers weight-loss services and products founded on a scientifically based approach to weight management that encourages healthy eating, increased physical activity and healthy weight management behaviors. Sharp Best Health continued its partnership with Weight Watchers(r) to offer Sharp team members a subsidized membership rate to any Weight Watchers(r) program. With program availability at work, in the community and online, this partnership has offered Sharp team members a variety of healthy-eating and physical-activity options that can be tailored to different lifestyles and schedules. At any given time during FY 2017, approximately 720 Sharp employees were actively using Weight Watchers(r). Since the program was deployed in 2016, participating employees have lost an estimated 3,000 pounds. In addition to providing Weight Watchers(r) at work, during FY 2017 Sharp Best Health partnered with the Sharp Rees-Stealy Center for Health Management to offer free in-person and online nutrition classes to Sharp employees through the New Weigh program. New Weigh is an eight-week weight loss program that emphasizes nutrition education and healthy lifestyle development. Program participants create a semi-structured food plan, and have access to a skilled health coach or registered dietitian to ensure continued support and accountability. During FY 2017, 210 Sharp employees completed the New Weigh program. Nearly one in six community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 370,000 children and families, active duty military, and fixed income seniors living.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>g in poverty For more than a decade, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive. During the 2016 holiday season, Sharp Best Health and Sharp Community Benefit collaborated to take this effort a step further. In partnership with SuperFood Drive - a San Diego-based organization committed to educating the community about the health benefits of eating nutrient-dense superfoods and ensuring the accessibility of healthy food to all - Sharp transformed its traditional food drives to "superfood drives," encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life. Through the six-week holiday superfood drive at locations throughout the Sharp system, Sharp doubled its number of food drive sites from earlier holiday seasons, and collected more than 3,000 pounds of nutritious food - an increase of 90 percent compared to previous years. In addition, Sharp team members donated nearly \$2,900 through a new Sharp Virtual Food Drive specifically benefiting the Food Bank. Combined, these donations and funds provided nearly 16,000 healthy meals for San Diegans in need of assistance with putting food on the table during the 2016 holiday season.</p> <p>Section 2 Executive Summary It's important to me that Sharp HealthCare promotes policies that improve access to health care, because we all deserve an opportunity to live the healthiest life we can - Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare. 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 2017 (FY 2017) (October 1, 2016, through September 30, 2017). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities: * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare. Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital. For details on Sharp's CHNA process, please see Section 3 Community Benefit Planning Process. Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2017. 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.</p>

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Form 990, Part III, Line 4 Community Benefit Report	on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education and support for the community Highlights of Community Benefit Provided by Sharp in FY 2017 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2017

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the United States of America Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank, and Feeding San Diego, financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns Time was also devoted to generalizable health-related research projects that were made available to the broader health care community Economic Value of Community Benefit Provided in FY 2017 In FY 2017, Sharp provided a total of \$415,307,122 in community benefit programs and services that were unreimbursed Table 9 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 9 Sharp HealthCare Total Community Benefit - FY 2017 (Economic value is based on unreimbursed costs) Medical Care Services Shortfall in Medi-Cal - \$140,198,987 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</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>am on a prospective basis also include payments to third parties related to the specific population Shortfall in Medicare - \$222,539,275 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$7,999,688 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 - \$6,179,147 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 Workers' Compensation - \$53,553 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 - \$22,033,461 Note Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$7,489,410 Note Charity care and bad debt reflect 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, Broader Community, and Health Research, Education and Training Programs Patient transportation and other assistance for the needy - \$2,803,035 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 education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$1,680,320 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>d 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 Education and training programs for students, interns and health care professionals - \$4,330,246 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 In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016 This resulted in an increased reimbursement of \$89.7 million and an assessment of a quality assurance fee and pledge totaling \$56.3 million in FY 2017 The net impact of the program totaling \$33.4 million reduced the amount of unreimbursed medical care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year Table 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's medical care services in FY 2017 Table 10 Sharp HealthCare Medical Care Services Medical Care Services before Provider Fee - \$436,492,747 Provider Fee - \$(29,999,226) Net Medical Care Services after Provider Fee - \$406,493,521 Table 11 lists community benefit costs provided by each Sharp entity and Table 11 Total Economic Value of Community Benefit Provided by Sharp HealthCare Entities - Estimated FY 2017 Unreimbursed Costs Sharp Chula Vista Medical Center - \$80,231,642 Sharp Coronado Hospital and Healthcare Center - \$17,045,590 Sharp Grossmont Hospital - \$118,063,679 Sharp Mary Birch Hospital for Women & Newborns - \$11,206,475 Sharp Memorial Hospital - \$170,666,302 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$18,024,214 Sharp Health Plan - \$69,220 TOTAL FOR ALL ENTITIES - \$415,307,122 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by Sharp Metropolitan Medical Campus, Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, and Sharp Mesa Vista Hospital and Sharp McDonald Center in FY 2017, see tables presented in Sections 4 through 7</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Table 12 Detailed Economic Value of SB 697 Categories - Estimated FY 2017 Unreimbursed Co sts Sharp Chula Vista Medical Center Medical Care Services - \$78,695,427 Other Benefits f or Vulnerable Populations- \$322,813 Other Benefits for the Broader Community - \$218,217 He alth Research, Education and Training Programs - \$995,185 Total - \$80,231,642 Sharp Corona do Hospital and Healthcare Center Medical Care Services - \$16,678,892 Other Benefits for Vulnerable Populations- \$37,305 Other Benefits for the Broader Community - \$55,596 Health Research, Education and Training Programs - \$273,797 Total - \$17,045,590 Sharp Grossmont H ospital Medical Care Services - \$115,474,253 Other Benefits for Vulnerable Populations- \$ 834,124 Other Benefits for the Broader Community - \$551,723 Health Research, Education and Training Programs - \$1,203,579 Total - \$118,063,679 Sharp Mary Birch Hospital for Women & Newborns Medical Care Services - \$10,872,953 Other Benefits for Vulnerable Populations- \$45,688 Other Benefits for the Broader Community - \$90,276 Health Research, Education and Training Programs - \$197,558 Total - \$11,206,475 Sharp Memorial Hospital Medical Care Ser vices - \$167,900,539 Other Benefits for Vulnerable Populations- \$1,018,661 Other Benefits for the Broader Community - \$443,956 Health Research, Education and Training Programs - \$1 ,303,146 Total - \$170,666,302 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$16,871,457 Other Benefits for Vulnerable Populations- \$522,956 Other Ben efits for the Broader Community - \$278,986 Health Research, Education and Training Program s - \$350,815 Total - \$18,024,214 Sharp Health Plan Other Benefits for Vulnerable Populati ons- \$21,488 Other Benefits for the Broader Community - \$41,566 Health Research, Education and Training Programs - \$6,166 Total - \$69,220 Section 3 Community Benefit Planning Proce ss An exceptional community citizen is practical as well as visionary, a great leader Som eone who can collaborate at multiple levels during a difficult time for the greater good - Stacey Hrountas, Chief Executive Officer, Sharp Rees-Stealy Medical Group For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings fr om 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 f oundation for community benefit program planning and implementation Methodology to Conduc t the 2016 Sharp HealthCare Community Health Needs Assessments Sharp has been a longtime p artner in the process of identifying and responding to the health needs of the San Diego c ommunity 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 t riennial CHNA that identifies</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>and prioritizes health needs for San Diego County (SDC) In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013 This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerable populations Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University The process and findings of the collaborative HASD&IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs The complete HASD&IC 2016 CHNA is available for public viewing and download at http://www.hasdic.org To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, 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>CHNA Committee The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process The CHNA Committee includes representatives from all seven participating hospitals and health care systems</p> <ul style="list-style-type: none"> * Kaiser Foundation Hospitals - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California (UC), San Diego <p>CHNA Objectives In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process Sharp's 2013 CHNA process and findings were</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>significantly informed by the collaborative HASD&IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included:</p> <ul style="list-style-type: none"> * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients. * Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being. * Identify currently available community resources that support identified health conditions and health challenges. * Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. <p>Study Area Defined: For the purposes of the collaborative HASD&IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&IC 2016 CHNA report at http://hasdic.org. As the study area for both the collaborative HASD&IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/findings, and as such, are described as applicable throughout Sharp's CHNAs. For complete details on the HASD&IC 2016 CHNA process, please visit the HASD&IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org. For the collaborative HASD&IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&IC 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC. Additional variables analyzed in the 2016 CHNA processes are included in Table 13, variables were analyzed at the ZIP code level wherever possible. Table 13 Data Variables in the HASD&IC and Sharp 2016 CHNAs Secondary Data Variables Hospital Utilization Inpatient discharges, ED and ambulatory care encounters Community Clinic Visits Demographic Data (socioeconomic indicators) Mortality and Morbidity Data Regional Program Data (childhood obesity trends and community resource referral patterns) Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse) Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SDOH and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. 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. Findings The collaborative HASD&IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria: 1. Magnitude or Prevalence 2. Severity 3. Health Disparities 4. Trends 5. Community Concern. Using these criteria, IPH created a summary matrix for review by the CHNA Committee. As a result, the CHNA Committee identified behavioral health as the number one health need in SDC. In addition, cardiovascular disease, Type 2 diabetes and obesity were identified as having equal importance due to their interrelatedness. Health needs were further broken down into pri</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need. As the HASD&IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes and obesity). In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community. In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs. Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&IC's and Sharp's CHNAs. The importance of these SDOH was also confirmed by quantitative data. Hospital programs and community collaborations have the potential to impact these SDOH. Ongoing Commitment to Collaboration: Underscoring Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association, HASD&IC, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and Community Health Improvement Partners. Section 4 Sharp Metropolitan Medical Campus: The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center. FY 2017 Community Benefit Program Highlights: SMMC provided a total of \$199,896,991 in community benefit in Fiscal Year 2017 (FY 2017). See Table 29 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), and Table 29 Economic Value of Community Benefit Provided Sharp Metropolitan Medical Campus - Estimated FY 2017 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal - \$63,795,286 Note: Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in Medicare - \$107,303,800 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 p</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>respective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$7,820,072 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 CH AMPVA/TRICARE - \$3,169,071 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 Workers' Compensation - \$218 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 - \$8,909,736 Note Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$4,646,766 Note Charity care and bad debt reflect 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, Broader Community, and Health Research, Education and Training Programs Patient transportation and other assistance for the needy - \$1,587,305 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 education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$813,218 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Education and training programs for students, interns and health care professionals - \$1,851,519 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 Section 5 Sharp Mary Birch Hospital for Women & Newborns Giving back to the community is rewarding on a personal level, but it's also more than that It's the reward of knowing you are part of something larger than yourself and that you are an integral part of something meaningful - Nicole Giangregorio, Manager of Women's Support Programs, Sharp Mary Birch Hospital for Women & Newborns FY 2017 Community Benefit Program Highlights Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) provided a total of \$11,206,475 in community benefit in FY 2017 See Table 30 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), for the distribution of SMBHWN's community benefit among those categories Table 30 Economic Value of Community Benefit Provided Sharp Mary Birch Hospital for Women & Newborns - Estimated FY 2017 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal - \$7,857,930 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in Medicare - \$1,081,498 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 - \$828,297 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 Workers' Compensation - \$218 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</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>According to the CNI, communities served by SMBHWN with especially high need include, but are not limited to, Southeast San Diego, East San Diego, City Heights, North Park and National City Description of Community Health In SDC in 2016, 99 7 percent of surveyed children ages zero to 11, 99 5 percent of surveyed children ages 12 to 17, and 90 8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65 In SDC in 2016, 14 5 percent of adults ages 18 to 64 did not have a usual source of care and 10 6 percent of these adults had health insurance In addition, 25 3 per cent of adults without a usual source of care reported fair or poor health outcomes See T able 31 for a summary of key indicators of access to care and Table 32 for data regarding Medi-Cal eligibility In 2015, the unemployment rate for SDC was 10 3 percent Further, 40 7 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level r eported as food insecure (lack of access to healthy food) Table 31 Health Care Access in SDC, 2016 Current Health Insurance Coverage Children 0 to 11 Years Rate - 99 7%, HP2020 Target - 100% Children 12 to 17 Years Rate - 99 5%, HP2020 Target - 100% Adults 18 to 64 Years Rate - 90 8%, HP2020 Target - 100% Regular Source of Medical Care Children 0 to 1 1 Years Rate - 96 7%, HP2020 Target - 100% Children 12 to 17 Years Rate - 74 1%, HP2020 Target - 100% Adults 18 to 64 Years Rate - 85 5%, HP2020 Target - 89 4% Not Currently Ins ured Adults 18 to 64 Years Rate - 9 2%, HP2020 Target - N/A Source 2016 California Heal th Interview Survey (CHIS) Table 32 Medi-Cal (Medicaid) Eligibility Among Uninsured in SD C (Adults Ages 18 to 64 Years), 2016 Medi-Cal Eligible - 13 9% Not Eligible - 86 1% Source 2016 CHIS This information is sourced from the 2016 CHIS Health Profile for SDC, provid ed by the UCLA Center for Health Policy Research Starting in 2013, the California state b udget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal Formerly, this table included Healthy Family eligibility in San Diego Count y using pre-ACA data The Affordable Care Act now determines financial eligibility for Med i-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the h ousehold In 2013, there were 43,627 live births in SDC overall In 2011, fetal mortality in SDC overall was 4 2 fetal deaths per 1,000 live births plus fetal deaths, meeting the H P2020 national target of less than 5 6 fetal deaths per 1,000 live births plus fetal death s In 2011, the fetal mortality rate was 4 8 (fetal deaths per 1,000 live births plus feta l deaths) in the north coastal region, 2 8 in the north central region, 5 1 in the central region, 3 8 in the south region, 3 0 in the east region and 5 4 in the north inland regio n In 2011, all SDC regions me</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>t the HP2020 national target of less than 5.6 fetal deaths per 1,000 live births plus fetal deaths. In 2013, 199 infants in SDC died before their first birthday, an infant mortality rate of 4.6 per 1,000 live births. Infant mortality was higher among male infants (108 deaths) than female infants (91 deaths). Hispanic infants had the highest mortality rate when compared to infants of all other races and ethnicities. In addition, there were 3,624 preterm births (less than 37 weeks gestation) in SDC during 2013. When compared to all other groups, preterm births were more common among male infants, and among mothers ages 25 to 34 or of Hispanic ethnicity. In 2013, all SDC regions met the HP2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant mortality. See Table 33 for a summary of maternal and infant health indicators in SDC in 2013 and Table 34 for a summary of maternal and infant health indicators by region. Table 33 Maternal and Infant Health Indicators in SDC, 2013 Early Prenatal Care Rate - 84.8%, Year 2020 Target - 77.9% Preterm Births Rate - 8.3%, Year 2020 Target - 11.4% Very Low Birth Weight Infants Rate - 1.1%, Year 2020 Target - 1.4% Low Birth Weight Infants Rate - 6.5%, Year 2020 Target - 7.8% Infant Mortality Rate - 4.5%, Year 2020 Target - 6.0% Source: County of San Diego, Health and Human Services Agency (HHS), Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services Table 34 Maternal and Infant Health Indicators by Region in SDC, 2013 Prenatal Care North Coastal - 83.3% North Central - 91% Central - 82.6% South - 85.7% East - 81.1% North Inland - 84.7% Preterm Births North Coastal - 7.0% North Central - 8.2% Central - 8.9% South - 8.9% East - 8.8% North Inland - 8.1% VLBW Infants North Coastal - 1.1% North Central - 0.9% Central - 1.4% South - 1.2% East - 1.3% North Inland - 0.8% LBW Infants North Coastal - 5.6% North Central - 6.5% Central - 7.2% South - 6.8% East - 6.8% North Inland - 5.9% Infant Mortality North Coastal - 4.5% North Central - 4.3% Central - 5.7% South - 3.1% East - 5.6% North Inland - 4.1% Source: HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2016 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments.cfm Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMBHWN * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services based on community needs, the previous years' experience, and current funding levels * Participates in programs and workgroups to review and impl</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address high-risk pregnancy, including reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery. As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type 2 diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH. The community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC. For additional details on SMBHWN programs that specifically address the needs identified in the 2016 CHNA, please refer to SMH's implementation strategy available at http://www.sharp.com/about/community/health-needs-assessments.cfm. Through further analysis of SMBHWN's community programs and consultation with its service line leaders and executives, this section also addresses the following priority health needs for community members served by SMBHWN:</p> <ul style="list-style-type: none"> * Reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery * Meeting the needs of new mothers and their families * Health professions education and training, and collaboration with local schools to promote interest in health care careers <p>For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan. Identified Community Need: Reducing the Incidence of Neonatal Morbidity and Mortality Associated With High-Risk Pregnancy and Preterm Delivery. Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * The SMH 2016 CHNA identified high-risk pregnancy as one of seven priority health issues for community members served by SMBHWN. * The HASD&IC 2016 CHNA process continued to identify high-risk pregnancy among priority health conditions observed in San Diego hospitals. * As part of the SMH 2016 CHNA, discussions with Sharp social workers who work with high-risk pregnancies identified the following health-related issues or needs for high-risk pregnant women: anxiety, childcare, depression, diabetes (gestational and brittle), the emotional impact of hospitalization on both the patient and their family, high blood pressure, isolation for non-English speakers, pre-term lab.

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>or requiring bed rest or hospital stay, and stress, helplessness and lack of control over one's body * According to research presented in the SMH 2016 CHNA, risk factors for high- risk pregnancy include advanced maternal age (ages 35 years and older) lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs, medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions, underlying conditions such as diabetes, high blood pressure, obesity and epilepsy, and multiple pregnancies * A 2015 report from the Children's Initiative titled San Diego County Report Card on Children and Families identified the following barriers to utilization of prenatal care financial barriers, such as a lack of health insurance, the context of care, such as biased treatment from providers or a lack of cultural competence, and issues surrounding access to care, such as transportation, difficulty obtaining an appointment, or inconvenient hours Personal attitudes and behaviors may also be barriers to obtaining prenatal care * Strategies that have been shown to increase the use of prenatal care include affordable or expedited health coverage for pregnant uninsured women, insurance coverage that includes health education and risk counseling, outreach and assistance with enrolling in health coverage and accessing affordable prenatal services, use of safety net health providers, culturally and linguistically appropriate prenatal services, home visits for high-risk pregnant women, coaching and support from trained and certified doulas and community health workers, group care approaches to reduce costs and enhance care, and transportation assistance (Children's Initiative, 2015) * According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant Health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid (CDC, 2015) * Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco and alcohol use, substance abuse, stress, high blood pressure, prior pre-term births, carrying more than one baby, infection and delayed prenatal care (CDC, 2015) * According to the California Health Care Almanac, being overweight increases the risk of complications during pregnancy In 2014, about one in four California mothers was obese or morbidly obese prior to pregnancy, and an additional one in four was overweight (California Health Care Foundation (CHCF), 2016) * According to March of Dimes data, the number of preterm births in the U S rose in 2015 for the first time in eight years Racial minorities continue to experience early labor at higher rates The preterm birth rate increased fr</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>om 9 57 to 9 63 percent, which accounts for an additional 2,000 babies (March of Dimes, 20 15) * According to the California Health Care Almanac, 82 percent of pregnant women initiated prenatal care in their first trimester Prenatal care has been shown to improve pregnancy outcomes, particularly by increasing birthweight and decreasing risk of delivery before 37 weeks (CHCF, 2016) Objectives * Develop, coordinate and provide educational programs for the community on preterm labor and births, and prenatal and women's health * Provide education as needed to high-risk populations, including pregnant teens * Educate community members about available hospital resources through participation in community events * Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Mary Birch Neonatal Research Institute (NRI) FY 2017 Report of Activities In FY 2017, SMBHWN conducted a variety of efforts to support healthy pregnancies for expectant mothers, including teenagers and other high-risk populations, and improve outcomes for at-risk newborns Through the hospital's free monthly Preterm Birth Prevention classes, approximately 180 expecting parents learned about the warning signs of preterm labor and how to help prevent a premature birth A range of other prenatal education classes were offered throughout the year to help families prepare for birth Education was offered on the SMMC campus as well as at the new Sharp Mary Birch Education Center in North County Class topics included, but were not limited to how one's body prepares for birth and delivery, sibling preparation, hospital procedures, medication choices, caesarean delivery, labor comfort and relaxation skills, basic infant care, breastfeeding and infant feeding, preparing for multiple births, and prenatal fitness and yoga In FY 2016, SMBHWN launched the perinatal special care unit (PSCU) Navigator Program to support high-risk, antepartum mothers on bed rest staying in the hospital's PSCU Through the program, volunteers who have previously stayed in the PSCU provide encouragement, guidance to appropriate resources, and assistance with the transition of these mothers from hospital to home</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>SMBHWN continued to support Miracle Babies, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill newborns in the neonatal intensive care unit (NICU) as well as education, prevention and medical care to enhance the well-being of women, children and families. In FY 2017, SMBHWN raised approximately \$5,000 for the organization through participation in the annual Miracle Babies Gala and 5K Walk. SMBHWN also provided fundraising support for the 2017 San Diego Heart & Stroke Walk as well as for March of Dimes, a nonprofit organization dedicated to preventing birth defects, premature birth and infant mortality through community and global outreach programs and research. Further, in April, SMBHWN team members participated in Sharp's annual Women's Health Conference where they provided information about the hospital's community programs and services as well as presented on lifestyle factors to help optimize reproductive health and technological advances to help assess and manage fertility. In 2013, the Sharp Mary Birch NRI was launched to discover new, leading-edge treatments and practices in newborn care, and disseminate its research findings to improve outcomes for at-risk newborns throughout the world. Led by a multidisciplinary team of physicians, nurses, respiratory therapists, researchers and data analysts, the NRI has completed more than 30 clinical trials with nearly 1,650 newborns participating. This includes a study demonstrating that delayed umbilical cord clamping provides babies with additional health benefits, which contributed to a recommendation by The American Congress of Obstetricians and Gynecologists to standardize the practice. The NRI values the perspective of the community in shaping the future of NICU care. Through its Parent Advisory Board (PAB), parents and grandparents of infants who have been in the NICU offer the NRI their unique point-of-view as parents of a NICU baby, including feedback on proposed and current clinical trials to help ensure that other parents will understand and feel comfortable participating in them. The NRI shares its expertise and groundbreaking research developments throughout the greater health care and research communities. In March 2017, the NRI presented at Neo-Resus, an international conference featuring world experts who discuss clinical research and current practices in neonatal resuscitation. In FY 2017, the NRI continued to offer a Bedside Ultrasound Training for Neonatologists course - a multiweek training that consists of hands-on, one-on-one training sessions and expert lectures on theoretical and practical ultrasound technique for neonatologists. Open to local, regional, national and international neonatologists, the course is one of only a few similar training programs in the country. Further, the NRI's newsletter - NRI News - is published twice per year to communicate current NRI studies and updates to the medical community.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>y The NRI's medical discoveries have been featured on multiple news networks, including A BC, CBS, CNN, KNSD, KPBS, KSWB, and more, while its research findings have been shared in several distinguished medical journals, including Journal of Pediatrics, American Journal of Perinatology, and Frontiers in Pediatrics, among others. The NRI has received funding support from personal donations as well as from various foundations and organizations including Gerber Foundation, Hartwell Foundation, Thrasher Research Fund, Little Giraffe Foundation and Will Rogers Institute. In addition, the NRI has received three grants from the National Institutes of Health, including most recently in March 2017 to support its leadership of a multi-site international study analyzing umbilical cord milking versus delayed cord clamping - the largest and most comprehensive study of its kind. In addition to its groundbreaking research, the NRI works closely with SMBHWN's Nemeth NICU Follow-Up Clinic, which provides neurodevelopmental assessments, testing and early interventions to promote optimal growth and success for babies born preterm or with other conditions that place them at risk for developmental delay. The services and interventions provided by the Nemeth NICU Follow-Up Clinic help validate the results of the NRI's innovative research studies. FY 2018 Plan SMBHWN will do the following:</p> <ul style="list-style-type: none"> * Offer monthly Preterm Birth Prevention classes * Provide PSCU-specific support services to new mothers and their families * Continue to provide fundraising support for Miracle Babies and March of Dimes * Conduct community outreach at community health fairs and events * Continue the work of the NRI to identify and disseminate evidence-based best practices for newborn care to the health care community <p>Identified Community Need: Meeting the Needs of New Mothers and Their Families. Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * According to discussions held with Sharp social workers as part of the SMH 2016 CHNA, patients with high-risk pregnancies expressed the following reasons for not adopting healthy behaviors: challenges taking care of children or other household needs while on bed rest, cultural barriers related to food, financial constraints to buying healthy food, domestic violence, homelessness, less obligation to follow bed rest orders during surrogacy or adoption situations, perceived need and/or benefit of bed rest, and substance abuse. * Sharp social worker discussions also identified strategies to help meet the needs of high-risk pregnant patients, such as education, empathy for what patients are experiencing, focusing on mom and baby, and strategizing with patients about how to deal with issues. * According to the 2015 San Diego County Report Card on Children and Families, breastfeeding enhances immunity to disease, decreases the rate and severity of infect

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* Maternal depression is the most common complication of pregnancy in the U S Findings fr om the California Department of Public Health's 2012-2013 Maternal and Infant Health Asses sment indicated that 21 5 percent of California mothers experienced depressive symptoms du ring pregnancy or postpartum (California Task Force on the Status of Maternal Mental Healt h Care, 2017) * The American Psychological Association (APA) identifies several risk fact ors for developing postpartum depression, including a change in hormone levels after birt h, prior experience with or family history of depression, anxiety or mental illness, stres s related to caring for a newborn, having a baby who is difficult to comfort, or who has c hallenging sleep and hunger needs, having a baby with special needs, first-time, very youn g or older motherhood, emotional stressors such as the death of a loved one or family prob lems, financial or employment problems, and isolation or lack of social support (APA, 2016) * Most maternal and infant deaths occur during the postnatal period - the days and week s following childbirth - yet this is the most neglected period for the provision of qualit y care Evidence-based postnatal care practices include timing of discharge from a health facility after birth, postnatal contacts including assessment of mother and baby, exclusiv e breastfeeding, cord care, and counseling on the physiological process of recovery after birth (World Health Organization (WHO), 2013) Objectives * Demonstrate best practices in breastfeeding and maternity care * Provide education and support to new mothers on the imp ortance of breastfeeding * Provide postpartum education and support to new mothers and the ir families * Provide NICU-specific support services to new mothers and their families FY 2017 Report of Activities In November 2015, SMBHWN received Baby-Friendly USA Designation through the Baby-Friendly Hospital Initiative - a global program launched by the WHO and t he United Nations Children's Fund to encourage and recognize hospitals and birthing center s that offer an optimal level of care for infant feeding and mother-baby bonding The five -year designation was earned through participation in the NICHQ Best Fed Beginnings Learni ng Collaborative, supported by the CDC, and through implementation of the 10 Steps to Succ essful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes S MBHWN received this designation in partnership with First 5 San Diego, which provided gran t funding needed to fulfill the staff training hours required for the designation Approxi mately 620 registered nurses (RNs) at SMBHWN have completed the required competency traini ng to achieve and maintain Baby-Friendly USA Designation Since the hospital started its B aby-Friendly journey in 2011, the rate of exclusive breastfeeding at discharge has increas ed from a baseline average of 47 percent to 64 percent in FY 2017 In FY 2017, SMBHWN serv ed nearly 1,800 new mothers th</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>rough a free breastfeeding support group Facilitated by an experienced lactation educator , the group was offered three times per week to teach participants techniques to improve b reastfeeding and allow participants to share their personal breastfeeding joys and challen ges SMBHWN continued to provide its free weekly NICU breastfeeding support group - the Mo ther's Milk Club - for all mothers in the community whose baby spent any length of time in the NICU Approximately 200 mothers received support and counseling for topics of concern , including milk supply, latching, sleeping, the stress of having a baby who is experienci ng problems and any other concerns of the group The mothers also had the opportunity to s hare their own experiences, feed and show off their babies, and measure and track their ba by's growth SMBHWN continued to offer the Baby and Me Time support group to ensure new pa rents safely transition from giving birth at the hospital to returning home Understanding that it can be difficult to retain information received at the hospital, this free weekly support group provides valuable resources to help new parents adjust once they return hom e The group also provides opportunities to share insights regarding parenthood and establ ish friendships All parents from the community are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed over seas, single parents and stay-at-home parents Serving approximately 300 new parents in FY 2017, this unique support group has evolved into a community-centered place of support du ring an often-challenging time In FY 2017, SMBHWN provided specialized education and supp ort to approximately 425 mothers through its free weekly postpartum support group Led by licensed clinical social workers, the group provided emotional support to mothers in the c ommunity with babies of newborn age up to 12 months dealing with feelings of anxiety or de pression related to challenges associated with new motherhood A monthly postpartum suppor t group for couples was also offered, which engaged approximately 70 mothers and fathers i n discussion about postpartum mood disorders Throughout the year, SMBHWN offered a variet y of educational classes for new mothers and their families covering numerous aspects of p ostpartum care, including infant sleep patterns and strategies, infant massage, and mom an d baby fitness classes, including yoga and Pilates Additionally, SMBHWN staff devoted app roximately 550 hours to daily Family Home Care classes that provided critical information and support to nearly 4,700 new mothers and family members Topics included car seat safet y, sudden infant death syndrome, shaken baby syndrome, signs and symptoms of illness for m others and babies, breastfeeding and jaundice Free NICU cardiopulmonary resuscitation edu cation was also offered to approximately 650 family and friends of the hospital's NICU bab ies Scientific evidence shows</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>that exclusive breastmilk feeding provides the healthiest start for a newborn's life, especially very premature babies. However, exclusive breastfeeding is not possible for mothers who experience challenges with breastmilk supply and feeding. Pasteurized donor human milk can make breastfeeding possible for these mothers. For more than 13 years, SMBHWN has been a donor breastmilk depot, regularly shipping donated breastmilk to the San Jose Mother's Milk Bank, where it is screened, pasteurized, and distributed to community hospitals for infants whose mothers have an insufficient breastmilk supply. In 2015, SMBHWN started SD C's first Donor Breastmilk Drive to help further increase the supply of breastmilk for the San Jose Mother's Milk Bank. To date, the annual drive has collected approximately 220 gallons of breastmilk from more than 120 donors. SMBHWN received the largest donation during its FY 2017 drive, collecting 132 gallons from 78 donors. SMBHWN expands its support for community mothers and families through the New Beginnings Boutique & Gift Shop. Located within SMBHWN, the boutique not only provides convenient access to needed supplies, such as nursing bras and breastfeeding pumps, but also offers experienced lactation educators to answer questions, provides important breastfeeding resources, and offers reassurance to any one in the community. SMBHWN continued to offer the NICU Navigator Program in FY 2017. This unique program consists of volunteer NICU Navigators - mothers who previously had babies in the NICU - who provide resources and support for parents whose babies are currently in the NICU. The NICU Navigator Program also offers Parent Hour, an informational session designed to enhance a parent's developing relationship with his or her newborn. Parent Hour is offered free to families with a baby in the NICU and focuses on topics such as premature growth and development, nutrition, breastfeeding and feeding mechanics, and preparing for discharge. Approximately 280 families were served through SMBHWN's navigator programs and Parent Hour in FY 2017.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>For the past 21 years, SMBHWN has hosted the NICU Little Graduate Reunion for babies and families who have spent time in the hospital's NICU. The event provides a special opportunity for families to reunite with the team members who cared for them during their stay, and celebrate the health of their child. The same families often return to the reunion year after year, with many of the graduates now in their teens. To accommodate growing attendance, the FY 2017 Little Graduate Reunion was held off-campus for the first time at the Naval Training Center in Liberty Station. Nearly 600 parents, grandparents, siblings and NICU graduates enjoyed a variety of activities, including a bounce house, bubble station, music, face painting, photo booth, and games for all ages. In summer 2015, SMBHWN launched a program to evaluate eligibility for Supplemental Security Income (SSI) for newborns who have been diagnosed with a disabling medical condition or extremely LBW. This benefit is offered to both unfunded patients as well as insured families to assist with the cost of care for their newborn. Since the inception of the program, approximately 150 families have been referred to Public Resource Specialists for assistance with the SSI application process. FY 2018 Plan SMBHWN will do the following:</p> <ul style="list-style-type: none"> * Continue to implement evidence-based breastfeeding practices as a Baby-Friendly USA designated hospital * Continue to offer free postpartum, breastfeeding, and new-parent support groups to new mothers and their families * Continue to offer a variety of educational classes for new mothers and their families * Continue to provide the NICU Little Graduate Reunion to former NICU patients and their families * Continue to evaluate eligibility of high-risk newborns for SSI benefits and provide referrals for application assistance <p>Identified Community Need: Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers. Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"> * According to the 2017 San Diego Workforce Partnership (SDWP) Health Care Priority Sector report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017). * The same report indicated that the six fastest-growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent). RNs accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017). * The Health Care Priority Sector report also found that h

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill. The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017). * A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience. The scarcity of clinical facilities offering pre-requisite training has made it increasingly difficult for employers to find qualified workers. * The 2017 SDWP Nonprofit Sector Employment Trends and Career Opportunities report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as being a team player, interpersonal and communication skills, big-picture thinking with the ability to plan and forecast, problem solving, and the ability to adapt to a variety of situations. It also recommends incorporating more training on data management and technology into curriculums in order for graduates to meet the needs of this increasingly data-driven sector. * In its Employment Projections - 2016-2026 report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/technical occupations will contribute about one-fifth of all new jobs and account for almost half of the 30 fastest-growing occupations. There are several factors leading to the increased demand for these professions, including projected population growth in the next decade, aging of the U.S. population, greater numbers of people living with chronic conditions, such as diabetes or obesity, improvements in medicine and technology, and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016). * Total employment in California is projected to increase by 6.5 percent, or 9.8 million, from 2014 to 2024. The health care and social assistance sector is expected to be the fastest-growing service industry, increasing its employment share from 12 percent in 2014 to 13.6 percent in 2024. Occupations and industries related to health care are projected to add the most new jobs, with an increase of 2.3 million jobs (BLS, 2015). * As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD Healthcare Atlas, 2017). * As of 2015, the California Health Care Almanac reported that 44 percent of the employed RN workforce was over the age of 50. As this age group moves away from patient care and approaches retirement, it will be critical to have younger RNs trained and in place to handle the turnover (CHCF, 2017). * The BLS projects employment of more than 300,000 RNs in California in 2024, which would be an increase of 17 percent from 2014. Compared</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>In FY 2017, SMBHWN completed its 10th year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experience, including job requirements and career ladder development, to ninth through 12th grade students. During a 16-week period, 60 HSHMC students devoted 15,360 hours to rotations with maternal infant services, the post-anesthesia care unit, the NICU and the transport team. In September, SMBHWN and SMH collaborated to provide the Nursing Career Development Fair to support the professional development of students who are interested in pursuing a career in nursing as well as nurses within the community. Held at the SMMC, the fair provided more than 180 attendees with advice and coaching from professional nurses as well as information on financial aid and scholarships, clinical certifications, student loan forgiveness and medical library services. In addition, representatives from more than a dozen California and State universities offered information about their nursing and allied health programs. SMBHWN team members supported local and national conferences throughout the year. In August, team members participated in Sharp's 2017 Adult and Neonatal Pulmonary Care Conference, an annual event providing expert education on current trends and advances in pulmonary and critical care medicine. SMBHWN also presented on sudden unexpected infant collapse at the AWHONN California Section Conference in February, as well as on perinatal loss at the national AWHONN Convention in June. In addition, SMBHWN team members provided trainings to community professionals, including an RPS Maternal Newborn Care course and fetal heart monitoring course for community nurses, as well as a training to prepare San Diego paramedics to safely assess and treat obstetrical trauma patients. In FY 2017, SMBHWN continued to learn and share its expertise with staff at other hospitals and health agencies through participation in organizations such as AWHONN, CWISH, SCANN, Perinatal Social Work Cluster, Sigma Theta Tau International Honor Society of Nursing, ACNL, RPS and the NICHQ Best Fed Beginnings Learning Collaborative. FY 2018 Plan SMBHWN will do the following: * Continue to serve as a training site for health professions students * Continue to participate in the HSHMC program * Continue to participate in local and national collaboratives and share specialty expertise at professional conferences. SMBHWN Program and Service Highlights: * Antenatal Diagnostic Center * Cord blood banking * Doula program * Gynecologic oncology * High-risk pregnancy care (Perinatal Special Care Unit) * Lactation services * Labor and delivery * Level II Neonatal Intensive Care Unit * Maternal Infant Services Unit * Mother's Milk Bank * NICU and PSCU Navigator Programs * Neonatal Research Institute * New Beginnings Boutique & Gift Shop * Obstetrical and women's triage services * Pregnancy, childbirth and parent education programs * Prenatal Diagnostic</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>stic Center * Spiritual care services, including Arts for Healing * Women's and infants' pathology services * Women's surgery, including minimally invasive robotic gynecology surgery Section 6 Sharp Memorial Hospital It's gratifying to see the positive impact we're having on our community each day I work beside exceptional people, and it makes me proud to see all they do to help improve the health and lives of our neighbors - Tim Smith, Chief Executive Officer, Sharp Memorial Hospital FY 2017 Community Benefit Program Highlights Sharp Memorial Hospital (SMH) provided a total of \$170,666,302 in community benefit in Fiscal Year 2017 (FY 2017) See Table 35 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), for the distribution of SMH's community benefit among those categories Table 35 Economic Value of Community Benefit Provided Sharp Memorial Hospital - Estimated FY 2017 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal - \$54,373,572 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in Medicare - \$100,223,596 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$692 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in CHAMPVA/TRICARE - \$1,618,791 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 - \$7,497,729 Note Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$4,186,159 Note Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p> he services were rendered Other Benefits for Vulnerable Populations, Broader Community, a nd Health Research, Education and Training Programs Patient transportation, Project HELP and other assistance for the needy - \$1,018,661 Note Unreimbursed costs may include an ho urly rate for labor and benefits plus costs for supplies, materials and other purchased se rvices Any offsetting revenue (such as fees, grants or external donations) is deducted fr om the costs of providing services Unreimbursed costs were estimated by each department r esponsible for providing the program or service Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations an d cost of fundraising for community events - \$443,956 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purcha sed services Any offsetting revenue (such as fees, grants or external donations) is deduc ted from the costs of providing services Unreimbursed costs were estimated by each depart ment responsible for providing the program or service Education and training programs for students, interns and health care professionals - \$1,303,146 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and othe r 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 eac h department responsible for providing the program or service Key highlights * Medical C are Services included uncompensated care for patients who are unable to pay for services a nd unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE In FY 2015, the State of California and the Centers for Medicare and Medicaid Services app roved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through Decem ber 31, 2016 This resulted in an increased reimbursement of \$1 2 million to SMH This rei mbursement helped offset prior years' unreimbursed medical care services, however, the add itional funds recorded in FY 2017 understate the true unreimbursed medical care services p erformed for the past fiscal year </p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Sharp Senior Health Centers, Project HELP, contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Doors of Change, Promises2Kids, Kitchens for Good, Feeding San Diego and the San Diego Food Bank (Food Bank), the Sharp Humanitarian Service Program, support services for discharged homeless patients in partnership with San Diego Rescue Mission (SDRM), and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included education and resources on a variety of health topics, participation in community health fairs and events, support groups, health screenings for diabetes, stroke, osteoporosis, blood pressure, depression, body composition, hearing, balance and gait, hand mobility, musculoskeletal health, and community education and resources provided by the Laurel Amto wer Cancer Institute at SMH Patient Navigator program In addition, SMH donated meeting room space to community groups as well as collaborated with local schools to promote student interest in health care careers SMH staff actively participated in community boards, committees and other civic organizations, including the American Heart Association (AHA), Health Sciences High and Middle College (HSHMC) Board, American College of Healthcare Executives, San Diego Organization of Healthcare Leaders, Association of California Nurse Leaders , Emergency Nurses Association - San Diego Chapter, Association for Clinical Pastoral Education, Community Health Improvement Partners (CHIP) Health Literacy San Diego Task Force, Hospital Association of San Diego and Imperial Counties (HASD&IC), County of San Diego Emergency Medical Care Committee, San Diego County Stroke Consortium, San Diego Blood Bank, Serving Seniors, Community Center for the Blind and Visually Impaired, Aging and Disability Resource Connection, Caregiver Coalition of San Diego, San Diego County Council on Aging (SDCCOA), and various universities and colleges in San Diego County (SDC) See Appendix A for a listing of Sharp HealthCare's (Sharp's or SHC's) involvement in community organizations in FY 2017 The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation * Health Research, Education and Training Programs included time devoted to education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community Definition of Community * SMH is located at 7901 Frost Street in San Diego, ZIP code 92123 * Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>ve in San Diego, ZIP code 92123 SMH serves the entire county of San Diego, however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernardo For SMH's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U S) based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care , and preventable hospitalizations According to the CNI, communities served by SMH with especially high need include, but are not limited to, East San Diego, City Heights, North Park, the College Area and Downtown San Diego Description of Community Health In SDC in 2016, 99.7 percent of surveyed children ages zero to 11, 99.5 percent of surveyed children ages 12 to 17, and 90.8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65 In SDC in 2016, 14.5 percent of adults ages 18 to 64 did not have a usual source of care and 10.6 percent of these adults had health insurance In addition, 25.3 percent of adults without a usual source of care reported fair or poor health outcomes See Table 36 for a summary of key indicators of access to care and Table 37 for data regarding Medi-Cal eligibility In 2015, the unemployment rate for SDC was 10.3 percent During 2015-2016, 15.5 percent of SDC adults ages 18 to 64 reported living below the federal poverty level (FPL) Among SDC adults with a household income below 200 percent FPL surveyed in 2015-2016, 42.4 percent reported experiencing food insecurity (lack of access to healthy food) In addition, 17.5 percent of SDC adults with a household income below 300 percent FPL reported participation in CalFresh, the Supplemental Nutrition Assistance Program in California Further, 8.6 percent of SDC adults with a household income below 300 percent FPL received Supplemental Security Income In 2015, there were 397,674 residents ages 65 and older in SDC, representing 12.3 percent of the population Between 2015 and 2020, it is anticipated that SDC's senior population will grow by 22 percent Table 36 Health Care Access in SDC, 2016 Current Health Insurance Coverage Children 0 to 11 Years Rate - 99.7%, HP2020 Target - 100% Children 12 to 17 Years Rate - 99.5%, HP2020 Target - 100% Adults 18 to 64 Years Rate - 90.8%, HP2020 Target - 100% Regular Source of Medical Care Children 0 to 11 Years Rate - 96.7%, HP2020 Target - 100% Children 12 to 17 Years Rate - 74.1%, HP2020 Target - 100% Adults 18 to 64 Years Rate - 85.5%, HP2020 Target - 89.4% Not Current</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>ly Insured Adults 18 to 64 Years Rate - 9 2%, HP2020 Target - N/A Source 2016 California Health Interview Survey (CHIS) Table 37 Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2016 Medi-Cal Eligible - 13 9% Not Eligible - 86 1% Source 2016 CHIS This information is sourced from the 2014-2015 CHIS Health Profile for SDC, provided by the UCLA Center for Health Policy Research Starting in 2013, the California state budget required children enrolled in the Healthy Families Program to transition enrollment into Medi-Cal Formerly, this table included Healthy Family eligibility in San Diego County using pre-ACA data The Affordable Care Act now determines financial eligibility for Medi-Cal using Modified-Adjusted Gross Income, based on income and number of persons in the household Cancer and coronary heart disease (CHD) were the top two leading causes of death in SDC in 2015 See Table 38 for a summary of leading causes of death in SDC For additional demographic and health data for communities served by SMH, please refer to the SMH 2016 CHNA at http://www.sharp.com/about/community/community-health-needs-assessments-cfm Table 38 Leading Causes of Death in SDC, 2015 Overall Cancer Number of Deaths - 5,025, Percent of Total Deaths - 24 3% Coronary Heart Disease Number of Deaths - 2,898, Percent of Total Deaths - 14 0% Alzheimer's Disease and Related Dementias Number of Deaths - 2,482, Percent of Total Deaths - 12 0% Unintentional Injuries Number of Deaths - 1,190 , Percent of Total Deaths - 5 8% Stroke Number of Deaths - 1,162, Percent of Total Deaths - 5 6% Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases Number of Deaths - 973, Percent of Total Deaths - 4 7% Overall Hypertensive Diseases Number of Deaths - 733, Percent of Total Deaths - 3 5% Diabetes Number of Deaths - 708, Percent of Total Deaths - 3 4% Overdose/Poisoning Number of Deaths - 360, Percent of Total Deaths - 1 7% Suicide Number of Deaths - 342, Percent of Total Deaths - 1 7% All Other Causes Number of Deaths - 4,795, Percent of Total Deaths - 23 2% Total Deaths Number of Deaths - 20,668, Percent of Total Deaths - 100 0% Source County of San Diego Health and Human Services Agency (HHSA), Public Health Services, Epidemiology & Immunization Services Branch Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMH</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services, based on community needs, previous years' experience and current funding levels * Consults with representatives from a variety of departments to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefit Report - SMH 2016 CHNA SMH completed its most recent CHNA in September 2016 SMH's 2016 CHNA was significantly influenced by the collaborative HASD&IC 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report In accordance with federal regulations, the SMH 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMB HWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) In addition, this year SMH completed its most current implementation strategy - a description of SMH programs designed to address the priority health needs identified in the 2016 CHNA The most recent CHNA and implementation strategy for SMH are available at http://www.sharp.com/about/community/health-needs-assessments.cfm Through the SMH 2016 CHNA, the following priority health needs were identified for the communities served by SMH * Behavioral Health (Mental Health) * Cancer * Cardiovascular Disease * Diabetes, Type 2 * High-Risk Pregnancy * Obesity * Senior Health The following pages detail SMH programs, activities and services that specifically address cardiovascular disease (as part of health education and wellness, includes stroke), cancer, diabetes and senior health SMH does not have the resources to comprehensively address the elements of community education and support in behavioral health Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC Please see Section 5 of this report for details on SMBHWN's activities that address this identified community need Obesity is addressed through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy Medical Group (SRSMG) clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs For additional details on SMH programs that specifically address the needs identified in the 2016 CHNA, please refer to SMH's implementation strategy available at http://www.sharp.com/about/community/health-needs-assessments.cfm In addition, through further analysis of SMH's community programs and consultation with SMH's service line leaders and other team members, this section also addresses the following priority health needs for community members served by SMH * General community health education and wellness * Prevention of unintentional injuries * Health professions education and training, and promotion of interest in health care careers * Support during the transition of care for high-risk, underserved patients with complex medical needs For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted in support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan Identified Community Need Diabetes Education and Screening Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2016 CHNA continued to identify Type 2 diabetes as one of seven priority health issues affecting members of the communities served by SMH * The HASD&IC 2016 CHNA continued to identify Type 2 diabetes as one of the top four priority health issues affecting community members in SDC * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC, such as City Heights and Downtown (Dignity Health, San Diego Geographic Information Source (SanGIS), OSHPD & SpeedTrack Inc, 2015) * Sharp diabetes educator discussions conducted as part of the SMH 2016 CHNA process identified several challenges to health improvement among their diabetes patients, including accessing a physician, finding support programs, getting outpatient needs met (i.e., appointments with psychologists or endocrinologists), and a lack of diabetes education coverage under Medi-Cal * The Sharp diabetes educator discussions also identified the following barriers to adopting healthy behaviors among diabetes patients affordability of glucose testing strips, unmet behavioral health needs, food insecurity, and lack of knowledge of benefits * According to data presented in the SMH 2016 CHNA, diabetes is a major cause of heart disease and stroke The Centers for Disease Control and Prevention (CDC) also identify diabetes as a leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults in the U.S. (CDC, 2014) * According to diabetes data analyzed in the SMH 2016 CHNA process, among SDC patients with a primary diagnosis of a diabetes-related I</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>CD-9 code in 2013, 'Diabetes Uncontrolled' was the top inpatient primary diagnosis related to Type 2 diabetes for individuals ages 15 to 24 and ages 45 and older. Among individuals ages 25 to 44, the top inpatient primary diagnosis was 'Abnormal Glucose Tolerance of Mother with Delivery,' followed by 'Diabetes Uncontrolled.' * In 2015, diabetes was the eighth leading cause of death in SDC. * In 2015, there were 708 deaths due to diabetes in SDC overall, an increase when compared to 2014 (583 deaths). The age-adjusted death rate due to diabetes was 21.0 per 100,000 population, which was also higher than the 2014 age-adjusted rate (17.8 per 100,000 population). * In 2015, there were 4,119 hospitalizations due to diabetes in SDC, which is the same as the number of hospitalizations in 2014. The age-adjusted rate of hospitalization was 123.1 per 100,000 population in 2015, which was slightly lower than the 2014 age-adjusted rate (124.5 per 100,000 population). * In 2015, there were 4,783 diabetes-related emergency department (ED) discharges in SDC, a slight increase from 2014 (4,748 ED discharges). The age-adjusted rate of diabetes-related ED discharges was 143.5 per 100,000 population in 2015, which was lower than the age-adjusted rate in 2014 (144.6 per 100,000 population). * According to the 2016 CHIS, 7.8 percent of adults living in SDC indicated that they had ever been diagnosed with diabetes, which was lower than the state of California (9.1 percent). Diabetes rates among seniors were particularly high, with 18.1 percent of SDC adults over 65 reporting that they had ever been diagnosed with diabetes. * According to 2016 CHIS data, 11.7 percent of SDC residents had been told by their doctor that they have pre- or borderline diabetes. * According to the 2012 report from the HHS titled Critical Pathways: The Disease Continuum, the most common behavioral and social risk factors associated with Type 2 diabetes include substance use, physical inactivity, poor nutrition, poor medical care and irregular health checks (e.g., A1C, dental, eye and foot). * According to the CDC's 2017 National Diabetes Statistics Report, 87.5 percent of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier, and getting regular physical activity.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research found that 13 million adults in California (46 percent) are estimated to have prediabetes or undiagnosed diabetes, while another 2.5 million (9 percent) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016) * The CDC estimates that 30.2 million people in the U.S. have diabetes. Of those individuals, 23 million have been diagnosed while 7.2 million are undiagnosed (National Diabetes Statistics Report, 2017) * According to the CDC, prevention efforts such as the Diabetes Prevention Program can cut the risk of developing diabetes by more than half. However, California has been slow to devote state money to such programs. A report by the California State Auditor found that in 2012-2013, California's per capita funding for diabetes prevention was the lowest in the nation at just three cents per person (California State Auditor, 2015) * According to the American Diabetes Association (ADA), diabetes treatment costs California approximately \$27.6 billion per year, with Medi-Cal and Medicare bearing the majority of the state's burden (ADA, 2015) Objectives * Provide diabetes education and screening in the central and north central regions of SDC * Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations * Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community FY 2017 Report of Activities The SMH Diabetes Education Program is recognized by the ADA for meeting national standards for excellence and quality in diabetes education. The program provides individuals and their support system with the skills needed to successfully self-manage their diabetes. Small group and one-on-one education options are offered in English and Spanish. At the Sharp Women's Health Conference, the SHC Diabetes Education Program provided diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as offered resources on prediabetes, diabetes management and nutrition to approximately 1,000 attendees. Also at the conference, a diabetes educator presented on how to control blood sugar levels, diabetes risk factors, behaviors that can reduce the risk of complications, and the long-term investments needed for successful management. The SHC Diabetes Education Program also provided fundraising and team participation for the ADA's Step Out Walk to Stop Diabetes held at the Embarcadero Marina Park South in October. The SMH Diabetes Education Program provided education and lectures to a variety of community groups in FY 2017. This included a lecture on nutrition, healthy eating and diabetes control to nearly 50 community members at the SMV East County Outpatient Mental Health Services site, education on diabetes awareness and healthy eating to more than 20 senior community members.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>at the Gary and Mary West Senior Wellness Center, and education on diabetes and the power of lifestyle change to more than 10 community members at the Peninsula Family YMCA in Point Loma. The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2017, the SMH Diabetes Education Program collaborated with the Balboa Institute of Transplantation to provide ongoing education and support to community members who have undergone kidney transplant or experienced kidney disease. In addition, the SHC Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide diabetes education to FHCS D diabetic patients at multiple sites throughout SDC, including those in SDC's central region, through FHCS D's Diabetes Management Care Coordination Project (DMCCP). DMCCP provides FHCS D diabetes patients with weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner. In addition, project "graduates" offer peer support and education to current project enrollees in both English and Spanish. The project monitors enrollees' physical activity, as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower. At FHCS D's North Park, Logan Heights and City Heights locations, the SHC Diabetes Education Program provided 15 lectures in English and Spanish to approximately 100 community members. Topics included creating an active lifestyle, nutrition, diabetes self-management, goal setting, and diabetes risk factors, symptoms and treatment. In 2017, participants with more severe cases of diabetes (i.e., higher blood glucose levels) compared to the overall group experienced a decrease of 37 percent in blood glucose levels. The SHC Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the SHC Diabetes Education Program educates underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes (diabetes developed during pregnancy) on how to manage their blood sugar levels. In collaboration with community clinics, in FY 2017 the team provided these patients with a variety of education and resources, including gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, goals for blood sugar levels before and after a meal, insulin requirements, self-care practices, nutrition and meal planning, exercise and weight management, monitoring fetal movement, and the risks and complications of uncontrolled diabetes. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the SHC Diabetes Education Progra</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>m evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists to prevent complications. At SMH, the SHC Diabetes Education Program provided services and education to approximately 330 underserved pregnant women with diabetes. In FY 2017, the SHC Diabetes Education Program continued to provide services and resources to meet the needs of diverse populations within SDC. Educational resources, included How to Live Healthy With Diabetes, What You Need to Know About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, and Food Groups. Handouts were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. The team also distributed food diaries and logbooks for blood sugar level tracking to these community members. Further, Sharp team members received education regarding the different cultural needs of these diverse communities. In FY 2017, the SHC Diabetes Education Program supported the professional health care community through participation in the ADA's 77th Scientific Sessions conference at the San Diego Convention Center. The conference theme was Experience New Horizons in Diabetes, which taught more than 13,000 international attendees about the most significant advances in diabetes care and research. During the conference, the SHC Diabetes Education Program shared an abstract titled Clinical Dashboard to Evaluate and Monitor Institutional Quality and Effectiveness of Diabetes Crisis Management. The abstract was designed to help frontline caregivers decrease variations in care and measure the effectiveness of improving the application of the diabetes crisis algorithm in order to better treat serious metabolic complications of diabetes. The SHC Diabetes Education Program improved the dashboard by adding variables such as the time spent in the emergency room, the time to start insulin infusion, and the transfer time from the intensive care unit. Further, in FY 2017 the SHC Diabetes Education program provided diabetes education to nurse practitioner students at San Diego State University (SDSU).</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>FY 2018 Plan The SMH Diabetes Education Program will do the following * Provide community members with prediabetes and diabetes information at various community venues in SDC * Ex plore additional collaborations to assist and educate food insecure community members * Pa rticipate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to employees and residents in the city's nine districts * Continue to foster relationships and collaborate with FHCS D to provide education and resources to their diab etic patients * Continue to provide gestational services and resources to underserved preg nant women, both at the hospital and in collaboration with community clinics * Participate in Tour de Cure - the ADA's signature fundraising event to fight diabetes and its burdens * Maintain up-to-date resources to provide community members support with diabetes treatm ent and prevention, particularly foreign language and culturally appropriate resources for diverse populations * Continue to participate in local and national professional conferen ces - including those held by the ADA, American Association of Diabetes Educators and the San Diego Association of Diabetes Educators - to share best practices in diabetes treatmen t and control with the broader health care community * Conduct educational outpatient and inpatient symposiums for health care professionals Identified Community Need Education, S upport and Screening for Stroke Rationale references the findings of the SMH 2016 CHNA, HA SD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indica ted Rationale * The SMH 2016 CHNA continued to identify cardiovascular disease (including cerebrovascular disease/stroke) as one of seven priority health issues affecting members of the communities served by SMH * The HASD&IC 2016 CHNA continued to identify cardiovasc ular disease (including cerebrovascular disease/stroke) as one of the top four priority he alth issues for community members in SDC * According to data presented in the SMH 2016 CH NA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke About half of all Americans (47 percent) have at le ast one of these three risk factors Additional risk factors include alcohol use, obesity, physical inactivity, poor diet, diabetes and genetic factors (CDC, 2015) * In 2015, stro ke was the fifth leading cause of death for SDC overall * In 2015, there were 1,162 death s due to stroke in SDC The age-adjusted death rate due to stroke was 33 3 per 100,000 pop ulation, which was lower than the HP2020 target of 34 8 deaths per 100,000 population * I n 2015, there were 6,013 hospitalizations for stroke in SDC, with an age-adjusted rate of 178 1 per 100,000 population This rate has decreased for five straight years * In 2015, there were 1,906 stroke-related ED visits in SDC The age-adjusted rate of ED visits was 5 6 3 per 100,000 population *</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>According to the 2012 HHSA report titled Critical Pathways The Disease Continuum, the most common risk factors associated with stroke include physical inactivity, tobacco use, alcohol or drug use, poor nutrition, poor medical care, stress, depression, high cholesterol and diabetes * According to 2016 CHIS data, an estimated 25.3 percent of adults in SDC were obese, 9.3 percent smoked cigarettes, 33.9 percent reported binge drinking in the past year, 16.3 percent reported eating fast food four or more times in the past week, and 58.5 percent did not regularly walk for transportation, fun, or exercise * The CDC estimates that up to 80 percent of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors * The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25 percent of people who recover from their first stroke will have another stroke within 5 years (NINDS, 2016) Objective * Provide stroke education, support and screening services for the central region of SDC FY 2017 Report of Activities SMH is certified by the Joint Commission as an Advanced Primary Stroke Center (recertified in FY 2017) The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate SMH is also a recipient of the AHA/American Stroke Association's (ASA) Get With The Guidelines (r) (GWTG) - Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target Stroke Elite Honor Roll designation The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients The AHA/ASA's Target Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients In September, Sharp's systemwide stroke program participated in Strike Out Stroke Night at the Padres, held at Petco Park This annual event, organized by the SDC Stroke Consortium, the HHSA, the San Diego Padres and other key partners, promotes an evening of stroke awareness and survivor celebration during the baseball game Sharp offered stroke and blood pressure screenings during the game while stroke education, including warning signs and how to respond using FAST (Face, Arms, Speech, Time) - an easy way to remember the sudden signs of stroke - was displayed on the JumboTron to a crowd of more than 39,000 community members In May, the SMH Stroke Center partnered with the Sharp Senior Resource Center to provide stroke education and screenings at the Stroke Is a Brain Attack event at Point Loma Community Presbyterian Church During the event, a Sharp-affiliated vascular neurologist provided education on emergency stroke treatment and how to prevent a stroke to approximately 20 community members, while nurses conducted personal health interviews as well as provided blood pressure</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>sure and pulse checks The SMH Rehabilitation Center continued to provide meeting space for Young Enthusiastic Stroke Survivors, a free monthly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators Education topics included coping skills, adjustment, family and intimacy, work and school re-entry and support Throughout FY 2017, approximately 25 community members attended the YESS support group each month In FY 2017, SMH actively participated in the quarterly San Diego County Stroke Consortium - a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC Further, SMH continued collaboration with the County of San Diego Emergency Medical Services (EMS) for the 12th year to provide data for the SDC stroke registry FY 2018 Plan The SMH Stroke Center will do the following</p> <ul style="list-style-type: none"> * Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults * Provide a community presentation on stroke education and prevention featuring a Sharp physician * Provide education for individuals with identified stroke risk factors * Continue to participate in Strike Out Stroke Night at the Padres * Continue to participate with other SDC hospitals in the San Diego County Stroke Consortium * Continue to provide data to the SDC stroke registry * Continue to offer stroke support groups through the SMH Rehabilitation Center * Participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to employees and residents in the city's nine districts <p>Identified Community Need Health Education, Screening and Support for Seniors Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2016 CHNA continued to identify senior health as one of seven top priority health issues affecting members of the communities served by SMH</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* The HASD&IC 2016 CHNA continued to identify dementia and Alzheimer's disease among the top 15 priority health conditions seen in SDC hospitals * As part of the SMH 2016 CHNA, discussions with nurses and social workers at Sharp's Senior Health Centers identified the following challenges to improving the health of seniors in SDC access to care issues due to aging, decreased driving or loss of support system, difficulty purchasing medications due to financial issues, lack of transportation or lack of motivation, difficulty understanding medical instructions, inability to recognize a health problem exists, memory issues, and the perception that health issues and loneliness are a normal part of aging * Sharp senior health discussions held as part of the SMH 2016 CHNA process identified the most common health-related issues or needs as anxiety, cardiac disease, cognitive impairment and dementia, depression, diabetes, psychosis and chronic mental illness (specific to the population served by the Downtown Senior Health Center), hypertension, increased need for caregivers, isolation, contributing to poor diet, bad habits, and depression, loss of purpose, and substance abuse, particularly for prescription drugs * Seniors participating in the SMH 2016 CHNA Health Access and Navigation Survey prioritized the following barriers to accessing health care understanding health insurance, including confusing terms, knowing where to go for care, especially understanding when to use the ED, urgent care and primary care, using health insurance, including understanding health care costs/bills and knowing what services are covered, getting health insurance, and follow-up care, including understanding next steps and finding available appointments * In 2015, Alzheimer's disease was the third leading cause of death in SDC * In 2015, the top 10 leading causes of death among seniors ages 65 and older in SDC were (in rank order) overall cancer, Alzheimer's disease and other dementias (ADOD), CHD, stroke, chronic obstructive pulmonary disease (COPD)/chronic lower respiratory diseases, overall hypertensive diseases, diabetes, unintentional injuries, Parkinson's disease and falls * In 2015, hospitalization rates among seniors were higher than the general population due to CHD, stroke, chronic lower respiratory diseases, nonfatal unintentional injuries (including falls), overall cancer and arthritis * The top three causes of ED utilization among SDC residents ages 65 years and older in 2015 were falls, overall hypertensive diseases, and COPD * In 2012, 71,655 calls were made to 911 for seniors in need of emergency medical care in SDC, which represents a call for one out of every five seniors Seniors in SDC use the 911 system at higher rates than any other age group (HHSA, 2015) * According to the CDC, 28 million older adults are treated in the ED for falls every year One in five falls causes a serious injury, such as broken bones or a head injury These injuries</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>s may result in serious mobility issues and difficulty with everyday tasks or living independently The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2017) * In 2013, an estimated 62,000 San Diegans age 55 years and older were living with ADOD, which accounted for 8.3 percent of this age group Assuming current trends continue, by 2030 nearly 94,000 residents 55 years and older will be living with ADOD, which is a 51 percent increase from 2013 (Alzheimer's Disease and Other Dementias in San Diego County, HHS, 2016) * In 2016, an estimated 71.4 percent of SDC residents ages 65 and older reported that they were vaccinated for influenza in the past 12 months (CHIS, 2016) In 2015, 60 out of the 61 recorded influenza deaths in SDC occurred among those 65 and older The age-adjusted rate of influenza death among this group was 14.5 per 100,000 population (HHS, 2015) * Research shows that caregiving can have serious physical and mental health consequences Findings from the Stress in America survey described in a report titled Valuing the Invaluable show that caregivers to older relatives report poorer health and higher stress levels than the general population Fifty-five percent of surveyed caregivers reported feeling overwhelmed by the amount of care their family member needs (AARP Public Policy Institute, updated July 2015) * According to a report from the National Alliance for Caregiving (NAC) and the AARP titled Caregiving in the U.S. 2015, an estimated 34.2 million adults have provided unpaid care to an adult age 50 or older in the past 12 months In addition, 60 percent of unpaid caregivers are female, and nearly 1 in 10 caregivers are ages 75 or older (AARP and NAC, 2015) * The UCLA Center for Health Policy Research conducted a study highlighting the plight of California's "hidden poor," finding 772,000 seniors who live in the gap between the FPL and the Elder Economic Security Standard The highest proportion of seniors living in this gap includes renters, Latinos, women, and grandparents raising grandchildren (Padilla-Frausto, & Wallace, 2015) Objectives * Provide a variety of senior health education and screening programs * Produce and mail quarterly activity calendars to community members * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations * Provide education and community resources to family caregivers * Maintain and grow partnerships with community organizations to expand community outreach and provide community members with updated information on available services and resources FY 2017 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs and services through phone and in-person consultations The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate inf</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Information regarding health education and screenings, community referrals and caregiver resources. In FY 2017, the SMH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 3,000 households in San Diego, as well as distributed 2,800 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and disabled people. In FY 2017, the SMH Senior Resource Center provided 30 free health education programs to more than 550 community seniors, caregivers and loved ones of the elderly. Programs were presented by experts from community organizations as well as Sharp professionals with expertise in nursing, advance care planning (ACP), physical therapy, rehabilitation, finance, research, neurology, and hospice as well as library services. Educational topics included gait and balance disorders, arthritis in the hands, diabetes, Medicare, memory loss, taxes and estate planning, coping with grief and bereavement, ACP, tools and resources for caregivers, caring for someone with dementia, the aging process, age-related eye conditions, fall prevention, maintaining a healthy voice, wills and trusts, finding reliable health information, stroke education, home and memory care, Alzheimer's disease research and clinical trials, gift annuities and reverse mortgages, hearing loss, and maintaining a healthy back. Programs were offered at Sharp office locations, Sharp Senior Health Centers, Peninsula Family YMCA, Point Loma/Hervey Branch Library, All Souls Episcopal Church, Clairemont Lutheran Church, 2-1-1 San Diego, Harmony Home Medical and Point Loma Community Presbyterian Church. Further, the SMH Senior Resource Center provided presentations to more than 40 community members on senior services at the Sharp Senior Health Center Clairemont, Point Loma Branch Library and All Souls Episcopal Church. The SMH Senior Resource Center provided health screenings to 140 community seniors at eight health fairs and events during the year. Screenings included blood pressure, hearing, balance and gait, depression, stroke, and hand mobility (arthritis, carpal tunnel, trigger finger, etc.). In addition, free monthly blood pressure screenings were provided to nearly 540 members of the senior community. As a result of these screenings, approximately 50 seniors were referred to physicians for follow-up care. Screenings took place at the Point Loma Community Presbyterian Church, Peninsula Family YMCA and the War Memorial building at Balboa Park.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>In FY 2017, the SMH Senior Resource Center reached nearly 1,100 individuals through participation in 11 community health fairs, conferences and seminars. In October, the SMH Senior Resource Center hosted its annual Senior Health and Information Fair at Point Loma Community Presbyterian Church. The event offered free flu shots, health screenings, health information, Vials of Life and community resources to approximately 200 seniors and family care givers. Also in October, the SMH Senior Resource Center provided resources and information about Alzheimer's disease, eye health and advances in arthritis treatment to nearly 50 community members at the SDCCOA Head, Shoulders, Knees and Toes Health Fair held at First United Methodist Church in Mission Valley. In May, the SMH Senior Resource Center provided blood pressure screenings, Vials of Life, and caregiver and community resources to lesbian, gay, bisexual and transgender (LGBT) seniors at the San Diego LGBT Community Center's Senior Resource Fair. The SMH Senior Resource Center also provided community resources to more than 60 seniors, family members, social workers and case managers at the SDCCOA Living Well Health Expo held at First United Methodist Church in September. In addition, the SMH Senior Resource Center participated in the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula Shepherd Center, which provided information, referrals, transportation and outreach to more than 110 seniors in Point Loma. In FY 2017, the Sharp Senior Resource Centers helped sponsor two conferences for nearly 170 community members who were providing care for a friend or family member. In May, the Sharp Senior Resource Centers collaborated with the Caregiver Coalition of San Diego to provide the Finding the Balance in Caregiving conference at the Chinese Community Center in Tierrasanta. The conference provided education from a social worker, caregiving expert, registered nurse and attorney on a variety of legal and practical caregiving topics, as well as provided a resource fair for caregivers and their loved ones. In August, the Sharp Senior Resource Centers partnered with the Caregiver Coalition of San Diego and National Alliance on Mental Illness to provide a conference at First United Methodist Church called A Day for Caregivers: Caring for an Adult Loved One with Mental Health Challenges. This conference provided presentations about self-care, the group wisdom of caregivers, communication skills, legal issues and peer recovery programs, as well as a resource fair. In June, the SMH Senior Resource Center served more than 230 community members at the County of San Diego Aging and Independence Services (AIS) 2017 Vital Aging conference held at Liberty Station. The event included presentations on maintaining health through balanced nutrition, exercising for a purpose, caring for yourself while caring for others, and brain health, as well as offered resource exhibitors, including inf</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Information from the SMH Senior Resource Center on Vials of Life, screening events and programs for seniors and caregivers. In October, the SMH Senior Resource Center participated in San Diego Community Action Network's (SanDi-CAN) Planning Ahead - Crucial Conversations conference at Balboa Park. Approximately 70 seniors and their family members attended the free conference where they received education to help them identify their end-of-life values and goals of care and acquire the communication skills necessary to make informed health care decisions. The conference also included a resource fair as well as provided information about California's End-of-Life Options Act, a new law that permits terminally ill adult patients to request and receive doctor-prescribed medication to end life. In July, the SMH Senior Resource Center offered health, wellness and community resources to 100 community members at SanDi-CAN's Wellness & Resource Expo at the War Memorial Building in Balboa Park. In April, the SMH Senior Resource Center partnered with Sharp HospiceCare and All Souls' Episcopal Church to provide a conference titled Planning for Physical, Mental and Financial Health for community seniors and their families. The free conference provided approximately 80 attendees with educational presentations from a physician, attorney, licensed clinical social worker, ACP specialist, and other experts on how to plan for a healthier, happier and financially sound future. In September, the SMH Senior Resource Center provided senior community resources to more than 60 community members at the Sharp Disaster Preparedness Expo and Fair at Liberty Station. The SMH Senior Resource Center and Sharp Senior Health Centers continued to coordinate the notification of availability and provision of seasonal flu vaccines for seniors, caregivers and high-risk adults with limited access to care in a variety of community settings through activity calendars, collaborative outreach conducted by the flu clinic site, paper and electronic newspaper notices, and Sharp.com. In FY 2017, the SMH Senior Resource Center and the Sharp Senior Health Centers sponsored five community seasonal flu clinics, serving approximately 260 seniors and other vulnerable community members with chronic illness. Flu clinics were held at the Senior Health Fair at Point Loma Community Presbyterian Church, Orchard Apartments low-income senior housing, Holy Trinity Catholic Church (homeless outreach), and Serving Seniors sites, including the Pottiker Family Senior Residence and the Gary and Mary West Senior Wellness Center. At many of these sites, the SMH Senior Resource Center also provided activity calendars detailing upcoming blood pressure screenings, flu clinics and other community events and programs for seniors as well as offered Vials of Life. In addition, the Sharp Senior Health Centers provided education on ACP to flu clinic attendees. Sharp Senior Health Centers are committed to providing outreach and ser</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>ving underserved seniors in San Diego Educational presentations allow the Sharp Senior Health Centers to connect with and provide services to highly vulnerable seniors who need care, education and support Throughout FY 2017, Sharp Senior Health Centers provided health education, as well as referrals for housing, food, depression, social services, senior centers and other community resources, to more than 1,200 community seniors at the Potiker Family Senior Residence and through a Sharp Speaker Series at the Gary and Mary West Wellness Center Presentation topics included successful aging, isolation and loneliness, peripheral artery disease, heart failure, caregiving, bedbugs and scabies, Medicare, Medi-Cal, Cal MediConnect, Vials of Life, memory care, Alzheimer's disease, dementia, depression, fall prevention, vaccines, shingles, how to find reliable health information online, end-of-life planning (including advance directives and resources), diabetes, eye health, safety, elder abuse and reporting, finding healthy food, healthy eating, and how to get the most out of a doctor visit In addition, Sharp Senior Health Centers provided on-site education to more than 40 community seniors on safety, ACP, and the signs and symptoms of Alzheimer's disease as well as hosted a community event titled Coffee with a Cop, where a police officer met with 20 community seniors to discuss issues of concern over coffee Further, nurses from the Sharp Senior Health Centers provided education on caregiving for a loved one to approximately 30 community members at Harmony Home Medical and more than 70 community members at the Finding the Balance in Caregiving conference held at the Chinese Community Center in Tierrasanta in May Sharp Senior Health Centers provided education and resources, including advance directives and senior information to more than 1,200 attendees of numerous community events in FY 2017, including the Sharp Senior Resource Center Senior Health & Information Fair at Point Loma Community Presbyterian Church, SanDi-CAN's Planning Ahead - Crucial Conversations conference at Balboa Park, Caring for the Caregiver Conference at Point Loma Community Presbyterian Church, Sharp HospiceCare's Advanced Illness Management Referring at the Right Time conference at Paradise Point Resort and Spa, Senior Resource Fair at the San Diego LGBT Community Center, Caring for the Caregiver (Cuidando al Cuidador) - an annual Spanish-language conference at the Logan Heights Public Library, Sharp Disaster Preparedness Expo, and the SanDi-CAN Tech Fair at Balboa Park</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>In April, Sharp Senior Health Centers provided education on seniors and isolation during a n interview with Newsradio 600 KOGO In addition, the Sharp Senior Health Centers' collabo rated with the Health Insurance Counseling and Advocacy Program (HICAP) - which ensures on going networking among community professionals and quality programs for seniors The colla boration with HICAP included the provision of ongoing counseling and education by a HICAP representative to community members at the Sharp Senior Health Center Clairemont HICAP st aff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns The Sharp Senior Health Centers continued to partner with the Food Bank to host quarterly Senior Nutrition & Wellness Classes at both S harp Senior Health Center locations Instructed by the Food Bank's registered dietitian, t he six-week program consisted of hour-long classes that taught seniors the fundamentals of nutrition, including how to read nutrition labels, prepare healthy meals on a budget, and reduce salt and sugar intake, as well as senior-friendly exercises In addition to receiv ing vital health and nutrition education, the Food Bank provided attendees with free fresh produce and referrals to Food Bank programs as needed Evaluation tools included pre- and post-survey questions - in English and Spanish - that used validated items specific to th e class population In FY 2017, 25 seniors graduated from the Senior Nutrition & Wellness Classes Twelve percent of participants identified as food insecure (lack of access to hea lthy food) through a validated, two-item food insecurity screening tool More than 80 perc ent of graduates reported increased consumption of fresh fruits and vegetables since takin g the classes and 55 percent reported a decrease in sugary beverage intake In addition, m ore than a third of graduates reported increasing their exerci se frequency to more than fi ve times per week and more than 35 percent reported that the classes improved their exerci se habits Further, every participant agreed that they would recommend the classes to a fr iend Throughout the year, the SMH Senior Resource Center and Sharp Senior Health Centers maintained active relationships with numerous community organizations, including the Penin sula Shepherd Senior Center, Serving Seniors (including the Potiker Family Senior Residenc e and the Gary and Mary West Senior Wellness Center), Bayside Community Center, Westminste r Tower (senior housing), Jewish Family Service of San Diego, Caregiver Coalition of San D iego, AIS, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's San Diego, SanDi-CAN, SDCCOA, National Active and Retired Federal Employees Association, Commu nity Center for the Blind and Visually Impaired, Cabrillo Credit Union Supervisory Committ ee and HICAP FY 2018 Plan The SMH Senior Resource Center and the Sharp Senior Health Cent ers will do the following * P</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Provide information, resources and support to address relevant concerns of seniors and care givers in the community, including senior mental health issues, ACP, memory loss, advanced illness management, caregiving, senior services, nutrition, healthy aging, and balance and fall prevention * Provide community health information and resources through educational programs, monthly blood pressure clinics, and a variety of health screening opportunities * Produce and distribute quarterly calendars for approximately 3,000 San Diego households , highlighting events of interest to seniors and family caregivers * Provide 3,000 Vials of Life to community seniors * Provide seasonal flu vaccinations at five sites to seniors and community members who face challenges in accessing care, specifically high-risk adults * Participate in a pilot project to provide hepatitis A education and vaccinations in partnership with the County, as well as provide hepatitis A information to flu clinic attendees * Participate in community health fairs and conferences, including the SanDi-CAN end-of- life conference * In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues * In collaboration with Sharp HospiceCare , host an aging conference for seniors in Point Loma * Participate in Sharp's partnership with the City of San Diego to provide senior health education and resources to employees and residents in the city's nine districts * In collaboration with SMV's Senior Intensive Outpatient Program, provide education on holiday blues and depression as well as senior behavioral health * Collaborate with Serving Seniors and SMV to provide depression screenings and education * Maintain active relationships with organizations that serve seniors in Point Loma, SDC's north central and central regions, and downtown San Diego * Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center * Explore a collaboration with Serving Seniors and the dental clinic at the Gary and Mary West Senior Wellness Center * Explore opportunities for medication screenings by a pharmacist for vulnerable seniors * Expand programs offered to senior residences in the downtown area * Continue collaboration with the Food Bank to provide quarterly Senior Nutrition & Wellness Classes at both Sharp Senior Health Center locations * Provide quarterly educational presentations to community seniors at Sharp Senior Health Center Clairemont and Potiker Family Senior Residence * Continue to serve lunch to community seniors at Serving Seniors * Explore educational opportunities with Paradise Village Retirement Community * Collaborate with the San Diego Futures Foundation - a nonprofit organization that provides underserved individuals with technology - to provide an educational information technology event for seniors Identified Community Need Health Education and Wellness Rationale references the findings of</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated</p> <p>Rationale * The SMH 2016 CHNA identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer, high-risk pregnancy and senior health among seven priority health issues affecting members of the communities served by SMH * The HASD&IC 2016 CHNA process continued to identify the following among the top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease and respiratory diseases * The HASD&IC and SMH 2016 CHNA community engagement activities emphasized 10 social determinants of health as having a serious impact on the four priority health issues in SDC (cardiovascular disease, Type 2 diabetes, behavioral health and obesity) These 10 social determinants are: food insecurity and access to healthy food, access to care or services, homeless/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty * Key informant interviews conducted as part of the HASD&IC 2016 CHNA suggested several health improvement strategies to address the four priority health issues identified for SDC. These strategies include: behavioral health prevention and stigma reduction, education on disease management and food insecurity, integrating physical and mental health care, better coordination of care, greater cultural competence and diversity, and engagement of patient navigators and case managers in the community * Data analysis in the 2016 CHNAs revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities, such as City Heights and Downtown (Ignity Health, SanGIS, OSHPD & SpeedTrack Inc., 2015) * According to data presented in the SMH 2016 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. According to the CDC, about half of Americans (47 percent) have at least one of these three risk factors. Additional risk factors include alcohol use, obesity, diabetes and genetic factors (CDC, 2015) * HHS's Live Well San Diego (LWSD) 3-4-50 initiative identified three behaviors (poor diet, physical inactivity and tobacco use) contributing to four chronic conditions (cancer, heart disease/stroke, Type 2 diabetes and pulmonary diseases), which result in more than 50 percent of deaths worldwide. In 2015, 54 percent of all deaths in SDC were attributed to 3-4-50 conditions * In 2015, heart disease was the second leading cause of death for SDC * According to 2016 CHIS data, the self-reported obesity rate for adults ages 18 and older in SDC was 25.3 percent</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* In 2016, 16.3 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2016) * Obesity increases the risk of many health conditions, including CHD, stroke, Type 2 diabetes and various cancers. Obesity is also linked to environmental factors, such as accessibility and affordability of fresh foods, park availability, social cohesion and neighborhood safety (UCLA Center for Health Policy Research, 2015) * According to the CDC, some of the leading causes of preventable death include obesity-related conditions, such as heart disease, stroke, Type 2 diabetes, and certain types of cancer. In 2015-2016, 39.8 percent of Americans were obese (CDC, 2017) * In 2015, the number of arthritis-related hospitalizations in SDC totaled 9,170 - a n age-adjusted rate of 266.1 per 100,000 population * According to the National Institutes of Health (NIH), more than 53 million people in the U.S. either already have osteoporosis or are at high risk due to low bone mass. Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer fractures. It can also affect the lives of family members and friends who serve as caregivers (NIH, 2016-2017) Objectives * Host educational classes and support groups for the community on a variety of health and wellness topics * Offer health literacy resources through the Cushman Wellness Center Community Health Library and outreach at community events * Participate in community-sponsored events and support nonprofit health organizations FY 2017 Report of Activities Throughout the year, the OPP and various SMH departments offered a range of community health education classes and support groups. In FY 2017, classrooms were booked for more than 1,300 hours and served more than 3,000 patients and community members. Classes covered various aspects of health and wellness, including diabetes, cancer, integrative medicine (e.g., healing touch, acupuncture, guided imagery and reflexology), relaxation skills, suicide awareness, and parenting and childbirth. Support groups provided an outlet for community members to share their personal experiences and advice for coping with various challenges, including cancer, stroke, heart transplantation, heart failure, needs of new mothers and families, and nutrition and relapse following bariatric surgery. Further, Sharp Rehabilitation Services (Sharp Rehab) offered weekly adaptive yoga classes for people with physical limitations as well as various support groups at the Sharp Allison deRose Rehabilitation Center, including Women on Wheels (WOW) support group, the Men's Spinal Cord Injury (SCI) support group and the Sharp Players. Facilitated by two Sharp Rehab social workers, the WOW support group strives to empower women with mobility impairments. In FY 2017, approximately 75 group members gathered monthly to share their thoughts and feelings about their current life challenges, victories and visions.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>WOW also arranged art therapy sessions, summer parties, lunch outings and museum visits for its members. With a network of numerous disabled women and community partners, WOW is the only support group strictly for women with mobility impairments in SDC. Sixteen individuals participated in the Sharp Players weekly support group in FY 2017, which uses music and drama to facilitate emotional healing and support for individuals with a range of conditions, including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. Throughout the year, members performed for approximately 200 community members at St. Paul's Villa assisted living community, San Diego Brain Injury Foundation, Merrill Gardens retirement home, and the Point Loma Community Presbyterian Church Senior Program. Further, the monthly Men's SCI support group offered guest speakers and special outings for its members in FY 2017, including a trip to a Padres game. Group members also offered their own peer support to recently injured patients at SMH. The group served approximately 40 meeting attendees in FY 2017 and included an additional 100 community members through an electronic resource and support network. In addition, Sharp Rehab continued to devote time to the HeadNorth Foundation, a nonprofit organization dedicated to providing essential support and guidance to those affected by SCI. The OPP offers the Cushman Wellness Center Community Health Library, which features DVDs, CDs, books, pamphlets and internet access to help patients and community members locate reliable health information in various languages. The library is led by a consumer health librarian with specialized training in community health as well as a store manager with expertise in health-related gifts, assisted devices and community health resources. To keep the public regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter as well as a classroom community calendar for the OPP. Approximately 400 newsletters were mailed and approximately 200 newsletters were electronically delivered to community members each quarter in FY 2017. The library also provides resources to all Sharp entities. Community members can learn more about the Cushman Wellness Center Community Health Library through Sharp.com and may contact the consumer health librarian by email, phone or through the library's webpage. Community outreach by the Cushman Wellness Center Community Health Library is a high priority. In FY 2017, the consumer health librarian provided education and resources on health literacy topics as well as health-related giveaways, including hot/cold gel packs, women's monthly planners and nutrition guide magnets, to library visitors as well as hundreds of individuals at community health fairs and events. This included the San Diego Earth Fair at Balboa Park, Sharp Senior Resource Ce</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>nters' Senior Health & Information Fair at Point Loma Community Presbyterian Church, San Diego LGBT Community Center Senior Resource Fair, and the County of San Diego's Vital Aging 2017 Conference The consumer health librarian also provided health literacy education to approximately 170 seniors and other vulnerable community members This included presentations for the SMH Senior Resource Center, Sharp Senior Health Center Downtown, San Diego Center for the Blind, and San Diego Regional Center (provides resources and support for individuals with developmental disabilities) Further, the consumer health librarian continued to serve on the Health Literacy San Diego Task Force, a joint effort of CHIP and the San Diego Council on Literacy to improve health communication in SDC Throughout the year, SMH provided health screenings, education and resources to hundreds of community members at community-sponsored health fairs and events This included the provision of blood pressure screenings and education on hypertension at the Men's Health Fair at Bethel Baptist Church in Lemon Grove, rehabilitation education at the San Diego Festival of the Arts, and nutrition education, healthy snacks and cookbooks donated by the AHA at The People's Produce Farmer's Market in Southeast San Diego In addition, SMH provided first-aid stations at the Padres Pedal the Cause, Empty Cradle Walk to Remember, San Diego Crew Classic, and Finish Chelsea's Run Various hospital departments also participated in Sharp's annual Women's Health Conference where they provided community members with breast self-exam demonstrations, body fat testing, blood pressure, osteoporosis and musculoskeletal screenings, acupuncture and chair massage, sleep apnea assessments, education on posture, sports-related injury, and repetitive strains and sprains, and education on calcium and Vitamin D requirements as well as exercise for osteoporosis treatment and prevention In addition, SMH provided coordination, support and related fundraising activities for the AHA Heart & Stroke Walk</p> <p>F Y 2018 Plan SMH will do the following</p> <ul style="list-style-type: none"> * Continue to offer educational classes on a variety of health and wellness topics for community members * Continue to provide support groups for community members on issues such as cancer, rehabilitation, stroke, heart transplantation and heart failure * Develop and distribute quarterly calendars and newsletters highlighting community health education and screening events * Continue to partner with local and national organizations to provide health literacy education and resources at a variety of community sites, and share health literacy best practices with industry professionals

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Form 990, Part III, Line 4 Community Benefit Report	<p>* Continue to increase awareness of the Cushman Wellness Center Community Health Library and its resources * Provide health education, screenings and first-aid stations at community events * Provide coordination, support and fundraising activities for local nonprofit organizations Identified Community Need Cancer Education and Patient Navigator Services Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2016 CHNA identified cancer as one of seven top priority health issues for community members served by SMH * The HASD&IC 2016 CHNA continued to identify various types of cancer among the top priority health conditions seen in SDC hospitals * Sharp cancer navigator discussions conducted as part of the SMH 2016 CHNA process identified the following chief concerns for cancer patients in SDC cultural differences and language barriers between patient and provider, health literacy, financial issues, knowing where to go for care, availability of reliable transportation, difficulty with end-of-life conversations, and lack of advance care directives among cancer patients * According to 2016 Sharp oncology data, 539 (37 percent) of the 1,457 SMH cancer patients who received the cancer psychosocial distress screening scored at a range of moderate to severe distress, and were referred to internal or external resources such as social workers or community cancer resources * The most frequently observed cancers at SMH in 2016 were (in rank order) breast cancer, female (gynecology) g enitourinary cancer, lung cancer, prostate cancer, and colorectal cancer In total, there were 2,468 new cases of cancer at SMH in 2016 * The cancer key informant interview conducted as part of the SMH 2016 CHNA process identified access to insurance, access to appropriate care, and language barriers for non-English speakers as major challenges facing oncology patients Additional issues include financial, legal and survivorship issues, emotional, sexual and body image issues, lack of a social network leading to increased need for transportation, in-home support and other treatment-related resources, and end-of-life or palliative care issues * The cancer key informant interview recommended the following strategies to address barriers of care for those with cancer the provision of lay navigators, including integration of navigators into the care process, community coordinators with knowledge of hospital needs and community resources, greater hospital and community partnerships, resources to educate providers on end-of-life and palliative care issues, personnel within the health care system to identify resources and answer questions, financial assistance for co-pays, prescriptions, child care and other bills, and survivorship clinics * As part of the SMH 2016 CHNA process, cancer support group patients participating in the Health Access and Navigation Surv</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>ey suggested the following areas for improvement in cancer care more time with doctors, more comprehensive educational groups, a navigator staff member or case manager for all oncology patients, not just newly diagnosed, help navigating health insurance options to identify the best coverage for individual needs, and tours specifically for patients who have a serious illness requiring multiple treatments * In 2015, cancer was the leading cause of death for SDC residents and was responsible for 24.3 percent of all deaths * There were 5,025 deaths due to cancer (all types) in SDC in 2015 The age-adjusted death rate due to cancer was 148.3 deaths per 100,000 population in SDC * In 2015, 20 percent of all cancer deaths in SDC were due to lung cancer, 9 percent to colorectal cancer, 7 percent to female breast cancer, 7 percent to pancreatic cancer, 6 percent to prostate cancer, 5 percent to liver cancer, 4 percent to Leukemia and 4 percent to female reproductive cancer (LWSD, 2015) * According to the American Cancer Society (ACS) 2017 California Cancer Facts & Figures report, in 2014 there were 13,625 observed new cancer cases and 4,868 cancer deaths in SDC * By 2018, total cancer cases in SDC are expected to grow by 11.7 percent (California Cancer Registry, 2013, Truven Health Analytics Market Discovery Planning) * According to the ACS Cancer Statistics Center, in 2017 there will be an estimated 27,980 new cases of breast cancer and 4,400 breast cancer deaths for females in California * In 2015, the age-adjusted mortality rate of breast cancer in SDC was 19.4 per 100,000 population This falls slightly below the HP2020 target of 20.7 breast cancer deaths per 100,000 women * According to the 2015 Susan G. Komen for the Cure (r) San Diego Affiliate Community Profile Report, in SDC there were 46.1 late-stage cases of breast cancer per 100,000 women, exceeding the HP2020 target of 42.1 cases per 100,000 women The report projects that SDC will meet the HP2020 target within five years * The 2015 Susan G. Komen for the Cure(r) San Diego Affiliate Community Profile also reported that, in 2013, breast cancer mortality rates in SDC were highest among African American women, at 27.7 deaths per 100,000 This exceeded the mortality rate for Caucasian (23.9), Latina (17.3), and Asian/Pacific Islander (13.2) * According to 2015-2016 CHIS data, 85.6 percent of women in SDC between the ages of 50 to 74 reported having a mammogram in the past two years This exceeds the HP2020 target of 81.1 percent for breast cancer screenings Approximately 2.9 percent of women in this age range in SDC reported that they had never had a mammogram * According to the findings of the ACS 2017 California Cancer Facts & Figures, screening offers the ability for secondary prevention by detecting cancer early Regular screenings that allow for the early detection and removal of precancerous growths are known to reduce mortality for cancers of the cervix, colon, and rectum Five</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>-year relative survival rates for common cancers are 93 to 100 percent if they are discovered before having spread beyond the organ where the cancer began * Study findings from the 2015 Susan G Komen for the Cure(r) San Diego Affiliate Community Profile indicate a critical need for culturally competent outreach, especially for Hispanic, Middle Eastern, and African American women (Susan G Komen, 2015) * The American Society of Clinical Oncology (ASCO) emphasizes the importance of patient navigators as part of a multidisciplinary oncology team with the goal of reducing mortality among underserved patients Some of the tasks a patient navigator may assist with include psychosocial support, assistance with treatment decisions, assistance with insurance issues, arrangement of transportation, coordination of additional services (i.e., fertility preservation), and tracking of interventions and outcomes The navigator works with the patient across the care continuum, ensuring coordination and efficiency of care, and removal of barriers to care (ASCO, 2016) Objectives * Provide cancer education and support to patients and community members * Provide cancer resources and education at community events * Provide cancer patient navigation and support services to the community FY 2017 Report of Activities Note SMH is accredited by the National Accreditation Program for Breast Centers, indicating the highest standard of care for patients with diseases of the breast Sharp (including SMH, SGH and Sharp Chula Vista Medical Center (SCVMC)) is also accredited by the American College of Surgeons Commission on Cancer as an Integrated Network Cancer Program, demonstrating its commitment to meet rigorous standards and improve the quality of care for patients with cancer In FY 2017, the Laurel Amtower Cancer Institute at SMH reached hundreds of community members, patients and their loved ones through the provision of various support groups and educational classes, as well as through participation in community events</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Free cancer support groups provided a safe environment for more than 300 individuals to discuss their experience with cancer and tools for coping. Monthly groups were offered for friends and family members of cancer patients, individuals living with a brain tumor or brain cancer, and young cancer patients (ages 20 through early 40), while bimonthly groups were available for individuals living with breast cancer and those with advanced cancer. In addition, the Laurel Amtower Cancer Institute offered emotional support during the 2016 holiday season through its Coping With Cancer Through the Holidays community seminar. Additional emotional support was offered to those with cancer through free classes focused on healing through art, movement and relaxation exercises. This included the monthly Cancer and the Arts class, which served as an outlet to cope through creativity, as well as the weekly Relaxation Skills and Chair Yoga workshop, which taught physical and mental exercises to help participants release stress brought on by their cancer diagnosis. Together, these classes reached more than 230 individuals in FY 2017. In addition, approximately 25 people were served through free Lunch and Learn workshops designed to address the emotional aspects of cancer. This included a monthly workshop for those who were newly diagnosed with cancer, and a monthly workshop for individuals undergoing or nearing the completion of treatment. Throughout the year, approximately 50 individuals were reached through classes designed to support the nutritional needs of those with cancer. This included a free monthly nutrition class for those who were currently receiving or just finished treatment for breast cancer. The class utilizes resources and guidelines from the National Cancer Institute, American Institute for Cancer Research, ACS and the Environmental Working Group, a nonprofit organization that educates consumers on making safe and informed product purchases. The classes provided education on healthy eating and nutrition before and during breast cancer treatment, addressed common diet and nutrition-related questions and concerns, and shared the most current breast cancer diet and physical activity guidelines. In addition, a free class on maintaining optimal nutrition for the cancer patient was offered in January, May and September. Further, the Laurel Amtower Cancer Institute offered the Cancer Prevention and Survival Series in March and September, which focused on the power of food for preventing and fighting cancer. Led by instructors from Veg-Appeal - a San Diego-based vegan cooking and nutrition class provider - each four-session series provided cancer-related nutrition education, recipes, a cooking demonstration and a plant-based dinner to approximately 40 attendees. The Laurel Amtower Cancer Institute offered two free educational classes on lymphedema - a condition where part of the body swells due to fluid accumulation resulting from obstructed, impaired or</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>absent lymphatic vessels Led by a certified lymphedema therapist, the classes were open t o anyone in the community with or at risk of developing lymphedema, as well as their careg ivers and partners Approximately 20 people attended the classes in FY 2017, which provide d an overview of lymphedema and information on risk reduction and treatment options Parti cipants also received educational resources, including a guide to local medical vendors fo r the purchase of a compression garment to help manage their condition In addition, appro ximately 90 individuals were reached through free weekly Healthy Steps classes Utilizing the Lebed Method - an effective therapeutic program of exercise and movement - Healthy Ste ps classes help increase range of motion and prevent lymphedema among breast cancer surviv ors, seniors and individuals battling other chronic health conditions The Laurel Amtower Cancer Institute provided specialized breast cancer education for both individuals with an existing diagnosis as well as members of the community with an interest in reducing their risk In October, March and July, free physician-led breast cancer education forums taught t approximately 30 individuals with a recent breast cancer diagnosis about the pathologica l wording and staging of their particular cancer type as well as treatment options In Oct ober, SMH joined SCVMC and SGH's cancer teams to host a free event to educate members of t he community about reducing their risk for breast cancer During the event, approximately 60 community members heard from expert speakers on how adopting healthy lifestyle habits c an reduce the risk and recurrence of the disease as well as received community breast canc er resources In February and June, the Laurel Amtower Cancer Institute partnered with Sha rp HospiceCare to offer a free ACP workshop during which Sharp's ACP professionals educate d more than 20 community members about the ACP process and basic tools for developing an a dvance health care directive The Laurel Amtower Cancer Institute also provided meeting sp ace for four Look Good Feel Better classes in FY 2017, which are led by the ACS to help wo men manage the appearance-related side effects of cancer treatment and increase self-confi dence Throughout the year, staff provided cancer education and resources to hundreds of c ommunity members at the Sharp Senior Resource Centers' Senior Health & Information Fair an d the Sharp Women's Health Conference In addition, the team walked in and provided fundra ising support for the annual ACS Making Strides Against Breast Cancer Walk as well as the San Diego Brain Tumor Walk Further, for three days in June, the Laurel Amtower Cancer Ins titute recognized National Cancer Survivors Day(r) by hosting a celebratory community even t for cancer patients and survivors In October, the Laurel Amtower Cancer Institute parti cipated in the San Diego International Film Festival premiere of Ma Ma - a film following the tragedies and miracles exp</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>eriences by a woman after she is diagnosed with breast cancer - at Arc Light Cinemas La Jolla Sharp was the presenting sponsor of the film to help highlight the importance of breast cancer prevention During the event, the Laurel Amtower Cancer Institute provided education on breast cancer to more than 100 community members In FY 2017, the Laurel Amtower Cancer Institute supported the educational development of more than 200 community health care providers through participation in professional conferences This included Sharp's Neuro-Oncology Current and Emerging Treatment conference in March, which provided education on the detection and treatment of brain tumors, as well as Sharp HospiceCare's Advanced Illness Management The Right Care at the Right Time conference in July, a free conference focused on the latest recommendations in advanced illness management and ACP The Laurel Amtower Cancer Institute includes the Breast Health Center and the Neuro-Oncology Center, with designated licensed clinical social workers (LCSWs), nurse patient navigators, genetics counselors and dietitians, to support and guide cancer patients and their families from the time of diagnosis through the course of treatment In FY 2017, the LCSWs provided free psychosocial and emotional support, education and referrals to approximately 2,000 patients and family members Nurse navigators provided ongoing guidance for patients and families impacted by all cancer diagnoses, including breast, brain and spinal tumors, leukemia and lymphomas, melanoma, sarcoma, head and neck, lung, pancreas, bladder, colorectal, renal, prostate, and gynecological This included the facilitation of appointment scheduling, explanation of procedures and test results, provision of educational resources and supportive services, assistance with financial resources, and referrals to multiple agencies, including but not limited to San Diego Homecare, Mama's Kitchen, Meals on Wheels San Diego County, Jewish Family Service of San Diego, Cancer Angels of San Diego, Nine Girls Ask, Support for People with Oral and Head and Neck Cancer, Informed Prostate Cancer Support Group, Pancreatic Cancer Action Network, Wigs by Patti Joyce, Hair Unlimited, Women's Health Boutique, My Brighter Side boutique, Free to Breathe, San Diego Brain Tumor Foundation, American Brain Tumor Association, Shades of Pink Foundation California, Head and Neck Cancer Alliance, Oral Cancer Foundation, Leukemia and Lymphoma Society, ACS, NCI, Breast Cancer Angels, and the Cancer Project</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>FY 2018 Plan The Laurel Amtower Cancer Institute at SMH will do the following * Continue to provide classes on topics including nutrition, exercise, art and relaxation for patient s and community members impacted by cancer * Offer one new class on nutrition for prostate cancer * Provide a new monthly lymphedema class for patients and community members * Incr ease frequency of nutrition class for individuals with breast cancer from once a month to twice a month * Continue to provide support groups for community members, patients and the ir loved ones, including groups for breast cancer, brain tumors and brain cancer, advanced cancer, young cancer patients, and friends and family of cancer patients * Continue to pr ovide meeting space for four ACS Look Good Feel Better classes * Continue to participate i n community walks, health fairs and events * Provide a free community event to educate com munity members about breast health and lifestyle choices for reducing breast cancer risk * Participate in oncology-related continuing education opportunities for community physicia ns and other health care professionals * Through philanthropic support, expand transportat ion services for cancer patients in need of assistance to and from treatment appointments * Continue to seek funding to support the Laurel Amtower Cancer Institute Identified Commu nity Need</p> <p>Prevention of Unintentional Injuries Rationale references the findings of the 2 016 SMH CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&IC 2016 CHNA continued to identify unintentional injury as one of the top 15 priority health conditions among SDC hospitals * In 2015, ac cidents (unintentional injuries) were the fourth leading cause of death for SDC overall U nintentional injuries - due to motor vehicle accidents, falls, pedestrian-related incident s, firearms, fire/burns, drowning, explosions, poisoning (including drugs and alcohol, gas , cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electrica l current/radiation/fire/smoke, natural disasters and workplace injuries - are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or regio n * Between 2011 and 2015, over 5,200 San Diegans died as a result of unintentional injur ies * In 2015, there were 1,190 deaths due to unintentional injury in SDC The county's a ge-adjusted death rate due to unintentional injury was 34 3 deaths per 100,000 population In 2015, unintentional injury accounted for 5 8 percent of total deaths in SDC * In 2015 , there were 19,812 hospitalizations related to unintentional injury in SDC The age-adjus ted rate of hospitalizations due to unintentional injury was 586 per 100,000 population * In 2015, there were 162,945 unintentional injury-related ED discharges in SDC The age-ad justed rate of discharges due to unintentional injury was 5,017 7 per 100,000 population * Unintentional injury was the</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>leading cause of death for children ages zero to 14 years in 2015. The effects of safety campaigns, educational strategies, and change in parenting practices have all had a positive impact on the safety and well-being of children in the San Diego community (HHSA, 2012). * Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain and spinal cord injuries. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain and spinal cord injury, injury prevention measures, and the use of safety habits at an early age (www.thinkfirst.org/kids, 2015). * According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, the physical environment both at home and in the community, access to health services and systems created for injury-related care, and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations). * The California Department of Public Health's Burden of Chronic Disease and Injury Report California, 2013 indicates that unintentional injuries are the leading cause of death in children and adults ages 1 to 44 in California. * The same report states that injuries cause more than 16,000 deaths, 75,000 cases of permanent disability, 240,000 hospitalizations, and 2.3 million ED visits annually in California. * In 2014, unintentional injuries accounted for 84 percent of all injury deaths among adults ages 65 and older in the U.S. (National Center for Health Statistics, 2016). * A 2016 National Vital Statistics Report titled Deaths: Final Data for 2014 indicates that 59.4 percent of injury deaths in the U.S. in 2014 were attributed to three causes: poisoning (26 percent), motor-vehicle traffic accidents (16.9 percent), and falls (16.5 percent). In 2014, the age-adjusted rate of death from unintentional injury in the U.S. was 40.5 deaths per 100,000 population (CDC, 2016). Objective * Offer an injury and violence prevention program for children, adolescents and young adults throughout SDC FY 2017. Report of Activities With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), ThinkFirst/Sharp on Survival speakers connected with students from schools thro</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* Grow partnership with HASPI through participation in conferences and roundtable events * As appropriate and with funding, explore opportunities to incorporate concussion education into school and community-based presentations * As grant funding allows, continue to build HASPI partnerships and expand educational presentations to schools in North County, South Bay, Coronado and Imperial Valley * Explore further opportunities to provide education to health care professionals and college students interested in health care careers, including public health students at SDSU * As appropriate and with funding, continue to explore opportunities to utilize ThinkFirst/Sharp on Survival curricula to serve varied populations throughout SDC Identified Community Need Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SMH 2016 CHNA, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * According to the 2017 San Diego Workforce Partnership (SDWP) Health Care Priority Sector report, the health care industry in SDC experienced a 44 percent increase in employment growth between 2006 and 2016, higher than the 38 percent growth rate seen by the state of California (SDWP, 2017) * The same report indicated that the six fastest-growing health care occupations in SDC between 2013 and 2016 were physician's assistants (22 percent), medical assistants (18 percent), health care social workers (15 percent), home health aides (13 percent), licensed vocational nurses (12 percent), and medical and clinical lab technicians (11 percent) Registered nurses (RNs) accounted for 1,366 added jobs during this period, which was the largest increase in total jobs among all health care occupations (SDWP, 2017) * The Health Care Priority Sector report also found that health care employers identified RNs, physicians and surgeons, and health technicians as the most difficult positions to fill The most frequently cited reason for hiring difficulties were lack of experience, small applicant pools and insufficient non-technical skills (SDWP, 2017) * A 2014 SDWP labor market analysis indicated an increase in the number of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience The scarcity of clinical facilities offering prerequisite training has made it increasingly difficult for employers to find qualified workers * The 2017 SDWP Nonprofit Sector Employment Trends and Career Opportunities report recommends that nonprofit sector health care training and education programs in SDC emphasize soft skills such as being a team player, interpersonal and communication skills, big-picture thinking with the ability to plan and forecast, problem solving, and the ability to adapt to a variety of situations It also recommends incorporating more training on data</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>a management and technology into curriculums in order for graduates to meet the needs of t his increasingly data-driven sector * In its Employment Projections - 2016-2026 report, t he U S Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about one-fifth of all n ew jobs and account for almost half of the 30 fastest-growing occupations There are sever al factors leading to the increased demand for these professions, including projected pop ulation growth in the next decade, aging of the U S population, greater numbers of people living with chronic conditions, such as diabetes or obesity, improvements in medicine and technology, and federal health insurance reform, which has increased the total number of Americans with health insurance coverage (BLS, 2016) * Total employment in California is projected to increase by 6 5 percent, or 9 8 million, from 2014 to 2024 The health care a nd social assistance sector is expected to be the fastest-growing service industry, increa sing its employment share from 12 percent in 2014 to 13 6 percent in 2024 Occupations and industries related to health care are projected to add the most new jobs, with an increas e of 2 3 million jobs (BLS, 2015) * As of 2015, SDC was one of 26 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Poli cy Commission (OSHPD Healthcare Atlas, 2017) * As of 2015, the California Health Care Alm anac reported that 44 percent of the employed RN workforce was over the age of 50 As this age group moves away from patient care and approaches retirement, it will be critical to have younger RNs trained and in place to handle the turnover (California Health Care Found ation, 2017) * The BLS projects employment of more than 300,000 RNs in California in 2024 , which would be an increase of 17 percent from 2014 Compared to other health care practi tioners and technical health care operators, RNs are projected to have the most opportunit y for employment in 2020 (BLS, 2014) * The BLS projects that the demand for home health a ides in California will grow 39 percent from 2014 to 2024 Older individuals often have he alth problems and need help with daily activities Thus, as the U S population ages, the demand for home health aides will continue to increase (BLS, 2014) * According to forecas ts performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in Californian will increase 12 to 17 percent by 20 30 These forecasts predict that the southern border region will experience some of the hi ghest levels of clinician shortages in the state (UCSF, 2017) * A 2014 report from the Ca lifornia Hospital Association titled Critical Roles California's Allied Health Workforce Follow-Up Report emphasizes the importance of local hospitals providing clinical training for nurses and allied health p</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Through affiliations with EMSTA College, Palomar Community College, SWC and the San Diego Fire-Rescue Department's paramedic training program, SMH provided both clinical training and observation hours for 34 emergency paramedic interns in FY 2017. Each student completed 144 hours of clinical training primarily in the ED, with scheduled rotations in the trauma center, catheterization lab, operating rooms, labor and delivery, and pulmonary services. ED staff contributed nearly 4,900 hours of clinical training and supervision to these specialized community programs in FY 2017. SMH and SGH continued to provide one of only two mobile intensive care nurse (MICN) training programs in SDC. Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses. Participants received certification through EMS upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit. In addition, as a radio base station, the Sharp Prehospital/EMS department provided two continuing education Joint Base Regional Care Conferences for EMS personnel and MICN trained RNs in SDC. SMH continued to participate in the HSHMC program to provide early professional development for high school students. During the school year, 128 students in 9th through 12th grade were supervised for approximately 30,700 hours between SMH and the OPP. Students shadowed staff in a variety of hospital departments, including nursing, ED, post-anesthesia care unit, laboratory, pathology, radiology, imaging, endoscopy, catheterization lab, and pulmonary and cardiac rehabilitation. Students were also oriented to hospital operations, including the cafeteria, supply chain, security and patient transporter services. Further, SMH has incorporated education on patient- and family-centered care and the culture of a professional work environment into the HSHMC experience. In addition to placement at SMH, 20 HSHMC students devoted nearly 7,700 hours to shadowing pediatric, orthopedic and electrocardiogram services at the SRSMG facility located adjacent to SMMC. Sharp Rehab provided professional development opportunities for community and Sharp professionals in FY 2017, including free Compassion Cultivation Training (CCT) and Mindful Self-Compassion (MSC) courses. Developed by the Center for Compassion and Altruism Research and Education at the Stanford University School of Medicine, CCT is a nine-week course designed to help professionals develop compassion for themselves and others. Through lectures, guided compassion cultivation exercises and group discussions, CCT can improve communication, increase resilience to stress and enhance participants' feelings of well-being. Designed by professionals at the University of Texas and Harvard Medical School - Cambridge Health Alliance, MSC is an eight-week course that teaches</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>* The Regional Task Force for the Homeless' January 2017 WeAllCount campaign counted 9,116 homeless individuals in SDC, roughly 62 percent of whom were unsheltered. The most commonly cited cause of homelessness was loss of a job (26 percent), followed by "other" (21 percent), money issues (15 percent), and kicked out/ran away (10 percent). * The Kaiser Family Foundation's 2016 Employer Health Benefits Survey indicated that the average health insurance premium for a single adult in 2016 is \$536 per month, or \$6,435 annually. The average health insurance premium for a family in 2016 is \$1,512 per month, or \$18,142 annually. The average family premium in 2016 is now 20 percent higher than the average family premium in 2010 and 58 percent higher than the average family premium in 2006. Objectives * Collaborate with community organizations to provide follow-up medical care, financial assistance, and psychiatric and social services to chronically homeless individuals. * Assist economically disadvantaged individuals through transportation and pharmaceutical assistance. FY 2017 Report of Activities. SMH provides post-acute care facilitation for high-risk patients, including those who are homeless or lack a safe home environment. Advocacy for safe discharge from the hospital is a top priority, regardless of funding. SMH continued to collaborate with the SDRM to provide services to chronically homeless patients. Through the partnership, in FY 2017, SMH discharged 34 homeless patients to the SDRM's Recuperative Care Unit (RCU), which is a temporary shelter program that addresses the needs of homeless men and women who are newly released from the hospital yet still in need of supervision. Through the RCU, these patients can receive case management, social work and counseling services as well as referrals for community-based medical and psychiatric services, long-term housing, and other community support programs. Funded completely by SMH, the program provides a safe discharge plan for homeless individuals who require a stable living environment for their continued recovery. SMH also assists high-risk, underserved patients with transportation and placement, connections to community resources, and financial support for medical equipment, medications, outpatient dialysis and nursing home stays. In addition, clinical social work services for the homeless population include assessment for individuals at risk for psychiatric disorders, developmental disorders and substance abuse issues. Referrals are provided as needed for housing, medication management and supportive community services. Further, in FY 2017 the SMH Auxiliary provided approximately 200 items of clothing to homeless individuals upon discharge. The Auxiliary also continued to fund an initiative to provide clothing to other patients who lack clothing when they leave the hospital. Finally, in FY 2017 SMMC assisted economically disadvantaged individuals through the provision of approximately \$140,700 in financial assistance.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>ee medications and transportation through its Project HELP program FY 2018 Plan SMH will do the following * Continue to collaborate with community organizations to provide medical care, financial assistance, clinical social work services and community resources for chronically homeless patients * Explore collaborations with Society of St Vincent de Paul and Connections Housing to provide post-discharge housing and services to chronically homeless patients * Continue to administer Project HELP funds to those in need, evaluate program to ensure it meets the needs of the population served * With funding from the SMH Auxiliary, provide clothing for patients who lack usable clothing at discharge * Continue to provide financial assistance for prescription copayments and other personal items * Explore the provision of temporary caregivers to support vulnerable elderly patients with the transition from hospital to home SMH Program and Service Highlights Sharp Memorial Hospital * 24-hour Emergency and Trauma Center, including heliport and base station * Acute care, including a dedicated inpatient oncology unit * Bioethics consultation * Cardiovascular rehabilitation * Catheterization lab, including a hybrid procedure room * Clinical trials, including cancer, heart and vascular * Community Care Partner Program * Chest Pain Center, specializing in emergency chest pain treatment * Congestive Heart Failure Management Program * Critical care * Electrocardiogram * Electroencephalography * Health Information Ambassadors * Heart and vascular care, including mechanical circulatory support devices and heart transplantation * Heart Valve Surgery Center * Home health * Home infusion services * Hospice * Imaging services, including interventional radiology * Intensive Care Unit * Interpreter Services * Laboratory services * Open medical records program * Organ transplantation, including kidney, heart and pancreas * Orthopedics, including joint replacement surgery * Pain Management Center * Palliative care * Pathology services * Pharmacy services for inpatients * Pre-Anesthesia Evaluation Services * Robotic surgery * Senior Resource Center * Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational and speech therapy * Sharp and Children's MRI Center * Sleep Disorders Center * Spiritual care services, including Arts for Healing and Integrative Healing * Stroke care - recognized by the AHA * Surgical services, including thoracic (lung) and head and neck surgery * Van transportation services * Warfarin management * Weight Loss (Bariatric) Surgery * Wound and Ostomy Inpatient Center Sharp Memorial Outpatient Pavilion * Cancer services, including nutrition and genetic counseling, nurse navigators, licensed clinical social workers, radiation therapy, infusion services and diagnostic imaging * Cushman Wellness Center, including * Cushman Wellness Center Community Health Library * Health assessments and screenings * Executive</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Shortfall in Medicare - \$5,998,706 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in San Diego County Indigent Medical Services - \$7,819,380 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 - \$721,983 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 - \$708,670 Note Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Bad Debt - \$58,934 Note Charity care and bad debt reflect 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, Broader Community, and Health Research, Education and Training Programs Patient transportation and other assistance for the needy - \$522,956 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 education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$278,986 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 Education and training programs for students, interns and health care professionals - \$350,815 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, gr</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>ants 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 Key highlights * Medical Care Services included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors, contribution of time to Stand Down for Homeless Veterans, Feeding San Diego, Habitat for Humanity, Ssubi is Hope and the San Diego Food Bank, the Sharp Humanitarian Service Program, and other assistance for community members facing inequities * Other Benefits for the Broader Community included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health America (MHA), National Alliance on Mental Illness (NAMI), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, CHIP Suicide Prevention Council, San Diego Military Family Collaborative (SDMFC), San Diego Mental Health Coalition, San Diego County Older Adult Council, Alzheimer's Project Safety Workgroup, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction Treatment and Healing), Psychiatric Emergency Response Team (PERT), VA (United States of America (U S) Department of Veterans Affairs) San Diego Mental Health Council and San Diego Workforce Partnership (SDWP) See Appendix A for a listing of Sharp HealthCare's (Sharp's or SHC's) involvement in community organizations in FY 2017 In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and administration * Health Research, Education and Training Programs included education and training of health care professionals and student and intern supervision Definition of Community * SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123 * SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111 * SMV Mid-City Outpatient Programs are located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92105, SMV East County Outpatient Programs are located at 1460 East Main Street in El Cajon, ZIP code 92021 As specialty hospitals, SMV and SMC serve the community of San Diego County</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>(SDC) The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region, and north inland communities surrounding Rancho Bernardo. For SMV's and SMC's 2016 CHNA process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within SDC. The CNI identifies the severity of health disparity for every ZIP code in the U.S. based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SMV with especially high need include but are not limited to East San Diego, City Heights, North Park, the College Area, and Downtown San Diego.</p> <p>Description of Community Health In SDC in 2016, 99.7 percent of surveyed children ages zero to 11, 99.5 percent of surveyed children ages 12 to 17, and 90.8 percent of surveyed adults ages 18 to 64 had health insurance, which fall short of the Healthy People 2020 (HP2020) national target of 100 percent health insurance coverage for all individuals under age 65. In SDC in 2016, 14.5 percent of adults ages 18 to 64 did not have a usual source of care and 10.6 percent of these adults had health insurance. In addition, 25.3 percent of adults without a usual source of care reported fair or poor health outcomes. See Table 40 for a summary of key indicators of access to care and Table 41 for data regarding Medi-Cal eligibility. In 2015, the unemployment rate for SDC was 10.3 percent. Further, 40.7 percent of adults ages 18 to 64 living at 200 percent below the federal poverty level reported as food insecure (lack of access to healthy food).</p> <p>Table 40 Health Care Access in SDC, 2015 Description Current Health Insurance Coverage Children 0 to 11 Years Rate - 99.7%, Year 2020 Target - 100% Children 12 to 17 Years Rate - 99.5%, Year 2020 Target - 100% Adults 18 to 64 Years Rate - 90.8%, Year 2020 Target - 100% Regular Source of Medical Care Children 0 to 11 Years Rate - 96.7%, Year 2020 Target - 100% Children 12 to 17 Years Rate - 74.1%, Year 2020 Target - 100% Adults 18 to 64 Years Rate - 85.5%, Year 2020 Target - 89.4%</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Not Currently Insured Adults 18 to 64 Years Rate - 9.2%, Year 2020 Target - N/A Source 2016 California Health Interview Survey (CHIS) Table 41 Medi-Cal (Medicaid) Eligibility Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2015 Medi-Cal Eligible - 13.9% Not Eligible - 86.1% Source 2016 CHIS Among SDC adults ages 18 to 64 surveyed in 2015, 38.9 percent reported an episode of binge drinking in the past year In 2016, five percent of SDC teens reported an episode of binge drinking during the previous month Also in 2016, 14.8 percent of SDC adults ages 18 to 64 reported seeing a health care provider for mental-emotional or drug-alcohol issues, while 44.7 percent reported that they needed help but did not receive treatment of any kind Among SDC seniors, 9.2 percent of those surveyed in 2016 reported needing help for mental-emotional or alcohol-drug issues in the past year In 2015, the age-adjusted rate of discharges from the emergency department (ED) for self-inflicted injury in SDC overall was 78.3 per 100,000 population, although this rate was lower among seniors ages 65 and older (17.6 per 100,000 population) The rate of hospitalization for self-inflicted injury among seniors was 21 per 100,000 population During the same year, the age-adjusted death rate due to suicide in SDC was 10.16 deaths per 100,000 population, slightly lower than the HP2020 target of 10.2 deaths per 100,000 population, however the suicide rate among seniors was much higher (18.6 per 100,000 population) An analysis of 2015 mortality data for SDC revealed Alzheimer's disease (and related dementias) and suicide as the third and 10th leading causes of death for SDC, respectively See Table 42 for a summary of leading causes of death in SDC For additional demographic and health data for communities served by SMV and SMC, please refer to the 2016 CHNAs for these entities, available at http://www.sharp.com/about/community/community-health-needs-assessments cfm Table 42 Leading Causes of Death in SDC, 2015 Overall Cancer Number of Deaths - 5,025, Percent of Total Deaths - 24.3% Coronary Heart Disease Number of Deaths - 2,898, Percent of Total Deaths - 14.0% Alzheimer's Disease and Related Dementias Number of Deaths - 2,482, Percent of Total Deaths - 12.0% Unintentional Injuries Number of Deaths - 1,190, Percent of Total Deaths - 5.8% Stroke Number of Deaths - 1,162, Percent of Total Deaths - 5.6% Chronic Obstructive Pulmonary Disease/Chronic Lower Respiratory Diseases Number of Deaths - 973, Percent of Total Deaths - 4.7% Overall Hypertensive Diseases Number of Deaths - 733, Percent of Total Deaths - 3.5% Diabetes Number of Deaths - 708, Percent of Total Deaths - 3.4% Overdose/Poisoning Number of Deaths - 360, Percent of Total Deaths - 1.7% Suicide Number of Deaths - 342, Percent of Total Deaths - 1.7% All Other Causes Number of Deaths - 4,795, Percent of Total Deaths - 23.2% Total Deaths Number of Deaths - 20,668, Percent of Total Deaths - 100.0% Source</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>e County of San Diego Health and Human Services Agency (HHS), Public Health Services, Epidemiology & Immunization Services Branch Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMV and SMC * Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals * Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Host a bimonthly committee to discuss, plan and implement community activities Priority Community Needs Addressed in Community Benefit Report - SMV 2016 CHNA and SMC 2016 CHNA Both SMV and SMC completed their most recent CHNAs in September 2016 These CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2016 CHNA process and findings, and details on those processes are available in Section 3 Community Benefit Planning Process of this report In addition, this year SMV and SMC completed their most current implementation strategies - a description of programs designed to address the priority health needs identified in their 2016 CHNAs The most recent CHNAs and implementation strategies for both SMV and SMC are available at http://www.sharp.com/about/community/health-needs-assessments.cfm Through the SMV 2016 CHNA and the SMC 2016 CHNA, behavioral health was identified as the number one priority health need for SDC, including the behavioral health needs specifically for seniors Although additional priority health needs were identified for Sharp hospitals through the 2016 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, cancer, diabetes, obesity, etc), fall outside the scope of services provided by SMV and SMC Thus, these identified health needs are not addressed in the community benefit report for these two hospitals For additional details on SMV and SMC programs that specifically address the needs identified in the 2016 CHNA, please refer to SMV's and SMC's respective implementation strategies available at http://www.sharp.com/about/community/health-needs-assessments.cfm In alignment with the identified need of behavioral health, the following pages detail programs that specifically address * Mental health and substance abuse education and support for the community * Improving behavioral health outcomes for seniors at risk * Mental health and substance abuse education for health care professionals and students, and collaboration with local schools to promote interest in health care careers For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2017 Report of Activities conducted</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>n support of the objective(s), and Fiscal Year 2018 (FY 2018) Plan Identified Community Need Behavioral Health and Substance Use Education for the Community Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMV and SMC 2016 CHNAs identified behavioral health as the priority health issue for community members served by SMV and SMC * The HASD&IC 2016 CHNA identified behavioral health as the top priority health issue for community members in SDC * The following conditions were identified in the SMV and SMC 2016 CHNAs as priority behavioral health issues in SDC Alzheimer's disease, anxiety, drug and alcohol issues and mood disorders * Community partner discussions conducted as part of the HASD&IC 2016 CHNA process identified stigma as a significant barrier to improving behavioral health in SDC Specifically, fear that disclosing a mental illness would yield repercussions, such as job loss, was identified as a barrier to accessing behavioral health care Reducing stigma related to mental health, building relationships with patients, and teaching families about the signs and symptoms of mental health issues were recommended * According to data from the Office of Statewide Health Planning and Development (OSHPD) presented in the SMV and SMC 2016 CHNAs, anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages 5 to 44 and ages 65 and older For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders * In general, data analysis in the SMV and SMC 2016 CHNAs revealed a higher rate of behavioral health hospital discharges in SDC's more vulnerable communities (Dignity Health, San Diego Geographic Information Source (SanGIS), OSHPD & SpeedTrack Inc , 2015) * According to 2016 CHIS data, 9.5 percent of adults in SDC have ever seriously thought about committing suicide</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* In 2015, there were 1,067 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.4 per 100,000 population. * In 2015, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 11.66 per 100,000 population. Age-adjusted rates for overdose/poisoning-related ED discharges were higher among males, Blacks and individuals ages 15 to 24 years in comparison among groups. * Approximately 10.2 million adults have co-occurring mental health and addiction disorders in the U.S. (NAMI, 2016). * According to HP2020, the effects of substance abuse contribute to costly social, physical, mental and public health problems, including teenage pregnancy, sexually transmitted diseases, motor vehicle accidents, physical fights, suicide and crime, including domestic violence, child abuse and homicide. * Approximately eight percent of the population will develop post-traumatic stress disorder (PTSD) during their lifetime, however, these figures are higher among veterans and active duty servicemembers. According to the VA, in a given year, approximately 11 to 20 percent of veterans of Operations Iraqi Freedom and Enduring Freedom and 12 percent of Gulf War veterans have PTSD, while it is estimated that 30 percent of Vietnam veterans have had PTSD in their lifetime. * Both active duty service members and veterans face barriers to treatment for behavioral health issues, including long wait times to receive treatment, embarrassment, shame or stigma around service-related disabilities, a lack of understanding or awareness about behavioral health problems and treatment options, logistical issues, such as travel difficulties, concerns over the VA's care offerings, and demographic barriers such as age or gender (National Veterans Foundation, 2016). * In 2014-2015, 12.3 percent of California adolescents ages 12 to 17 experienced a Major Depressive Episode (MDE). This rate has increased 3.1 percent since 2011-2012 (Substance Abuse and Mental Health Services Administration (SAMHSA), Behavioral Health Barometer - California Volume 4, 2015). * From 2011 to 2015, an average of only 32.1 percent of California adolescents ages 12 to 17 with a MDE in the past year received treatment (SAMHSA, Behavioral Health Barometer - California Volume 4, 2015). Objectives: * Provide behavioral health and substance use education for patients, their loved ones and the community. * Support the behavioral health community through sponsorship of and participation in community events. FY 2017 Report of Activities During FY 2017, SMV and SMC hosted numerous on-site community speaking engagements and workshops to increase awareness of behavioral health and substance use issues. Education addressed a variety of topics, including cognitive therapy, chemical dependency, life transitions, domestic violence and child and geriatric psychiatry. This included SMV's monthly cognitive therapy lecture series designed to educate par</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Participants about cognitive behavioral therapy - a research-based treatment approach to mood disturbances and behavior problems that is used to treat anxiety, anger, depression, panic disorder, bipolar disorder, phobias, relationship problems, grief and loss, and other difficulties that bring people to therapy. Further, in response to the need for information and support for caregivers of individuals with mental illness, SMV provided educational materials, local behavioral health resources and information on behavioral health support to family and friends in the hospital lobby through NAMI San Diego's Friends in the Lobby program. Throughout the year, SMV provided specialized services to active duty servicemembers, veterans and their families. These programs provide a safe environment for veterans to learn effective methods for managing symptoms of PTSD, acute stress disorder and mood-related disruptions. SMV's military-specific programs also decrease the use of maladaptive coping skills through evidence-based practices and include services for spouses and family members who experience distress when a loved one returns with symptoms related to the trauma of war. Team members provide education and resources to reduce the stigma surrounding behavioral health issues in the military community. During FY 2017, SMV's military-specific programs supported approximately 600 veterans and community members. In addition, SMV and SMC collaborated with partners in the military community to provide behavioral health education and resources to more than 500 community members at events throughout SDC. Events included the VA San Diego Healthcare System 2017 Community Mental Health Summit, Sharp Hospice eCare's We Honor Veterans Recognition, Education and Resource Expo, the Live Well San Diego (LWSD) 2016 Veterans Forum, Fostering Collaboration to Connect San Diego County Veterans, and the Veterans' Resource Fair at Silverado Memory Care Community in Encinitas, which was sponsored by San Diego County Hospice-Veteran Partnership and the Caregiver Coalition of San Diego. Further, in FY 2017 SMV provided education and resources about opportunities for participation in PTSD and depression research to physicians in the VA Trauma Program. SMV also continued to participate in the SDMFC, which meets monthly to discuss community-based services for military service members and their families, as well as the Hidden Heroes campaign, which raises awareness and support for caregivers of veterans and active duty service members. In FY 2017, SMV provided a specialized Transitional Age Youth (TAY) Program for young adults, ages 18 to 26, with behavioral health issues. Through the TAY Program, SMV offered education and resources to empower and support the continued health and well-being of these young adults. In April, the SMV TAY Program hosted a croquet tournament at Balboa Park benefitting Impact Young Adults, an organization that empowers young adults with behavioral health challenges.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>Throughout the year, SMV and SMC provided behavioral health education to the community through interviews with local news outlets, including CW6 San Diego, KUSI News, CBS News 8 - San Diego, FOX 5 San Diego, 10News - ABC San Diego, Newsradio 600 KOGO, and Televisa Tijuana Official. Interview topics included helping children cope with negative media imagery, navigating post-election feelings, veterans and PTSD, drinking in moderation and approaching a loved one about concerning habits, positively progressing into the new year, risks surrounding the increasing trend of binge drinking among older women, the connection between substance use and behavioral health disorders, the impact of new marijuana legislation on behavioral health providers, new guidelines for alcohol use, the health effects of long-term drug usage, the increasing prevalence of alcoholism and how to seek help, and bullying. Professionals with expertise in a variety of disciplines, including clinical psychology, chemical dependency, marriage and family therapy (MFT) and clinical child psychology shared information through these news outlets. In FY 2017, SMV and SMC provided behavioral health education, resources and presentations to approximately 1,400 community members through participation in health and wellness fairs, conferences and events. This included the Community Resource Fair at Balboa Park, which was sponsored by the San Diego Commission on Gang Prevention and Intervention, and the San Diego Unified School District's Counseling and Guidance Department and Office of Secondary Schools, a health fair sponsored by the Philippine Nursing Association as part of the Lunar New Year Tet Festival at San Diego County Credit Union Stadium, the Jewish Family Service of San Diego (JFS) Behavioral Health Committee's annual Behavioral Health Panel and Luncheon, NAMI North Coastal San Diego County Chapter's annual resource fair at St. Michael's by the Sea Episcopal Church in Carlsbad, the Recovery Awareness Resource Fair at La Maestra Community Health Center, the second annual Critical Issues in Child and Adolescent Mental Health Conference at the Crowne Plaza San Diego hotel in Mission Valley, the International Bullying Prevention Association's summit in support of lesbian, gay, bisexual, transgender and queer youth titled "Inclusion Through Kindness and Compassion" at the Marina Village Conference Center, and the 2017 SDC Wellness and Recovery Summit at the Joe & Vi Jacobs Center. Additionally, SMV provided behavioral health resources as well as an educational presentation about self-care, mindfulness and stress reduction at the Caregiver Coalition of San Diego and NAMI's A Day for Caregivers: Caring for a Loved One with Mental Health Challenges conference held at the First United Methodist Church in Mission Valley. Lastly, SMV collaborated with CHIP for the Suicide Prevention Council Mental Health Month event that featured local behavioral health organizations and their work in prevention.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>on, intervention and aftercare at United Way of San Diego County The event highlighted th e continuum of behavioral health care in the community and the connection between behavior al health and suicide prevention In FY 2017, SMV sponsored and participated in several ev ents benefitting behavioral health organizations across SDC Events included NAMI's 13th a nnu al Color Ball and Inspiration Awards at the San Diego Air & Space Museum, the Internati onal Bipolar Foundation's Starry Night fundraising event at Liberty Station and luncheon a t the Hyatt Regency, San Diego Psychological Association's 2016 Fall Conference at the Han d lery Hotel, the Healthy Lives Safe Communities Justice Connected event at the Crowne Pla za San Diego hotel in Mission Valley, the Behavioral Health Recognition Dinner, which reco gnizes individuals who work to help community members achieve recovery without stigma, and the Strut for Sobriety event benefitting A New PATH, a nonprofit organization focused on reducing stigma associated with addictive illness through education In addition, SMV spon sored and participated in MHA's 19th and 20th annual Meeting of the Minds Conference and R esource Fair events held at the Sheraton San Diego Hotel & Marina in October 2016 and Sept ember 2017 These events included prominent researchers and health care experts who shared the latest advances and research in behavioral health At the October event, SMV presente d on banishing doubt, boosting self-esteem to improve self-worth, and living an authentic life to approximately 300 attendees At the September event, SMV provided behavioral healt h resources as well as education on current clinical research and study referral and recru itment to 300 attendees at the event's resource fair In October 2016 and August 2017, SMV sponsored the SDMFC's Annual Conferences, and provided PTSD resources and information abo ut SMV's behavioral health services to more than 600 community members Further, in Januar y, SMV sponsored the JFS behavioral health panel event titled Raising Resilient Kids Duri ng the event, more than 150 community members received behavioral health resources from SM V as well as information from a panel of experts on how to address challenging behaviors, form realistic expectations, and support a successful start to school Throughout the year , SMV and SMC sponsored and participated in 10 walks to increase awareness and raise funds for behavioral health services, including the San Diego County NAMI Walk, San Diego NEDA (National Eating Disorders Association) Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, Survivors of Suicide Loss' Save a Life San Diego/San Diego Chapter of Yellow Ribbon Suicide Prevention Program(r) Community Walk, Alzheimer's S an Diego's annual Walk4ALZ, McAlister Institute's Walk for Sobriety, the Heroes in Recover y 6K Run/Walk, the MCCS Camp Pendleton Suicide Prevention Walk, the Travis Manion Foundati on's 9/11 Heroes Run/Walk and</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>the American Heart Association's (AHA) 2017 San Diego Heart & Stroke Walk. With the exception of the AHA 2017 San Diego Heart & Stroke Walk, SMV and SMC provided a booth with behavioral health resources during these events. At the Walk to End Alzheimer's, SMV offered education on Alzheimer's disease, clinical trials and community resources to more than 500 attendees. In FY 2017, SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious, persistent mental illness. In 2012, the County of San Diego offered a three-year contract to a work team, including SMV, CHIP, housing organizations and other community partners for the establishment of an Independent Living Registry and an Independent Living Association (ILA). Through this initiative, the work team developed a four-prong approach to address the challenges to safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals, educational curriculums for members of the ILA, peer review and accountability through site visits, and advocacy. Following the conclusion of the contract, these efforts continue to maintain quality standards and seek improvement of conditions for ILFs and the community members who reside there. This includes linking residents with essential services and providers, and reducing crime and unnecessary arrest rates. The ILA is an initiative of the CHIP Behavioral Health Work Team, in which SMV is an active participant, and the registry continues to expand with new participating ILFs. In addition, SMV partnered with Community Research Foundation, PERT, ILA and the CHIP Behavioral Health Work Team to improve collaboration with patients in the community, promote recovery and decrease the stigma of mental illness and co-occurring substance use problems. SMV continues to maintain a Client Advisory Board, which obtains feedback from the hospital's outpatients on how to improve programs, empower patients, promote advocacy and better serve the community. During FY 2017, Client Advisory Board members and patients encouraged community members, staff, current and former patients, friends and family to join their walking team, the Mighty Mesa Vista Movers, in the annual San Diego County NAMI Walk to raise awareness and reduce stigma around behavioral health.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>FY 2018 Plan SMV or SMC will do the following * Continue to explore opportunities for out reach to multicultural and at-risk groups through increased community involvement and education * Continue serving as the media's go-to experts for information on behavioral health conditions and treatment * Host and provide a variety of educational events and programs for community members * Participate in community events to raise awareness and funds for behavioral health services * Participate in key behavioral health events and activities alongside patients * Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance use issues * Continue to collaborate with community providers and provide education to ILFs to improve living conditions for individuals with mental illness * Participate in Sharp's partnership with the City of San Diego to provide behavioral health education and resources to employees and residents in the city's nine districts Identified Community Need Behavioral Health and Substance Use Screenings and Support for the Community Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMV and SMC 2016 CHNAs identified behavioral health as the priority health issue for community members served by SMV and SMC * The HASD&IC 2016 CHNA identified behavioral health as the top priority health issue for community members in SDC * The following conditions were identified in the SMV and SMC 2016 CHNAs as priority behavioral health issues in SDC Alzheimer's disease, anxiety, drug and alcohol issues, and mood disorders * Discussions with Alpine Special Treatment Center as part of the HASD&IC 2016 CHNA identified the following challenges to the behavioral health of vulnerable populations lack of available placements for patients ready to leave facilities, overburdened case managers, difficulty with the disability application process, and difficulty managing patients' physical health problems * Respondents of the Health Access and Navigation Survey administered during the SMV and SMC 2016 CHNA processes identified the following barriers to accessing behavioral health care getting, using and understanding health insurance, knowing where to go for care, especially understanding when to use the ED, urgent care and primary care, and making appointments, specifically availability of appointments and wait time issues * Key informant in interviews conducted as part of the SMV and SMC 2016 CHNA processes identified the following resources that should be developed to address substance use and related issues early prevention programs that emphasize the dangers of alcohol, increased accessibility of treatment programs, presence of psychologists in the ED to provide screening, brief intervention, and referrals, available beds</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>for those who cannot pay, and long-term aftercare * According to OSHPD data presented in the SMV and SMC 2016 CHNAs, anxiety disorders were the top primary diagnosis for behavioral health-related ED discharges among those ages 5 to 44 and ages 65 and older For those ages 45 to 64, the top ED discharge for behavioral health was alcohol-related disorders, followed by anxiety and mood disorders * In general, data analysis in the SMV and SMC 2016 CHNAs revealed a higher rate of behavioral health hospital discharges in SDC's more vulnerable communities (Dignity Health, SanGIS, OSHPD & SpeedTrack Inc , 2015) * According to 2016 CHIS data, 9.5 percent of adults in SDC have ever seriously thought about committing suicide * In 2015, there were 1,067 hospitalizations due to overdose/poisoning in SDC The age-adjusted rate of hospitalizations due to overdose/poisoning was 31.4 per 100,000 population * In 2015, the age-adjusted rate of overdose/poisoning-related ED discharges in SDC was 116.6 per 100,000 population Age-adjusted rates for overdose/poisoning-related ED discharges were higher among males, Blacks and individuals ages 15 to 24 years in comparison among groups * Among adults served by California's public mental health system in 2015 , 79.4 percent of those ages 18 to 20, 78.6 percent of those ages 21 to 64, and 95.5 percent of those ages 65 or older were not in the labor force (SAMHSA, Behavioral Health Barometer - California Volume 4, 2015) * In the U.S , approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders (NAMI, 2016) Objectives * Provide behavioral health and substance use screenings to the community * Provide support for members of the community impacted by behavioral health and substance use issues FY 2017 Report of Activities During FY 2017, SMV and SMC supported community members impacted by behavioral health and substance use issues by providing a variety of screenings, both on-site and in partnership with local organizations Throughout the year, SMV psychiatric evaluation and intake teams provided approximately 15,000 free psychiatric evaluations and referrals for the general community via phone calls and walk-ins SMC also provided extensive community outreach and support through assessments and referrals to community organizations During FY 2017, SMC spent more than 1,500 hours offering free chemical dependency assessments, educational materials and community referral resources to more than 700 community members The free assessments were facilitated by a licensed mental health professional, who provided individuals with recommendations for appropriate programs and levels of care Check Your Mood Week is an annual event held in conjunction with National Depression Screening Day in October to raise behavioral health awareness, fight stigma, and encourage community members to assess their emotion</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>ional well-being During Check Your Mood Week, SMV partnered with CHIP and LWSD to provide Check Your Mood screenings - a brief questionnaire aimed at assessing risk for depression - and resources at events across SDC At the North County Health Services clinic in San Marcos, SMV provided Check Your Mood screenings as well as education on behavioral health and related services, community resources, self-care and depression to approximately 25 community members SMV also offered Check Your Mood Screenings at SDMFC's Annual Conference, an event with more than 300 attendees held in October 2016 Additionally, SMV collaborated with Amigas Punto Com and Sharp Multicultural Services to provide Check Your Mood screenings to approximately 20 community members during the Conviva y Aprende (Share and Learn) educational series at the San Diego Country Club in Chula Vista Finally, SMV provided Check Your Mood screenings as well as senior-focused behavioral health resources to 100 community seniors and family members at the Lakeside Community Center's annual Senior Health Fair SMV and SMC also provided behavioral health screenings and resources at several community events throughout the year SMV and SMC assisted in planning Sharp Chula Vista Medical Center's Changing Minds - Minds Matter South County Behavioral Health Resource Fair, a free event during which more than 40 community partners gathered to educate South Bay community members about behavioral health challenges and raise awareness of available community services and resources During the event, SMV and SMC provided workshops on substance use and behavioral health, as well as Check Your Mood screenings and behavioral health resources to approximately 120 community members SMV and SMC also provided nearly 30 Check Your Mood screenings and offered behavioral health resources to approximately 1,000 attendees at the 2016 Sharp Women's Health Conference in April Further, in recognition of National Recovery Month, SMV provided behavioral health and substance use resources and screenings to approximately 200 community members at HHSA's annual Recovery Happens Celebration in the Park event to support those on the journey to recovery</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>the year, SMV offered a variety of support groups for community members with behavioral health challenges. A weekly Mood Disorders support group was available for individuals, family and friends impacted by depression, bipolar disorder, PTSD or anxiety. A National Association of Anorexia Nervosa and Associated Disorders support group was also offered weekly for individuals and families affected by an eating disorder. Further, a biweekly Dialectical Behavioral Therapy (DBT) support group utilized DBT ideas and skills to help attendees manage severe emotional reactions, intense anxiety, impulsivity, self-harm, suicidal thoughts and high-conflict relationships. SMV also offered a free support group to provide psychoeducation and support for veterans and their families. More than 1,800 community members attended these support groups in FY 2017. SMV further supported the community by providing free space for a variety of self-help groups to meet each week. The hospital's meeting spaces were booked for more than 1,800 hours in FY 2017 for groups including Narcotics Anonymous, the Narcotics Anonymous Family group, Alcoholics Anonymous, Al-Anon, Cocaine Anonymous, Pills Anonymous, Project SMILE 12 Step Recovery Workshop, SMART Recovery San Diego, Co-Dependents Anonymous, Obsessive Compulsive Disorder support group, Hoarders Working support group, Shyness and Social Anxiety group, San Diego Phobia Foundation, Concerned United Birthparents, the California Board of Registered Nursing's Nursing support group, A New PATH, and the SMV and SMC Aftercare and Lifetime Support meetings. For more than 50 years, the San Diego Rescue Mission (SDRM) has helped San Diego's homeless and poor population create better lives for themselves through comprehensive programs, including services that address housing, hunger, behavioral health and other education and awareness programs. SMV continued to support the SDRM by donating food three times weekly to help support approximately 400 men, women and children living in the shelter. Each week during FY 2017, SMV collected and donated more than 300 pounds of food for the SDRM. FY 2018 Plan SMV or SMC will do the following: * Provide free psychiatric assessments, substance use screenings and referrals for the community * Continue to participate in psychiatric rehabilitation programs and activities * Explore further collaborations and partnerships with community partners * Host and facilitate various support groups and provide free meeting space for use by a variety of community self-help groups. Identified Community Need: Improving Behavioral Health Outcomes for Seniors at Risk. Rationale references the findings of the SMV and SMC 2016 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale: * The SMV, SMC and HASD&IC 2016 CHNA processes continued to identify behavioral health as a priority health concern for SDC, including Alzheimer's disease and dementia. * According to HH.</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>SA's 2015 Alzheimer's Disease and Other Dementias in San Diego County report, Alzheimer's disease is the third leading cause of death in SDC, the fifth leading cause of death in California, and the sixth leading cause of death in the U S * The same report projects that the number of SDC residents living with Alzheimer's disease and other dementias will increase from 60,000 to approximately 94,000 people between 2012 and 2030, representing a 55.9 percent increase * In SDC, rates of anxiety disorder, mood disorders, schizophrenia and other psychotic disorders as well as self-inflicted injury were consistently highest among those ages 55 to 64 compared to those age 65 and older in both ED and inpatient settings in 2012 * According to HHSA's 2015 Senior Health Report, suicide is the leading cause of non-natural death for SDC residents ages 55 to 64, and the second leading non-natural cause of death among adults ages 75 and older * According to 2016 CHIS data, 5.2 percent of SDC adults over the age of 65 thought about committing suicide in the past year Of those, only 28.3 percent reported that they had sought help in the past year * ED discharges related to chronic alcohol use among SDC seniors ages 65 and older increased 132.3 percent between 2011 and 2015 Compared to other age groups, this was the largest percentage increase during this time period * The 2015 hospitalization rate for acute substance-related disorders was 15.7 per 100,000 among those over the age of 65, which was the highest rate among all age groups Only 6.5 per 100,000 received inpatient treatment, which was the lowest among all age groups * Certain circumstances of aging, such as loss of family, social isolation and infirmity can be triggers for the onset of mental illnesses, including alcoholism and serious depression, among older people Older persons with mental illnesses also face the loss of family and other caregivers as well as the insufficiency of geriatric health practitioners, including mental health practitioners (NAMI, 2016) * According to the University of California (UC) Davis Medical Center's Community-Defined Solutions for Latino Mental Health Care Disparities report, barriers to addressing the unmet mental health needs of the senior Latino community in SDC include housing, transportation, social support, exposure to violence, stigma surrounding mental illness, and cultural emphasis on masculinity Additional barriers to meeting mental health needs include language and cultural barriers secondary to a lack of translators, lack of information about available services, and scarcity of culturally competent medical providers (UC Davis Medical Center, 2012) * The 2012 San Diego Association of Governments Survey of Older Americans Living in San Diego County reports that almost half of respondents (46 percent) either strongly or somewhat agreed that isolation and/or loneliness affects their quality of life, while more than one out of four (27 percent) respon</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>dents said they suffered from emotional problems during the month before the survey was taken * Results from the Survey of Older Americans Living in San Diego County also indicated that the greatest percentage (26 percent) of respondents considered medical ailments/issues to be the biggest problems impacting them, including depression, mental health concerns and memory loss, among others * Behavioral and cognitive symptoms often present differently in older adults compared to younger adults Many medications have side effects that may present as symptoms of another illness, and the interaction of multiple medications may exacerbate symptoms or cause additional health problems (SAMHSA, 2016) Objectives * Provide culturally competent outreach services to high-risk seniors in SDC's disadvantaged communities * Provide education and screening to senior community members * Collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities FY 2017 Report of Activities Throughout FY 2017, SMV clinicians collaborated with Serving Seniors to provide more than 1,000 hours of clinical services to senior clients at the Gary and Mary West Senior Wellness Center Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals or counseling to reduce the risk of hospitalization and homelessness, and behavioral health screenings including Montreal Cognitive Assessments, which detect cognitive impairment SMV also continued to collaborate with the Gary and Mary West Senior Wellness Center beyond the provision of clinical services At this site, SMV provided free prevention and early intervention initiatives designed to improve the utilization and effectiveness of behavioral health services for high-risk, culturally diverse seniors and address barriers to accessing behavioral health care, including stigma, isolation and lack of available services These services were further enhanced with free education as well as a weekly healthy aging support group led by an SMV clinician, which focused on aging and behavioral health issues, including depression, anxiety and coping with loss</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>SMV's Senior Intensive Outpatient Program (SIOP) is designed for older adults experiencing depression, anxiety, addiction or other behavioral health disorders. Using an educational approach, SIOP clinicians help seniors develop healthy coping strategies, maximize communication and conflict resolution skills, understand and change unhealthy thoughts, and use relaxation techniques to manage anxiety and improve sleep. Throughout the year, SMV's SIOP staff provided education and outreach to community members in an effort to debunk the myths associated with older adulthood, such as 'depression is a normal part of aging' and 'growing old is characterized by loss and pain'. Seven educational sessions were offered in FY 2017 addressing the following topics: Coping with Grief and Loss, Coping with Life Transitions, Mindfulness, and Coping Tools for Managing Anxiety. Lectures were delivered to more than 150 community members at JFS College Avenue Senior Center, the George Stevens Senior Center, Tierrasanta Village of San Diego's Villa Monterey Clubhouse, Toby Wells YMCA and Rancho Penasquitos Branch Library. Throughout the year, SMV's SIOP provided behavioral health resources, memory screenings, and information about the hospital's senior services at numerous senior health fairs and community events in SDC, including San Diego County Council on Aging's Head, Shoulders, Knees & Toes Senior Health and Resource Fair, the Point Loma Senior Health Fair, the JFS Health Fair and Flu Shot Event, the East County Senior Services Providers 18th annual Senior Health Fair, the San Diego LGBT Community Center's 11th annual Senior Resource Fair, and a health fair at La Vida Real, a senior living community in Rancho San Diego. In FY 2017, nearly 900 seniors and their family members were reached through the SIOP's participation in these community events. SMV's SIOP both provided behavioral health resources and presented at senior health-focused conferences throughout SDC, serving more than 1,500 community members in FY 2017. Events included Sharp HospiceCare and the Sharp Senior Resource Centers' Annual Aging Conference, Planning for Physical, Mental and Financial Health events at the La Mesa Community Center and All Souls Episcopal Church, Sharp Women's Health Conference at the Sheraton San Diego Hotel & Marina, Sharp HospiceCare's Advanced Illness Management conference at Paradise Point Resort & Spa, and the County of San Diego Aging and Independence Services Vital Aging 2017 Steps for Success Conference at Liberty Station. At these conferences, SIOP clinicians presented on a variety of topics, including attitudes and aging, reducing emotional suffering and brain health. In FY 2017, SMV partnered with Alzheimer's San Diego to provide a variety of screenings, behavioral health education and resources to community members. In October, approximately 120 community members learned about the latest research on reducing the risk of dementia at the Keeping Your Brain Healthy.</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Conference held at Sharp's corporate office location in Kearny Mesa In January, March and April, SMV educated 60 seniors about the latest in Alzheimer's disease research, including prevention and treatment, through three lectures at Alzheimer's San Diego In September, SMV provided 400 community members with behavioral health resources and information about participation in clinical trials at Alzheimer's San Diego's Date with a Cure event at the University of San Diego's (USD) Shiley Theatre In November, February, May and August, SM V and Alzheimer's San Diego offered free memory screenings - a wellness tool that helps identify possible changes in memory and cognition - to community members who were concerned about memory loss or interested in establishing a baseline to detect future changes Furth er, SMV clinicians, including a psychiatrist, provided education and research on the early signs of Alzheimer's disease as part of Alzheimer's San Diego's Take Charge! Early Memory Loss Program, an educational support series for people living with early-stage memory los s and their care partners Additionally, throughout FY 2017, SMV clinicians provided educa tional materials and lectures on advances in Alzheimer's research and opportunities to enr oll in clinical research studies to more than 300 community members at locations across SDC, including Point Loma/Hervey Branch Library, Scripps Miramar Ranch Library, La Mesa Comm unity Center, the JFS College Avenue Senior Center, Gary and Mary West Senior Wellness Cen ter and George G Glenner Alzheimer's Family Centers FY 2018 Plan SMV will do the followi ng * In collaboration with Serving Seniors, provide outreach and education to seniors wit hout stable housing * Continue to address the behavioral health needs of high-risk, cultur ally diverse seniors * Through SMV's SIOP, provide education and support to community memb ers around senior behavioral health issues * Continue to collaborate with community organi zations to address the behavioral health needs of SDC seniors and other community members facing inequities Identified Community Need Behavioral Health and Substance Use Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promo te Interest in Health Care Careers Rationale references the findings of the SMV and SMC 20 16 CHNAs, HASD&IC 2016 CHNA or the most recent SDC community health statistics unless othe rwise indicated Rationale * Key informant interviews conducted as part of the HASD&IC 201 6 CHNA process recommended internship/workforce training programs with local educational i nstitutions and HHSA as a strategy for addressing behavioral health needs and modifiable r isk factors in SDC * A 2014 SDWP labor market analysis indicated an increase in the numbe r of health care training providers in SDC, but a shortage of clinical training facilities where applicants can gain necessary experience The scarcity of clinical facilities offer ing prerequisite training has</p>

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Form 990, Part III, Line 4 Community Benefit Report	<p>made it increasingly difficult for employers to find qualified workers * According to a 2 014 OSHPD report titled Analysis of Mental Health Workforce Supply, California's public me ntal health system suffers from a critical shortage of qualified mental health personnel t o meet the needs of the diverse populations they serve There are critical issues such as the poor distribution, lack of diversity and under-representation of practitioners across disciplines with cultural competencies, including consumers and family members with lived experience to provide consumer and family-driven services that promote wellness, recovery and resilience * A 2014 report from the California Hospital Association titled Critical R oles California's Allied Health Workforce Follow-Up Report emphasizes the importance of l ocal hospitals providing clinical training for nurses and allied health professionals, as well as programs to support mentoring and hospital work experience for interns and high sc hool students In the coming decades, such programs will have a tremendous impact on the l ives of individuals, families and the San Diego community at large * According to the U S Bureau of Labor Statistics (BLS), employment of mental health social workers is projecte d to grow 18 percent from 2016 to 2026, much faster than the average for all occupations Employment will grow as more people seek treatment for mental illness and substance use di sorders Because drug offenders are increasingly being sent to treatment programs rather t han jail, use of substance abuse treatment programs is expected to grow, increasing demand for these specialists (BLS, 2015) * The BLS also projects that employment of substance a buse and behavioral disorder counselors will grow 20 percent from 2016 to 2026 Growth is expected as addiction and mental health services are increasingly covered by insurance pol icies * According to a 2017 report from the National Council for Behavioral Health, the p ool of psychiatrists working with public sector and insured populations declined by 10 per cent between 2003 and 2013, due to reasons such as aging of the current workforce, low rei mbursement rates, burnout, burdensome documentation requirements and regulatory restrictio ns that make it difficult to coordinate care In addition, the supply of psychiatrists who work in inpatient and outpatient psychiatric facilities has declined significantly, with 40 percent of psychiatrists now practicing in cash-only private practices</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* According to the University of Washington's Center for Health Workforce Studies, challenges contributing to the nation's behavioral health workforce crisis include the aging of certain occupations, low compensation and perceptions of low status for jobs requiring less formal education, and high burnout and stress due to the nature of the work (Center for Health Workforce Studies, 2016) * In 2016, there were 453 designated Mental Health Care Health Professional Shortage Areas (HPSAs) in California, representing approximately 6.5 million residents. The Kaiser Family Foundation estimates that 252 new practitioners would need to be added to the behavioral health workforce to remove HPSA designation from all areas. Objectives * Collaborate with local schools to provide opportunities for students to explore health care professions * Collaborate with the behavioral health community - including other behavioral health educational institutions - to provide education and training for health care professionals. FY 2017 Report of Activities Throughout the year, SMV participated in internship and clinical training programs for trainees and students in various health care disciplines, including clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, pharmacy, health information technology (HIT), music therapy, clinical chaplains, medicine and nursing. SMV provided clinical supervision and training for 26 psychology trainees, including 16 graduate students, 7 doctoral interns, and 3 postdoctoral fellows, as well as 8 MFT and 8 Master of Social Work (MSW) student interns. In FY 2017, SMV continued to provide a nine-month internship for a student completing a dual master's degree in Music Therapy and Professional Counseling. In total, all ancillary (non-nursing) students served 29,870 hours on the SMV campus. In addition, nearly 400 nursing students worked clinical rotations of 6 to 8 hour shifts and spent more than 27,600 hours at SMV. Nursing students were placed in all inpatient units and several of the outpatient programs at SMV and SMC. SMV offers two clinical rotations in one day, including morning and evening shifts, and nursing students are on campus seven days a week. Including time spent with groups and individual preceptors, nursing students served nearly 29,800 hours at SMV in FY 2017. Academic institution partners included, but were not limited to, Alhambra University, Argosy University, Azusa Pacific University (APU), Catholic University of America, California State University San Marcos (CSUSM), National University, Point Loma Nazarene University (PLNU), San Diego City College, San Diego State University (SDSU), Southwestern College, Touro University, University of Cincinnati, USD, University of Southern California (USC) and University of the Pacific. Nursing students from various universities and colleges were also provided free meeting space as needed. In FY 2017, SMV received nearly 160 applications for se</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>ven doctoral intern positions available through Sharp's year-long American Psychological Association-accredited doctoral internship in clinical psychology Selected interns rotated through three four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient senior behavioral health and child and adolescent programs Interns also rotated through SMC The hospitals offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening With this training, psychology doctoral students provided approximately 75 detailed psycho-diagnostic assessments throughout the year In addition, psychology trainees provided more than 5,300 hours of group therapy and more than 2,400 hours of individual therapy Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital At SMV and SMC, psychologists, licensed marriage and family therapists and licensed clinical social workers provided more than 19,300 hours of direct clinical supervision to trainees SMV provided two hours of lectures every week for psychology doctoral interns These lectures were also open to trainees and staff throughout the hospital Lectures included, but were not limited to Assessment and Treatment of Self Injurious Behaviors The Culture of Poverty, Culturally and Clinically Competent Work With Transgendered People, Sex and Aging, Psychology of Men, Psychological Treatment of Functional Gastrointestinal Disorders, Child Abuse and Tarasoff Reporting, Assessing Psychosis in Children and Adolescents, Evaluating Personality Disorders in Adolescents, and Evaluating Complex Trauma in Children Throughout the year, SMV provided specialized learning opportunities for its MSW students MSW students working with inpatients attended an intensive two-day orientation to become familiar with social work in the hospital setting During the first semester, students spent two months shadowing SMV social workers, before earning the opportunity to work under supervision Students attended case presentations, in-services, staff meetings, treatment team meetings, huddles and more as part of their learning experience During the second semester, MSW students rotated for one to two weeks through additional units at SMV Students also had the opportunity to shadow social workers in various locations throughout the Sharp system MFT/MSW students working specifically with outpatients also attended quarterly two-hour trainings SMV also continued to participate in the Health Sciences High and Middle College (HSHMC) program in FY 2017 The program provided three 11th grade and two 12th grade students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Senior Behavioral Health, SIOP and Chemical Dependency Recovery) as well as nutr</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>ition services In addition, students received instruction on educational and job requirements as well as career ladder development During FY 2017, HSHMC students spent approximately 1,900 hours at SMV Throughout the year, SMV provided behavioral health resources to more than 800 students at the Grossmont College Health and Wellness Fair, the UC San Diego Annual Health Fair, the SDSU Health Expo, the APU Practicum Fair and the San Diego City College Health and Wellness Expo At the 2017 Agency Internship Fair hosted by SDSU, USC and CSUSM, SMV provided approximately 100 behavioral health students, graduate students and clinicians with behavioral health resources and information about student internships SMV also provided two lectures to more than 45 San Diego Mesa College HIT students in April and May Topics included psychiatric and behavioral health, substance use, dependency record-keeping and Health Insurance Portability and Accountability Act privacy laws SMV and SMC provided continuing education classes, conferences and trainings for behavioral health care professionals in FY 2017, including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as for the community at large In October, SMV provided a lecture on suicide prevention to more than 40 health professionals from outpatient behavioral health clinics throughout SDC at the HHS A Behavioral Health Services Clinical Standards meeting At the seventh annual Primary Care and Behavioral Health Integration Summit in December, SMV presented the topic of integrating suicide risk assessment tools into treatment processes SMV provided behavioral health resources to more than 300 attendees of the annual Early Childhood Mental Health We Can't Wait Conference in September During FY 2017, SMV hosted and participated in the EAPA to increase knowledge and education in the behavioral health professional community SMV and SMC also hosted educational events for the EAPA, where they provided resources and education regarding current concerns in behavioral health care, evidence-based therapies and emerging treatment models to approximately 50 community members throughout the year SMV clinicians shared knowledge and best practices with the larger professional health care community through the development of educational materials on behavioral health and patient care With grant funding, in FY 2017, SMV's SIOP continued to work on a book about seniors coping with life transitions SMV also assisted with the development of geriatric behavioral health and dementia care curricula for SDSU's Behavioral Health Education & Training Academy In addition, an SMV clinician contributed a chapter on quality and safety to a textbook for nursing professionals titled Leadership and Nursing Care Management</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>SMV continued its collaboration with PERT through participation in PERT roundtables, monthly meetings and community-oriented trainings SMV staff also supported approximately 600 S DC police officers at the quarterly PERT Academy Resource Fair During these events, SMV team members provided officers with educational resources on understanding psychiatric emergencies and community psychiatric services The police officers were subsequently paired with licensed mental health clinicians to help them evaluate and assess an individual's behavioral health condition and needs, and, if appropriate, transport the individual to a hospital or refer the individual to a community resource or treatment facility Throughout FY 2017, staff at SMV and SMC regularly led or attended various community and professional health boards, committees, and advisory and work groups, including A New PATH, Alzheimer's San Diego Client Advisory Board, Alzheimer's Project Safety Workgroup, American Academy of Nursing, American Nurses Association, American Psychiatric Nurses Association, Association for Ambulatory Behavioral Healthcare, Association of California Nurse Leaders, California Association of Marriage and Family Therapists San Diego Chapter, LWSD Check Your Mood Committee, CHIP Behavioral Health Work Team, CHIP ILA Advisory Board and Peer Review Advisory Team, CHIP Suicide Prevention Council, City of San Diego Park & Recreation - Therapeutic Recreation Services Disabled Services Advisory Council, EAPA forums, Hidden Heroes Campaign Committee, HASD&IC, Inner City Action Network, JFS Behavioral Health Committee, JFS Public Affairs Committee, MHA Board, NAMI, PERT, PLNU, Residential Care Committee, San Diego Community College District, San Diego County Older Adult Council, San Diego County Falls Prevention Task Force, San Diego Health Information Association, San Diego Mental Health Coalition, San Diego Mental Health History Planning Team, SDMFC, San Diego Psych-Law Society, SDWP, SDWP Work Well Committee, Sigma Theta Tau International Honor Society of Nursing - Gamma Gamma Chapter, Special Needs Trust Foundation and VA San Diego Mental Health Council FY 2018 Plan SMV or SMC will do the following * Offer internship and clinical training programs and/or placement for clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, medicine, music therapy, HIT, clinical chaplains and pharmacy students * Provide lectures on behavioral health issues to the local academic community * Continue the behavioral health careers curriculum within the HSHMC program and provide students with experience in a broad range of programs including therapeutic activities services, environmental services and health information services * Provide educational offerings for behavioral health care professionals, community groups and community members SMV and SMC Program and Service Highlights Sharp Mesa Vista Hospital * Child, adolescent, adult and older adult inpatient</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>nt, partial hospitalization, and outpatient psychiatric and chemical dependency services * On- and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate and prescription drug dependence and dual diagnosis * Cognitive behavioral therapy, electroconvulsive therapy, and dialectical behavioral therapy programs * Outreach to active duty military, veterans and their families through programs geared specifically toward servicemembers, including the VA-supported Veterans Choice Program * Transportation services and complimentary lunches * Practicum programs for graduate MSW and MFT interns * Clinical supervision site for graduate psychology doctoral interns * Medication research studies and clinical trials Sharp McDonald Center at Sharp HealthCare * Chemical dependency and substance abuse inpatient and outpatient treatment services for children, teens, adults and seniors * Residential treatment services for adults and seniors * Inpatient detoxification services * Dual-diagnosis outpatient treatment services for teens, adults and seniors * Continuing care and alumni support programs * Family counseling programs * Sober living and substance abuse education programs Sharp Mesa Vista Mid-City Outpatient Programs * Care for adults with severe and persistent behavioral health issues * Individualized treatment planning and medication management * Group, family and expressive therapies * Psychiatric rehabilitation services * Transitional Age Youth Program Sharp Mesa Vista East County Outpatient Programs * Care for adults with severe and persistent behavioral health issues * Individualized treatment planning and medication management * Group and expressive therapies * Psychiatric rehabilitation services * Adult, senior and adolescent programs 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 2017 Community organizations are listed alphabetically * 2-1-1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * Aging and Disability Resource Connection * Alliance for African Assistance * Altrusa International Club of San Diego * Alzheimer's Project Safety Workgroup * Alzheimer's San Diego * 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 * American Diabetes Association * American Foundation for Suicide Prevention * American Heart Association * American Hospital Association * American Lung Association * American Nurses Association * American Psychiatric Nurses Association * American Red Cross of San Diego * Angels Foster Family Network * The Arc of San Diego * Asian Business Association * Association for</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association of California Nurse Leaders * Association of Fundraising Professionals - San Diego Chapter * 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 * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * California Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Hospitals and Health Systems Committee on Volunteer Services and Directors' Coordinating Council * California Association of Marriage and Family Therapists San Diego Chapter * California Association of Physician Groups * California Board of Behavioral Health Sciences * California College San Diego * California Department of Public Health (CDPH) * CDPH Healthcare Acquired Infections/Antimicrobial Stewardship Program subcommittee * CDPH Healthcare Associated Infection Advisory Committee * CDPH Joint Advisory Committee * California Dietetic Association * California Emergency Medical Services Authority * California Health Care Foundation * California Health Information Association * California Hospice and Palliative Care Association * California Hospital Association (CHA) * CHA Board of Trustees * CHA Center for Behavioral Health * CHA Emergency Management Advisory Committee * CHA Hospital Quality Institute Regional Quality Leaders Network * CHA Workforce Committee * California Library Association * California Maternal Quality Care Collaborative * California Perinatal Quality Care Collaborative * California Society for Clinical Social Work Professionals * California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Center on Policy Initiatives * Chicano Federation * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Health Literacy San Diego Task Force * CHIP Independent Living Association Advisory Board and Peer Review Advisory Team * CHIP Suicide Prevention Council * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Police Foundation * City of Chula Vista Wellness Program * City of San Diego * City of San Diego Park & Recreation - Therapeutic Recreation Services Disabled Services Advisory Council * 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 * Doors of Change * Downtown San Diego Partnership</p>

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<p>Form 990, Part III, Line 4 Community Benefit Report</p>	<p>* 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 * Friends of Scott Foundation * Gary and Mary West Senior Wellness Center * George G. Glenner Alzheimer's Family Centers, Inc * Girl Scouts San Diego * Greater San Diego East County Advisory Board * Grossmont College * Grossmont College Occupational Therapy Assistant Advisory Board * Grossmont College Respiratory Advisory Committee * Grossmont Healthcare District Community Grants and Sponsorships Committee * Grossmont Healthcare District Independent Citizens' Bond Oversight Committee * Grossmont Imaging LLC Board * Grossmont Union High School District * Hands United for Children * Health Care Communicators Board * Health Industry Collaboration Effort, Inc * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Helix Charter High School * Hidden Heroes Campaign Committee * Home Start, Inc * Hospice and Palliative Nurses Association - San Diego Chapter * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Inner City Action Network * International Association of Eating Disorders Professionals * The Jacobs & Cushman San Diego Food Bank * Jewish Family Service of San Diego (JFS) * JFS Behavioral Health Committee * JFS Public Affairs Committee * John A. Davis Family YMCA Board of Management * Kitchens for Good * Kiwanis Club of Bonita * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Parks and Recreation * Lantern Crest Senior Living Advisory Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On Foundation * Live Well San Diego Check Your Mood Committee * Mama's Kitchen * March of Dimes * Meals on Wheels San Diego County * Meals on Wheels San Diego County East County Advisory Board * Mental Health America * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Hispanic Nurses, San Diego Chapter * National Association of Neonatal Nurses * National Association of Orthopedic Nurses * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare * Neighborhood House Association * North County Community Action Network * North San Diego Business Chamber * Pacific Arts Movement * Palomar Community College * Partnership for Smoke-Free Families * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Point Loma Nazarene University * Practice Greenhealth * Promis</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 Community Benefit Report	es2Kids * Psychiatric Emergency Response Team * Regional Perinatal System * Residential Care Committee * Ronald McDonald House Operations Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * San Diego Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association of Governments * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Community Action Network * San Diego Community College District * San Diego County Breastfeeding Coalition * 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 Falls Prevention Taskforce * 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 Taxpayers Association * San Diego County Unified Disaster Council * San Diego Covered California Collaborative * San Diego Dietetic Association * San Diego East County Chamber of Commerce * San Diego Eye Bank Nurses' Advisory Board * San Diego Fire-Rescue Department * San Diego Food System Alliance, Healthy Food Access Committee * San Diego Freedom Ranch * San Diego Habitat for Humanity * San Diego Health Information Association * San Diego Healthcare Disaster Coalition * San Diego Housing Commission * San Diego Human Dignity Foundation * San Diego Humane Society * San Diego Hunger Coalition * San Diego Immunization Coalition * San Diego-Imperial County Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc * San Diego Mental Health Coalition * San Diego Mental Health History Planning Team * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders * San Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care * San Diego Psych-Law Society * San Diego Regional Chamber of Commerce * San Diego Regional Healthcare Sustainability Collaborative * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego State University * San Diego Workforce Partnership (SDWP) * SDWP Work Well Committee * Santee Chamber of Commerce * Santee-Lakeside Rotary Club * 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 A

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4 Community Benefit Report	ction Network * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern Caregiver Resource Center * Southwestern College * Special Needs Trust Foundation * Special Olympics * Ssubi * St Paul's Retirement Home Foundation * SuperFood Drive * The Meeting Place * THE UNBATTLE PROJECT * Trauma Center Association of America * Union of Pan Asian Communities * University of California, San Diego * University of San Diego * University of Southern California * VA San Diego Healthcare System * V A San Diego Mental Health Council * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * We Honor Veterans * Westminster Tower * Women , Infants and Children Program * Wreaths Across America - San Diego * YMCA * YWCA Becky's House(r) * YWCA Board of Directors * YWCA Executive Committee * YWCA Finance Committee * Y WCA In the Company of Women Event

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	BOARD OF DIRECTORS MEMBER STEPHEN CUSHMAN AND BOARD OF DIRECTORS MEMBER LORI MOORE - Family relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Sharp HealthCare (FEIN 95-6077327) is the sole member of Sharp Memorial Hospital

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Sharp HealthCare, as the sole member of the corporation, has the right to elect and remove most board members

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<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 2016.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>The Compensation 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 Compensation Committee of the Board of Directors by the independent consultant. The Compensation Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Compensation Committee creates and approves the organization's Executive Compensation Philosophies and Strategies statement and as part of this approves the total compensation for the President/Chief Executive Officer and reviews and approves the total compensation recommendations for the remaining executive team. The Compensation Committee presents its decision to the Board of Directors. The Compensation 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 2016.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	<p>The organization does not make its governing documents available to the general public. 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 VII, Section B, Line 1 PART VII, SECTION B	Independent Contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 393215, Related or Exempt Function Revenue 393215, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	- Total Revenue 440970, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 440970,

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in minimum pension liability - 4303131,

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(2) SHARP CORONADO HOSPITAL AND HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3) GROSSMONT HOSPITAL CORPORATION (SGH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(4) SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(5) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH PLAN	CA	501(c)(4)		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 (GHF) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189	OFFICES OF PHYSICIANS	CA	NA	N/A								

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	CAPTIVE INSURANCE COMPANY	CJ	NA	C Corporation					No

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

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

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)	Yes	
c	Gift, grant, or capital contribution from related organization(s)	Yes	
d	Loans or loan guarantees to or for related organization(s)		No
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
m	Performance of services or membership or fundraising solicitations by related organization(s)	Yes	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)	Yes	
s	Other transfer of cash or property from related organization(s)	Yes	

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(1) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(4) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH PLAN	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(5) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(6) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Sharp Coronado Hospital	L	2,159,600	Accrual Method
(1)	Sharp Coronado Hospital	R	57,401	Accrual Method
(2)	Sharp Chula Vista Medical Center	L	4,613,208	Accrual Method
(3)	Sharp Chula Vista Medical Center	P	180,000	Accrual Method
(4)	Grossmont Hospital Corporation	M	4,688,108	Accrual Method
(5)	Grossmont Hospital Corporation	L	6,447,176	Accrual Method
(6)	Grossmont Hospital Corporation	Q	152,472	Accrual Method
(7)	Grossmont Hospital Corporation	P	212,286	Accrual Method
(8)	Sharp HealthCare Foundation	C	7,402,814	Accrual Method
(9)	Sharp Health Plan	L	189,420,019	Accrual Method