

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](http://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 Healthcare

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
8695 Spectrum Center Blvd

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

**D** Employer identification number  
95-6077327

**E** Telephone number  
(858) 499-5150

**G** Gross receipts \$ 2,093,520,727

**F** Name and address of principal officer  
MICHAEL MURPHY  
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)

**I** Tax-exempt status  501(c)(3)  501(c) ( ) ◀ (insert no )  4947(a)(1) or  527

**J** Website: ▶ WWW SHARP COM

**H(c)** Group exemption number ▶

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1946 **M** State of legal domicile CA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities  
The organization's primary exempt purpose is to provide administrative support to its tax-exempt subsidiaries. In addition, outpatient services are provided to patients within the greater San Diego area through multispecialty medical group practices. Community members are offered a number of benefit services to assist them in obtaining treatment, and information is provided on topics ranging from disease prevention to improvement of health status.

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	24
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	21
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	13,324
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	767,065
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	212,034

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,681,500	1,880,602
<b>9</b> Program service revenue (Part VIII, line 2g)	1,313,163,980	1,367,959,885
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,860,915	176,728,617
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	46,184,646	48,452,975
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,388,891,041	1,595,022,079
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	339,845	250,719
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	411,225,897	454,164,849
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,972,122		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,017,269,883	1,090,309,784
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,428,835,625	1,544,725,352
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-39,944,584	50,296,727

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,952,605,871	3,121,907,133
<b>21</b> Total liabilities (Part X, line 26)	2,925,129,084	3,068,359,549
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	27,476,787	53,547,584

## 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: STACI DICKERSON SVP AND CFO  
Date: 2018-08-08  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: ERNST & YOUNG US LLP  
Preparer's signature: [Signature]  
Date: [Date]  
Check  if self-employed  
PTIN: P00634378  
Firm's EIN: 34-6565596  
Firm's address: 4365 Executive Drive Suite 1600, SAN DIEGO, CA 921212101  
Phone no: (858) 535-7200

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission  
 To promote health care through supporting and/or operating, directly or through wholly-owned subsidiaries and other appropriate management arrangements, hospitals and other medically-related facilities and activities in the State of California. The specific and primary purposes for which this corporation is formed are to support and be responsive to the needs of its publicly supported, tax-exempt subsidiaries

**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 \$ 548,739,121 including grants of \$ ) (Revenue \$ 598,016,683 )  
 See Additional Data

**4b** (Code ) (Expenses \$ 544,450,589 including grants of \$ 250,719 ) (Revenue \$ 769,943,202 )  
 See Additional Data

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

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

**4e Total program service expenses** ▶ 1,093,189,710

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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	
<b>22</b> 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>		No
<b>23</b> 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	
<b>24a</b> 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>	Yes	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		No
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</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
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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
<b>33</b> 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>	Yes	
<b>34</b> 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	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</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	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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, solicitations, and charitable trusts.

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 (24), 1b (21), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18, 19, 20 (TIMOTHY HANDGIS 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 (858) 499-5152).





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	1,880,602				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		1,880,602				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> Capitation revenue		900099	567,159,721	567,159,721		
	<b>b</b> Outpatient care		621110	590,525,013	590,400,665	124,348	
	<b>c</b> Revenue from affiliated entities		621110	169,339,080	169,339,080		
	<b>d</b> Medicare/Medicaid payments		621110	27,709,442	27,709,442		
	<b>e</b> Rental income		531120	6,688,281	6,688,281		
	<b>f</b> All other program service revenue			6,538,348	5,895,631	642,717	
<b>g Total.</b> Add lines 2a-2f . . . . .			1,367,959,885		0		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			39,355,248		39,355,248	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			8,231		8,231	
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)	137,371,656	-6,518			
		<b>d</b> Net gain or (loss) . . . . .			137,365,138		137,365,138
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> SCMG Management Fee		561000	48,064,560			48,064,560	
<b>b</b> Medical Records Copying		900099	161,185			161,185	
<b>c</b> Parking Lot		812930	75,660			75,660	
<b>d</b> All other revenue . . . . .			151,570	0	0	151,570	
<b>e Total.</b> Add lines 11a-11d . . . . .			48,452,975				
<b>12 Total revenue.</b> See Instructions . . . . .			1,595,022,079	1,367,192,820	767,065	225,181,592	

**Part IX Statement of Functional Expenses**

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

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	250,719	250,719		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees	7,366,604	0	7,366,604	0
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	350,940,875	145,754,594	205,186,281	0
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	12,892,542	4,578,394	8,314,148	0
<b>9</b> Other employee benefits	57,248,555	24,900,343	32,348,212	0
<b>10</b> Payroll taxes	25,716,273	10,873,373	14,842,900	0
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	854,629	0	854,629	0
<b>c</b> Accounting	5,107,117	0	5,107,117	0
<b>d</b> Lobbying	178,000	0	178,000	0
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees	1,290,882	0	1,290,882	0
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	487,890,326	425,575,725	62,314,601	0
<b>12</b> Advertising and promotion	4,852,164	155,966	4,696,198	0
<b>13</b> Office expenses	26,423,268	18,384,932	8,038,336	0
<b>14</b> Information technology	55,735,296	1,059,007	54,676,289	0
<b>15</b> Royalties				
<b>16</b> Occupancy	34,683,814	26,009,173	8,674,641	0
<b>17</b> Travel	825,149	191,368	633,781	0
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	26,901	0	26,901	0
<b>20</b> Interest	4,100,129	254,666	3,845,463	0
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	36,641,360	13,593,505	23,047,855	0
<b>23</b> Insurance	2,946,173	2,720,685	225,488	0
<b>24</b> Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Capitation to Affiliate	376,688,724	376,688,724	0	0
<b>b</b> Medical Supplies	36,904,795	36,661,086	243,709	0
<b>c</b> Equipment Maintenance/Repair	4,799,844	3,298,553	1,501,291	0
<b>d</b> Fundraising	3,972,122	0	0	3,972,122
<b>e</b> All other expenses	6,389,091	2,238,897	4,150,194	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,544,725,352	1,093,189,710	447,563,520	3,972,122
<b>26</b> 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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	411,039	<b>1</b>	445,069
	<b>2</b> Savings and temporary cash investments . . . . .	265,846,378	<b>2</b>	226,416,811
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	28,846,205	<b>4</b>	34,420,101
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	4,200,000	<b>7</b>	14,414,465
	<b>8</b> Inventories for sale or use . . . . .	7,884,973	<b>8</b>	7,316,912
	<b>9</b> Prepaid expenses and deferred charges . . . . .	48,414,733	<b>9</b>	51,955,598
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	679,944,203		
	<b>b</b> Less accumulated depreciation	330,703,182		
	<b>11</b> Investments—publicly traded securities . . . . .	1,608,419,057	<b>11</b>	1,797,203,475
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	11,691,362	<b>12</b>	8,011,042
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	58,825,206	<b>13</b>	64,327,482
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	586,164,609	<b>15</b>	568,155,157
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,952,605,871	<b>16</b>	3,121,907,133	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	191,248,423	<b>17</b>	190,333,956
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	8,122,057	<b>19</b>	6,738,874
	<b>20</b> Tax-exempt bond liabilities . . . . .	577,190,160	<b>20</b>	558,734,706
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	2,148,568,444	<b>25</b>	2,312,552,013
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,925,129,084	<b>26</b>	3,068,359,549
<b>Net Assets or Fund Balances</b>	<b>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.</b> Unrestricted net assets	-18,751,559	<b>27</b>	2,498,749
	<b>28</b> Temporarily restricted net assets . . . . .	40,693,137	<b>28</b>	45,469,880
	<b>29</b> Permanently restricted net assets	5,535,209	<b>29</b>	5,578,955
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds	0	<b>32</b>	0
	<b>33 Total net assets or fund balances . . . . .</b>	27,476,787	<b>33</b>	53,547,584
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	2,952,605,871	<b>34</b>	3,121,907,133

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,595,022,079
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,544,725,352
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	50,296,727
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	27,476,787
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-28,219,534
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	3,993,604
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	53,547,584

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
<b>c</b>	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
<b>b</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:** 95-6077327

**Name:** Sharp Healthcare

Form 990 (2016)

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

Sharp HealthCare operates a number of outpatient clinics throughout San Diego County which provide outpatient and urgent care services to the community. Total patient visits were 1,905,088 for the twelve months ended 9/30/2017.

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

Sharp HealthCare provides administrative support to its subsidiaries. Its general purpose is to promote healthcare through supporting and/or operating its subsidiaries.

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

See Community Benefit Report on Schedule O

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(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	34 0 .....	X		X				1,840,078	0	108,207
Richard Freeman CHAIR	6 0 .....	X		X				0	0	0
Julie Meier Wright SECRETARY	6 0 .....	X		X				0	0	0
Lon Moore RN VICE CHAIR	2 0 .....	X		X				0	0	0
Michael Morton TREASURER	2 0 .....	X		X				0	0	0
Geoffrey Stiles MD CHIEF MEDICAL OFFICER-SMH	10 0 .....	X						321,221	0	15,278
Deirdre Alpert DIRECTOR	4 0 .....	X						0	0	0
Hugo Barrera MD DIRECTOR	2 0 .....	X						0	15,870	0
Alan Bier MD DIRECTOR	5 0 .....	X						0	0	0
Marilyn Brown DIRECTOR	0 5 .....	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gary Cady DIRECTOR	20 ..... 0	X						0	0	0
Carol Gallagher DIRECTOR	06 ..... 0	X						0	0	0
William Geppert DIRECTOR	20 ..... 0	X						0	0	0
David Grundstrom DIRECTOR	20 ..... 0	X						0	0	0
Peter Hanson MD DIRECTOR	20 ..... 0	X						0	27,563	0
Tom Karlo DIRECTOR	20 ..... 0	X						0	0	0
Robert Kelly DIRECTOR	50 ..... 0	X						0	0	0
Scott McMillin DIRECTOR	05 ..... 0	X						0	0	0
Eugene Mitchell DIRECTOR	08 ..... 0	X						0	0	0
Walter Olsen MD DIRECTOR	20 ..... 150	X						0	29,400	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			
Regina Petty DIRECTOR	20 ..... 0	X						0	0	0
Derek Quackenbush DIRECTOR	20 ..... 0	X						0	0	0
James Reopelle DIRECTOR	20 ..... 60	X						0	1,125	0
Kenneth Roth MD DIRECTOR	40 ..... 00	X						0	12,000	0
Lou Smith DIRECTOR	40 .....	X						0	0	0
Faye Wilson DIRECTOR	20 ..... 0	X						0	0	0
Ann Pumpian SVP & CFO SHC	240 ..... 50			X				983,486	0	52,605
Staci L Dickerson SVP & CFO SHC	500 ..... 100			X				405,894	0	32,567
Carlisle C Lewis III SVP LEGAL/HR	400 ..... 200			X				909,224	0	61,909
Daniel L Gross EVP HOSPITAL OPS SHC	450 ..... 150				X			1,343,233	0	68,268

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors							(D)	(E)	(F)	
Name and Title	Average hours per week (list any hours for related organizations below dotted line)	Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy B Smith CEO SMH	00 ..... 600				X			824,991	0	20,090
Patricia Khaleghi CEO SHC SPECIALTY HOSP	00 ..... 600				X			579,101	0	27,916
Susan Stone CEO SCHHC	00 ..... 550				X			479,545	0	27,201
William S Evans CEO GHC	00 ..... 600				X			768,699	0	20,042
Pablo Velez-Carrillo CEO SCVMC	00 ..... 500				X			669,279	0	14,157
Kenneth Lawonn SVP INFO SYSTEMS	600 ..... 0				X			649,160	0	14,852
Anastasia Baini CEO SRS	600 ..... 0				X			622,381	0	30,599
William Littlejohn SVP/CEO FOUNDATION	00 ..... 500				X			478,552	0	35,877
Alison Fleury SVP BUSINESS DEV SHC	490 ..... 10					X		546,187	0	44,459
Lynne Milgram CMO SCMG	600 ..... 0					X		547,812	0	32,232

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Diane Lofgren CHIEF MARKETING OFFICER	40 0 ..... 0					X		503,962	0	14,511
Christopher McGlone COO SCMG	50 0 ..... 0					X		452,558	0	45,205
Amy Adome SVP CLINICAL EFFECTIVENESS	40 0 ..... 0					X		437,597	0	8,547

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp Healthcare

Employer identification number

95-6077327

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

The organization is not a private foundation because it is (For lines 1 through 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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, 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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b>	<b>Public support.</b> 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
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

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

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (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
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <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)**

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

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

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No 1545-0047

**2016**

**Open to Public Inspection**

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

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

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

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

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

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

Name of the organization Sharp Healthcare	Employer identification number 95-6077327
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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



**Part II-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
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?	Yes		178,000
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		27,498
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		247,484
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			452,982
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

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

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> 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?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

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

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

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.

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

**Open to Public Inspection**

**Name of the organization**  
Sharp Healthcare

**Employer identification number**  
95-6077327

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

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

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

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

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

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

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

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	9,164,189	7,170,232	7,120,085	5,884,004	4,920,225
<b>b</b> Contributions . . . . .	228,329	1,061,713	278,671	842,260	402,825
<b>c</b> Net investment earnings, gains, and losses	897,349	973,347	-207,524	470,902	636,863
<b>d</b> Grants or scholarships . . . . .	13,500	11,103	21,000	77,081	70,909
<b>e</b> Other expenditures for facilities and programs . . . . .	506,027	30,000			5,000
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	9,770,340	9,164,189	7,170,232	7,120,085	5,884,004

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 31 %
  - b** Permanent endowment ▶ 69 %
  - 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
- |  | Yes | No |
|--|-----|----|
| <b>(i)</b> unrelated organizations . . . . . |     | No |
| <b>(ii)</b> related organizations . . . . .  | Yes |    |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **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
<b>1a</b> Land . . . . .		51,353,960		51,353,960
<b>b</b> Buildings		260,676,495	62,605,867	198,070,628
<b>c</b> Leasehold improvements		73,862,138	48,018,978	25,843,160
<b>d</b> Equipment . . . . .		265,068,955	220,078,337	44,990,618
<b>e</b> Other . . . . .		28,982,655	0	28,982,655
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				349,241,021

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

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

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

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

(a) Description	(b) Book value
(1) Rec fm Related Org for Alloc Tax Exempt Bond Balance	527,125,415
(2) CQI Premium Receivable	22,992,177
(3) Long-Term Assets	10,131,250
(4) Basis Swap	3,351,146
(5) Miscellaneous Receivables	2,433,641
(6) Synthetic Fixed Rate Swap	1,771,998
(7) Yield Curve Swap	349,530
(8) Unamortized Financing Costs	0
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	568,155,157

**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	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	2,312,552,013

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	1,559,529,963
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-28,219,534
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		-608,783
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-28,828,317
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,588,358,280
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		1,290,882
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		5,372,917
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	6,663,799
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .		<b>5</b>	1,595,022,079

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	1,542,825,685
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>		0
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	1,542,825,685
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		1,290,884
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>		608,783
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	1,899,667
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .		<b>5</b>	1,544,725,352

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

## Additional Data

**Software ID:** 16000421  
**Software Version:** 2016v3.0  
**EIN:** 95-6077327  
**Name:** Sharp Healthcare

### Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Rec fm Related Org for Alloc Tax Exempt Bond Balance	527,125,415
(2) CQI Premium Receivable	22,992,177
(3) Long-Term Assets	10,131,250
(4) Basis Swap	3,351,146
(5) Miscellaneous Receivables	2,433,641
(6) Synthetic Fixed Rate Swap	1,771,998
(7) Yield Curve Swap	349,530
(8) Unamortized Financing Costs	0

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

(a) Description of Liability	(b) Book Value
1 Intercompany Payables	2,115,183,392
Capital Leases	50,580,966
LT Workers Compensation	43,813,095
New Market Tax Credit Debt	37,831,676
CQI Retrospective Premium Payable	31,698,711
Deferred Rent Expense	17,859,401
LT Pension Liability	7,839,553
Reserve for Malpractice	4,700,000
Mark to Market Swaps	3,045,219
Construction Debt	0

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

<b>1</b> <b>(a) Description of Liability</b>	<b>(b) Book Value</b>
Synthetic Fixed Rate Swap	0

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Sharp HealthCare Foundation holds 11 board designated and permanent endowments for Sharp HealthCare that are restricted for a variety of purposes, such as rehabilitation, nursing education and scholarships, clinical equipment and technology, 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	Loss on Disposal of Assets - -608783

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Foundation Contributed Capital - 341625 Book/Tax Difference on partnership interest - MRI - -3200 Book/Tax Difference on partnership difference-Sharp/UCSD Transplant Program - 1884 980 Book/Tax Difference on partnership interest - Sharp NextGen ACO LLC - 3149512

## 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 - 608783

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Statement of Activities Outside the United States

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

# 2016

**Open to Public Inspection**

Name of the organization  
Sharp Healthcare

**Employer identification number**  
95-6077327

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	1			20,397,833
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	1			20,397,833

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713)*  Yes  No

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule F, 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.

<b>Return Reference</b>	<b>Explanation</b>
Schedule F, Part I, Line 3(e) Schedule F, Part 1, Line 3(e)(1)	Payments for management of insurance captive services and insurance premium payments to captive Sharp HealthCare employees volunteered for humanitarian missions

Return Reference	Explanation
Schedule F, Part I, Line 3(e) Schedule F, Part 1, Line 3(e)(2)	Investments required to be held by offshore insurance captive

<b>Return Reference</b>	<b>Explanation</b>
Schedule F, Part I, Line 3(e) Schedule F, Part 1, Line 3(e)(3)	Participate in international Travel & health insurance conference Sharp HealthCare employees volunteered for humanitarian missions

Return Reference	Explanation
Schedule F, Part 1, Line 3(e) Schedule F, Part 1, Line 3(e)(4)	Provide community outreach programs promoting Sharp HealthCare's program for emergency evacuations Sharp HealthCare employees volunteered for humanitarian missions

## Additional Data

**Software ID:** 16000421

**Software Version:** 2016v3.0

**EIN:** 95-6077327

**Name:** Sharp Healthcare

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	1	Program Services	Part V	7,385,090
Central America and the Caribbean	0	0	Investments	Part V	12,903,124
Europe (Including Iceland and Greenland)	0	0	Program Services	See Part V	26,826

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America (Canada & Mexico only)	0	0	Program Services	See Part V	26,741
East Asia and the Pacific	0	0	Program Services	See Part V	32,613
Russia and Neighboring States	0	0	Program Services	SHARP HEALTHCARE EMPLOYEES VOLUNTEER FOR HUMANITARIAN MISSIONS	1,642

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	SHARP HEALTHCARE EMPLOYEES VOLUNTEER FOR HUMANITARIAN MISSIONS	8,696
South Asia	0	0	Program Services	SHARP HEALTHCARE EMPLOYEES VOLUNTEER FOR HUMANITARIAN MISSIONS	10,798
Sub-Saharan Africa	0	0	Program Services	SHARP HEALTHCARE EMPLOYEES VOLUNTEER FOR HUMANITARIAN MISSIONS	2,303

**Schedule I (Form 990)**  
Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations, Governments and Individuals in the United States**  
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](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
Open to Public Inspection

Name of the organization  
Sharp Healthcare

Employer identification number  
95-6077327

**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?  Yes  No
- 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

(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
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .	▶	6
3	Enter total number of other organizations listed in the line 1 table . . . . .	▶	1

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(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:** 95-6077327  
**Name:** Sharp Healthcare

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YWCA of San Diego 1012 C Street San Diego, CA 921015544	95-1661119	501(c)(3)	10,000				In the Company of Women Recognition Luncheon Sponsorship
CAHHSCHA 1215 K Street Suite 800 Sacramento, CA 95814	94-1205908	501(c)(6)	10,000				Sponsorship for Volunteer Leadership Conference

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
American Heart Association 9404 Genesee Ave Suite 240 La Jolla, CA 92037	13-5613797	501(c)(3)	12,577				Pledge - Affiliate Sponsorship
Pro Kids Golf Academy 4085 52nd Street San Diego, CA 92105	33-0617741	501(c)(3)	10,000				Donation for US Womens Amateur Championship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Patrons of the Prado 6104 Waverly Avenue La Jolla, CA 92037	33-0764923	501(c)(3)	10,000				Patrons of the Prado & Gala Sponsorships
San Diego Workforce Partnership 1551 4th Avenue Suite 600 San Diego, CA 92101	33-0660504	501(c)(3)	7,500				Conference Sponsorships

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 921231489	95-3492461	501(c)(3)	132,645				Women's Health Conference Sponsorship

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

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

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

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

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

Name of the organization  
Sharp Healthcare

**Employer identification number**  
95-6077327

**Part I Questions Regarding Compensation**

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

**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 I, Line 1a Health or social club dues or initiation fees	Monthly dues paid to the University Club for Michael Murphy, President/CEO and Daniel Gross, EVP Hospital Operations. The University Club memberships are used for business purposes.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement 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:** 95-6077327  
**Name:** Sharp Healthcare

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael W Murphy PRESIDENT & CEO SHC	(i)	1,383,503	382,168	74,407	87,784	20,423	1,948,285	0
	(ii)	0	0	0	0	0	0	0
2 Geoffrey Stiles MD CHIEF MEDICAL OFFICER-SMH	(i)	258,626	42,711	19,884	13,788	1,490	336,499	0
	(ii)	0	0	0	0	0	0	0
3 Ann Pumpian SVP & CFO SHC	(i)	788,611	161,431	33,444	37,083	15,522	1,036,091	0
	(ii)	0	0	0	0	0	0	0
4 Staci L Dickerson SVP & CFO SHC	(i)	316,011	64,652	25,231	18,709	13,858	438,461	0
	(ii)	0	0	0	0	0	0	0
5 Carlisle C Lewis III SVP LEGAL/HR	(i)	740,698	136,010	32,516	42,354	19,555	971,133	0
	(ii)	0	0	0	0	0	0	0
6 Daniel L Gross EVP HOSPITAL OPS SHC	(i)	1,028,952	246,799	67,482	52,746	15,522	1,411,501	0
	(ii)	0	0	0	0	0	0	0
7 Timothy B Smith CEO SMH	(i)	665,347	133,347	26,297	0	20,090	845,081	0
	(ii)	0	0	0	0	0	0	0
8 Patricia Khaleghi CEO SHC SPECIALTY HOSP	(i)	451,224	92,173	35,704	8,319	19,597	607,017	0
	(ii)	0	0	0	0	0	0	0
9 Susan Stone CEO SCHHC	(i)	387,884	80,733	10,928	7,831	19,370	506,746	0
	(ii)	0	0	0	0	0	0	0
10 William S Evans CEO GHC	(i)	633,443	100,462	34,794	0	20,042	788,741	0
	(ii)	0	0	0	0	0	0	0
11 Pablo Velez-Carrillo CEO SCVMC	(i)	525,876	121,856	21,547	5,091	9,066	683,436	0
	(ii)	0	0	0	0	0	0	0
12 Kenneth Lawonn SVP INFO SYSTEMS	(i)	513,724	107,465	27,971	0	14,852	664,012	0
	(ii)	0	0	0	0	0	0	0
13 Anastasia Baini CEO SRS	(i)	486,728	104,444	31,209	10,918	19,681	652,980	0
	(ii)	0	0	0	0	0	0	0
14 William Littlejohn SVP/CEO FOUNDATION	(i)	361,261	77,387	39,904	16,498	19,379	514,429	0
	(ii)	0	0	0	0	0	0	0
15 Alison Fleury SVP BUSINESS DEV SHC	(i)	419,670	87,511	39,006	24,881	19,578	590,646	0
	(ii)	0	0	0	0	0	0	0
16 Lynne Milgram CMO SCMG	(i)	442,260	75,622	29,930	23,284	8,948	580,044	0
	(ii)	0	0	0	0	0	0	0
17 Diane Lofgren CHIEF MARKETING OFFICER	(i)	386,068	92,389	25,505	0	14,511	518,473	0
	(ii)	0	0	0	0	0	0	0
18 Christopher McGlone COO SCMG	(i)	376,770	49,885	25,903	25,813	19,392	497,763	0
	(ii)	0	0	0	0	0	0	0
19 Amy Adome SVP CLINICAL EFFECTIVENESS	(i)	345,212	73,376	19,009	0	8,547	446,144	0
	(ii)	0	0	0	0	0	0	0

**Schedule K (Form 990)**

**Supplemental Information on Tax Exempt Bonds**

OMB No 1545-0047

**2016**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
 ▶ **Attach to Form 990.**  
 ▶ **Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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

**Employer identification number**  
 95-6077327

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CNR7	02-12-2009	60,000,000	SEE PART VI		X		X		X
<b>B</b>	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CPH7		137,265,605	SEE PART VI		X		X		X
<b>C</b>	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CPN4	09-02-2009	99,880,000	SEE PART VI		X		X		X
<b>D</b>	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	000000000	12-16-2010	30,000,000	SEE PART VI		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .								
<b>2</b>	Amount of bonds legally defeased . . . . .								
<b>3</b>	Total proceeds of issue . . . . .	60,000,000		138,037,297		99,880,000		30,305,092	
<b>4</b>	Gross proceeds in reserve funds . . . . .			10,978,492					
<b>5</b>	Capitalized interest from proceeds . . . . .								
<b>6</b>	Proceeds in refunding escrows . . . . .								
<b>7</b>	Issuance costs from proceeds . . . . .								
<b>8</b>	Credit enhancement from proceeds . . . . .								
<b>9</b>	Working capital expenditures from proceeds . . . . .								
<b>10</b>	Capital expenditures from proceeds . . . . .			112,571,362				30,305,092	
<b>11</b>	Other spent proceeds . . . . .	60,000,000		12,500,000		99,880,000			
<b>12</b>	Other unspent proceeds . . . . .								
<b>13</b>	Year of substantial completion . . . . .								
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X		X			X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X			X	X			X
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X				X			
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶			2 06 %		2 02 %		0 9 %	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶			0 02 %				0 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 %		2 08 %		2 02 %		0 9 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X	X			X
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

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

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part I PART I, ENTITY 1, LINE C	The purpose of this bond issuance is to refund the Series 2007A&B Statewide Easy Equipment Program (SWEET) bonds

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part I PART I, ENTITY 1, LINE D	The purpose of this bond issuance is to finance the acquisition, construction, equipping and improvement of facilities at four hospital entities

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part I PART I, ENTITY 2, LINE A	The purpose of this bond issuance is to refund the Series 2001A Revenue bonds and to partially refund the 1998 County of San Diego Certificates of Participation bonds

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part I PART I, ENTITY 2, LINE B	The purpose of the bond issuance is to refund the 1998 County of San Diego Certificates of Participation bonds

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

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

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

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

Return Reference	Explanation
Schedule K, Part III, Line 4 Tax Exempt Bond Issue 2014A	Project not substantially complete as of 9/30/2017

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN A	Issuer name ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS The calculation for computing no rebate due was performed on 06/13/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS The calculation for computing no rebate due was performed on 08/27/2014

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN C	Issuer name ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS The calculation for computing no rebate due was performed on 06/13/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN D	Issuer name ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS The calculation for computing no rebate due was performed on 12/16/2015

<b>Return Reference</b>	<b>Explanation</b>
Schedule K, Part IV, Line 2c COLUMN A	Issuer name ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS The calculation for computing no rebate due was performed on 06/13/2014

Return Reference	Explanation
Schedule K, Part IV, Line 2c COLUMN B	Issuer name ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS The calculation for computing no rebate due was performed on 06/13/2014

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2016

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Healthcare

Employer identification number

95-6077327

Part I Bond Issues

Table with 11 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Defeased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Rows A, B, C list ABAG Finance Authority for Nonprofit Corporations.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13 list various bond proceeds categories like amount of bonds retired, gross proceeds, and issuance costs. Rows 14-17 are yes/no questions about bond issues.

Part III Private Business Use

Table with 4 columns (A-D, Yes/No). Rows 1-2 are yes/no questions about private business use of bond-financed property.

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp Healthcare

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

**Employer identification number**

95-6077327

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefit Report	<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><b>FOUR ACUTE CARE HOSPITALS</b> 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><b>THREE SPECIALTY CARE HOSPITALS</b> Sharp Mary Birch Hospital for Women &amp; Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gyn</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefit Report	<p>ecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the 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</p> <p>Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients 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</p> <p>Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision 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>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4c 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"><li>* 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."</li><li>* 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.</li><li>* 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.</li></ul> <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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4c 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>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4c 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 &amp; Health Networks magazine's annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 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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Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefit Report</p>	<p>ES certification from 2009 to 2011 as well as in 2013, 2015 and 2017 San Diego Gas &amp; Electric (SDG&amp;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&amp;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 (CRRA) - 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, CRRA 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(r) (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 S HP'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 Compu terworld 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 Choice Award(r) is a symbol of excellence in customer experience awarded by the collective voice of women SGH received a Women's Choice Award(r) as one of America's Best Hospitals for 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 received the award as one of America's Best Hospitals for Obstetrics The Women's Choice Award(r) also ranked SCHHC, SCVMC and SMH amongst America's 100 Best Hospitals for Patient Experience 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 years, Sharp won the top spot in the Mega Employer category in the San Diego Association of Governments</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>' (SANDAG) iCommute 2016 Rideshare Corporate Challenge The annual month-long challenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes Powered by SANDAG and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions Sharp was named the 2015 Medical Provider of the Year at the International Travel &amp; Health Insurance Journal (ITIJ) Awards The ITIJ honors companies that have made an outstanding contribution to the global travel and health insurance industry over the past year Sharp's Global Patient Services program coordinates patient transfers and evacuations for medical emergencies from around the world to a Sharp hospital 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 for their work in improving operational performance and driving down costs through supply chain 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 high-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 services to help every uninsured patient receiving care in the ED find opportunities for health coverage through PointCare - a team of health coverage experts whose principal product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility The results of the questionnaire allow Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options 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 collabo</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	<p>ration 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. 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.</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 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).</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>providing acute care clinical training and experience. Program participants take an acute care nursing assistant course at SWC, and Sharp provides staff preceptors, medical supplies and learning experiences within Sharp hospitals that prepare participants for jobs in hospital environments. Following completion of the program, CNAs are qualified to work in any acute care setting. The partnership began in spring 2017, with five students enrolling in and completing the program, and two graduates securing positions within SRN's inter-facility acute care nursing assistant float pool. Thus far, the new team members from the IRC training program are on their way to successful careers at Sharp. Health Sciences High and Middle College Sharp partners with charter school Health Sciences 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 members through job shadowing to explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRSMG sites. Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical 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 Justice.</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 &amp; World Report Best High Schools bronze award winner in 2014, 2016 and 2017. The California Department of Education recognized HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. HSHMC was also recognized with a 2015 Model Professional Learning Community at Work(tm) Award by Solution Tree for its sustained success in raising student achievement. Professional Learning Communities are schools and districts in which educators recognize the key to improved learning for students is ongoing, job-embedded 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 pr</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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, bio ethics 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 research 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 for human research. To date, Sharp is the only health system in SDC to receive this accreditation. The Center for Research's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp and includes three components: the organization, the</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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 counties, 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, 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 esti</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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 the past 21 years, Sharp has proudly supported the AHA's annual San Diego Heart &amp; 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 &amp; 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</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>setting a SHC fundraising record To date, Sharp has raised more than \$3 million through its San Diego Heart &amp; Stroke Walk fundraising efforts 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 Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support Table 2 Sharp HealthCare Volunteers and Volunteer Hours - FY 2017 Sharp Chula Vista Medical Center Average Active Volunteers per Month - 373, Total Volunteer Hours - 47,967 Sharp Coronado Hospital and Healthcare Center Average Active Volunteers per Month - 67, Total Volunteer Hours - 9,679 Sharp Grossmont Hospital Average Active Volunteers per Month - 617, Total Volunteer Hours - 101,261 Sharp HospiceCare Average Active Volunteers per Month - 70, Total Volunteer Hours - 7,446 Sharp Metropolitan Medical Campus Average Active Volunteers per Month - 628, Total Volunteer Hours - 82,893 TOTAL Average Active Volunteers per Month - 1,755, Total Volunteer Hours - 249,246 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 offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers Program requirements vary, however all require a high grade point average and a long-term commitment of at least 100 hours The Junior Volunteer Program supports workforce development by introducing the students 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 relaxing environment for guests Through volunteering in the gift shops and thrift store, they le</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>ties it serves Sharp recognizes the connection between a healthy environment and individual health and well-being, and is dedicated to minimizing adverse environmental impacts by creating healthy green practices for employees, physicians and patients Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego's Earth-friendly businesses to help identify best practices, reduce the costs of green practices, and facilitate the implementation of sustainable initiatives Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system Through the All Ways Green(tm) initiative, Sharp maintains an environmentally conscious footprint and communicates sustainability throughout the organization and the San Diego community Sharp's systemwide All Ways Green Committee is responsible for spearheading the organization's green efforts Sharp's active environmental initiatives are concentrated in five domains (1) energy efficiency, (2) water conservation, (3) waste minimization, (4), commuter solutions, and (5) sustainable food practices Specialized committees/subcommittees are responsible for each of these domains (see Table 3), while established Green Teams at each Sharp entity are responsible for developing new programs that educate and motivate Sharp employees to conserve natural resources and reduce, reuse and recycle Table 3 All Ways Green(tm) Committees/Subcommittees and Domains Natural Resource Subcommittee- Energy efficiency and water conservation Waste Minimization Committee - Waste minimization Food and Nutrition Best Health Committee - Sustainable food practices Commuter Solutions Subcommittee - Commuter solutions To monitor progress and measure tangible results, All Ways Green(tm) utilizes a customized report card, which evaluates each domain's annual performance against a baseline The report card is designed to show where the desired results have been achieved and where improvements are still needed Entity Green Teams utilize the report card to communicate the initiative results to all staff and to establish more effective sustainability practices Sharp's goals and accomplishments within each All Ways Green committee/subcommittee and domain are described below Natural Resource Conservation According to the EPA, health care ranks as the country's second most energy intensive industry, and hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the U S Sharp's goal is to optimize the use of electricity, gas and water across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cost-effective manner, and track progress</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>The EPA states that 30 percent of the health care sector's current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources. Sharp's Natural Resource Subcommittee has responded to this challenge by implementing numerous energy and water conservation initiatives, including infrastructure changes and adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption. The Natural Resource Subcommittee also educates employees about the energy-conscious behaviors that can be practiced in the workplace and at home to promote continuous energy and water savings. In FY 2017, Sharp extended its commitment to environmental best practices in information technology. New software was installed on 10 data center air conditioner units, resulting in more efficient cooling of the data center and a 16 percent decrease in power usage for these devices. New virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building. In 2015, Sharp implemented TSO Logic software, which identifies opportunities for replacing inefficient, energy-consuming hardware with energy-efficient hardware in Sharp's centralized data center. This innovative system also identifies underutilized hardware, which can be permanently shut down or be acquiesced during periods of non-utilization. With this software, Sharp could conservatively reduce hardware electrical consumption by more than five percent each year. In 2013, Sharp became the first health care system in San Diego to implement a computer management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity. Since its implementation, the program has been installed on over 17,000 computers and has resulted in annual energy savings in excess of 1.6 million kilowatt-hours (kWh). The initiative earned Sharp a Certificate of Recognition from the EPA, which recognizes organizations' achievements in energy conservation and efficiency. Since April 2016, the SGH campus has been virtually removed from the electrical grid due to the completion of the new state-of-the-art Central Energy Plant (CEP), which now supplies the campus with its own generated energy. Named the Brady Family Cogen, the focus of the CEP is a new 52-ton, 4.4 megawatt combustion turbine generator, which generates enough electricity to meet up to 95 percent of the hospital's needs and reduces greenhouse gases by up to 90 percent. In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating and air conditioning. It also provides hot and cold water to the hospital. The new CEP fully complies with state and local standards for air emissions. During California's five-year drought, Sharp adopted a focused water conservation program at all sites. Although the drought</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>restrictions were officially lifted in 2017, Sharp remains dedicated to being water-wise. In alignment with this commitment, Sharp partners with Emerald Textiles for its laundry and linen services. The company operates a state-of-the-art plant that is efficiently designed to reduce utility consumption and preserve natural resources. Each year, Emerald Textiles saves an estimated 40 million gallons of water (50 percent of total usage) through its water filtration system, more than 71,000 kWh of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas due to the use of energy-efficient laundry equipment. Additional water conservation initiatives at Sharp are outlined in Table 4. In May 2017, Sharp was named San Diego's Grand Energy Champion by SDG&amp;E in recognition of its continuous commitment to implementing energy efficiency measures. The award specifically noted the particular challenges faced by a health care organization trying to save energy, given the need to maintain a comfortable, clean and safe environment for patients, visitors and staff 24 hours a day, seven days a week. Promoting its partnership with SDG&amp;E, since 2016, Sharp has participated in the San Diego Regional Healthcare Sustainability Collaborative. Led by SDG&amp;E and Cleantech San Diego, this initiative presents a platform for San Diego health care providers to advance energy conservation practices through best practice sharing and new technology validation as they pursue the next wave of sustainability initiatives. This collaborative enables sustainability, energy, facilities and operations health care leaders across SDC to share recent project successes, best practices and findings from new technology pilot evaluations. In addition, SDG&amp;E's staff participates in Sharp's Natural Resource Subcommittee to help Sharp identify energy savings initiatives and associated rebates and incentives to reduce the overall costs of energy savings projects. 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 resource</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>s, 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 Table 4 Natural Resource Projects by Sharp HealthCare Entity Establish Energy and Water Use Baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG ES Participation - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Air Handler Projects - SCHHC, SMH/SMBHWN Cogeneration Plant - SGH Drip Irrigation/ Landscape Water Reduction Systems - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Drought-tolerant Landscaping - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electric Vehicle Charging Stations - SCVMC, System Offices, SMH/SMBHWN, SRSMG Electronic/Low-flow Faucets - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Energy-efficient Kitchen/Cafe Appliances - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN Energy-efficient Chillers/ Motors - SCHHC, SCVMC, System Offices, SMH/SMBHWN Faucets and Toilet Retrofits - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Heating, Ventilation and Air Conditioning projects - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Natural Resource Project - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Light-emitting Diode (LED) - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Occupancy Sensors - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Retrofits - SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Mist Eliminators - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Moisture-sensitive Sprinkler Controls - SCHHC, SGH, SMH/SMBHWN Plumbing Projects to Address Water Leaks - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Thermostat Control Software - System Services Water Dispensers to Replace Water Bottles - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Water-efficient Dishwashing/ Equipment Washing / Chemical Dispensing System - SCHHC, SCVMC, SGH, SMH/SMBHWN Waste Minimization U S hospitals generate an average of 26 pounds of waste per staffed bed each day, approximately 15 percent of which is considered hazardous material Sharp is committed to significantly reducing waste at each entity and extending the lifespan of local landfills</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>Sharp's Waste Minimization Committee provides oversight of systemwide waste minimization initiatives including proper waste segregation and enhancing recycling efforts. Sharp made the following achievements in waste minimization in FY 2017: * Sharp increased purchases of 100 percent recycled goods at all sites. * Sharp proactively recycled more than 350 tons of construction debris from its two major building projects at SCVMC and SRSMG Rancho Bernardo. * SGH and SCVMC implemented green waste recycling through which they generated more than 125,000 pounds of green waste that is essential to prolonging the life of the landfill. * Sharp's single-waste stream recycling program diverted more than 2.5 million pounds of trash from the landfill, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers. * Sharp collected, reprocessed and sterilized 127,000 pounds of surgical instruments for further use. * Sharp donated nearly 14,000 pounds of old computer equipment through the Technology Training Foundation of America. * Sharp diverted nearly 153,000 pounds of plastic and cardboard from the landfill through the use of reusable sharps containers. * Sharp recycled more than 14,000 pounds of blue wrap and disposable privacy curtains (surgical blue wrap is recycled at all hospital sites while SCVMC recycles disposable privacy curtains). Sharp was named the 2017 Outstanding Recycling Program by CRRA - California's statewide recycling association - for its innovative waste minimization initiatives. In addition, the City of San Diego's Environmental Services Department named Sharp as one of the Recyclers of the Year in its 2016 Waste Reduction and Recycling Awards Program. Sharp was an early adopter in its commitment to waste diversion, and now diverts more than 40 percent of waste through recycling, donating, composting, reprocessing, and reusing programs. Sharp's waste minimization efforts have resulted in more than 5,000 tons of waste diverted from the landfill. See Table 5 for waste diversion rates and Table 6 for specific waste minimization efforts at Sharp in FY 2017. Table 5: Sharp HealthCare Waste Diversion - FY 2017- Percent Recycled: Sharp Chula Vista Medical Center - 43%, Sharp Coronado Hospital and Healthcare Center - 22%, Sharp Grossmont Hospital - 37%, Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women &amp; Newborns - 36%, Sharp Mesa Vista Hospital - 52%, Sharp Rees-Stealy Medical Group - 69%, System Offices - 59%, Total Sharp HealthCare - 43%. Table 6: Waste Minimization Efforts by Sharp HealthCare Entity: Establish Waste Diversion baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG. Single-stream Recycling - SCHHC, SCVMC, 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. Constr</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>uction Debris Recycling - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRS MG 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, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Repurposing of Unused Medical Supplies and Equipment - 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 Dispensers - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Surgical Instrument Reprocessing - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMG Replacement of Bottled Water with Spa Water - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SR SMG Sustainable 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 Sharp's commitment to healthy food and nutrition sustainability practices began over six years ago with a strategy to increase the selection of healthy food options to improve engagement In collaboration with its food service partner Sodexo, Sharp continues to be an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers and reduce its carbon footprint The goal of Sharp's Food and Nutrition Best Health Committee is to promote food sustainability efforts throughout the health care system and within the greater San Diego community This includes a focus on Sharp's sustainable Mindful Food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment Sharp's Mindful Food program includes the promotion of Meatless Mondays to reduce meat consumption , increased purchases of beef and poultry raised without the routine use of antibiotics, menus that highlight wellness options, participation in Community Supported Agriculture (CSA), a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm, increased use of locally sourced fresh, organic and sustainable food, food composting, increased recycling activities, the promotion of sugarless beverages, and the use of post-consumer recycled packaging solutions Additional sustainability initiatives implemented by Sharp are described below * Since August 2016, SMH, SMV, and SGH have collaborated with the SDRM and the Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger relief organizations in SDC In addition,</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>SCVMC and SCHHC recently partnered with FSD, making Sharp the first health care system in the county to donate food to San Diego's needy at such a wide-scale level. Food recovery efforts benefit the local community by ensuring access to nutritious meals for the food in secure, while also enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2017, Sharp donated 18,300 pounds of food to these safety-net organizations. * In FY 2017, Sharp's composting programs diverted approximately 442,000 pounds of waste from landfills. SMMC was the first group of hospitals in SDC to participate in the city's food scraps composting program in 2012. In 2017, the program expanded to SCVMC with its engagement of the City of Chula Vista. Also in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program. Through these programs, food waste at these three Sharp sites is processed into a rich compost product and provided to residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. According to the City of San Diego, such waste diversion programs contribute to the extension of the landfill's lifespan from 2012 to at least 2022. * Launched in 2016, a soup stock program at SMH turns previously unused vegetable scraps into soup stock and saves, on average, 174 pounds of food each week. In addition, SCHHC saves an average of 45 pounds of food through its soup stock program. * In 2017, Sharp's imperfect produce program purchased more than 20,000 pounds of less-than-perfect fruits and vegetables per month that are nutrient-rich and full of flavor but would have been thrown away by Sharp's food vendors. The imperfect produce program is currently in effect at SCVMC with plans to expand across the system. * In 2017, Sharp's cooking oil recycling program collected more than 6,000 pounds of oil, which is converted into safe biodiesel oil. * SCHHC, SMH and SMV continued to operate the first county-approved hospital-based organic gardens. Produce from the gardens is used in meals served at the hospital cafes. * Sharp's waste-minded operations, including self-audit checklists, continue to help kitchen teams reduce their carbon footprint between food preparation and cleanup. In recognition of these initiatives, the San Diego Food System Alliance awarded Sharp and Sodexo an EMIE S UnWasted Food Award in 2016. Named after the Bill Emerson Good Samaritan Food Donation Act, which provides protection to good faith donors, this award was created to encourage food donation to nonprofit organizations. Sharp earned the award for instituting exemplary practices around prevention/source reduction, food donation, and composting/recycling.</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative's health care domain Sharp is also a participant in Practice Greenhealth's Healthier Food Challenge As a participant, Sharp commits to reducing its purchase of meats, increasing its purchase of locally-grown food, and increasing its percentage of sustainable animal proteins Sharp measures the impact of its food initiatives using these three indicators, the results of which are described below</p> <p>1 Decrease in Animal Protein Purchases - In FY 2017, Sharp reduced animal protein purchases by more than 550,000 pounds This represents a 31 percent reduction in animal protein purchases since FY 2014</p> <p>2 Increase in Locally Grown Produce - Sharp and Sodexo have made a concerted effort to increase the amount of locally grown produce to support community-based farmers and reduce the time and miles needed to receive the produce in Sharp's kitchens In FY 2017, approximately 329,000 pounds of locally sourced produce were used in Sharp's kitchens, representing an increase of 57,000 pounds (more than 20 percent) of locally sourced produce since FY 2014 This is an area of great focus at Sharp and is expected to significantly increase in the next five years as more farmers are identified and certified to provide this safe, reliable source of naturally healthy produce</p> <p>3 Sustainable Animal Protein - In FY 2017, Sharp purchased more than 13,000 pounds of sustainable animal protein, representing a 50 percent increase from FY 2014 Sustainable animal protein includes beef and cage-free chicken that is grass-fed and antibiotic and hormone free Sharp and Sodexo 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 pur</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>chase discounted monthly bus passes As part of the nationwide Electric Vehicle Project, S harp installed electric vehicle chargers (EVCs) at its corporate office location, SCVMC, S MMC, and some SRSMG sites Sharp was the first health care system in San Diego to offer EV Cs, supporting the creation of a national infrastructure required for the promotion of EVC s to reduce carbon emissions and dependence on petroleum Sharp will continue efforts to e xpand EVCs at its other entities The use of the EVCs has resulted in a reduction of appro ximately 33 tons of CO2 and 3,800 gallons of fuel in FY 2017 Sharp offers bike racks as w ell as a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per mo nth to use toward qualified costs associated with bicycle purchase, improvement, repair an d 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 w ho opted to ride their bike to work Sharp supported community cyclists by hosting food an d beverage pit stops at various sites throughout SDC Sharp also encourages employees to p articipate in the SANDAG iCommute RideMatcher vanpool and carpool program, which can help employees find convenient ride share partners and promote sustainable commuting Using iCo mmute's TripTracker, employees can monitor the cost and carbon savings resulting from thei r alternate commuting methods In addition, Sharp is enrolled in SANDAG's Guaranteed Ride Home program, which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a taxi or a rental car in case o f an emergency or being stranded at work In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge where employees ear n points for replacing their solo drive with a greener commute choice, such as biking, wal king, carpooling, vanpooling and public transit In FY 2017, 84 organizations in SDC - rep resenting more than 200,000 employees - competed in the challenge Sharp won the top spot in the Mega Employer category for the fourth year in a row and for the fifth time in six y ears The annual challenge is instrumental in helping reduce traffic congestion and greenh ouse gas emissions throughout the region Furthering the commitment to better commuting so lutions for its employees, Sharp supplies and supports the hardware and software for almos t 500 employees who are able to efficiently and effectively telecommute to work These emp loyees work in areas that do not require an on-site presence, such as information technolo gy support, transcription, and human resources Sharp also provides compressed work schedu le options to eligible full-time employees, which enables them to complete the basic eight y-hour biweekly work requirement in less than 10 workdays and thus reduces commute costs, lowers parking demand, and hel</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>ps the environment Sharp's ongoing 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 again from 2013 through 2017</p> <p>Community Education and Outreach Sharp actively educates the community about its sustainability programs In FY 2017, Shar p participated in the following outreach activities * Sharp published e-newsletters for e mployees highlighting its recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling, and energy and water conservation * Sharp held it s 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 ca n decrease water, energy and resource consumption, divert waste through recycling, and red uce their carbon footprint by using alternative transportation at work and home Many of S harp'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 inc luded the U S Drug Enforcement Agency's Drug Take Back Program, which provides a safe, co nvenient, and responsible method of drug disposal and educates the general public about th e potential for prescription medication abuse * In recognition of America Recycles Day, S harp 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 a re 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 prac tices for medical waste management with other hospital leaders in SDC Additional communit y environmental education and outreach initiatives at Sharp are highlighted in Table 8</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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, SMH/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 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 Coa</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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><b>Employee Wellness</b> Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives to improve the overall health, 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 their 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.</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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 Tidelands 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 &amp; Vegetables Month, Stress Awareness Month and National Walking Day. Sharp Best Health also aligned its summer Fitbit challenges with the San Diego Heart &amp; 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 ho</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>me 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 the ir 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 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 est</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>imated 3,000 pounds In addition to providing Weight Watchers(r) at work, during FY 2017 S harp 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 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>

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<p>Form 990, Part III, Line 4c Community Benefits Report</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 &amp; Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For details on Sharp's CHNA process, please see Section 3 Community Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 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 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 interns 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 * 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 Ind</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>igent 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 HEL P, 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 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 pr</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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</p> <p>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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Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	<p>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 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 &amp; 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 Table 12 Detailed Economic Value of SB 697 Categories - Estimated FY 2017 Unreimbursed Costs Sharp Chula Vista Medical Center Medical Care Services - \$78,695,427 Other Benefits for Vulnerable Populations- \$322,813 Other Benefits for the Broader Community -</p>

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Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	\$218,217 Health Research, Education and Training Programs - \$995,185 Total - \$80,231,642 Sharp Coronado 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 Hospital 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 Services - \$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 Benefits for the Broader Community - \$278,986 Health Research, Education and Training Programs - \$350,815 Total - \$18,024,214 Sharp Health Plan Other Benefits for Vulnerable Populations- \$21,488 Other Benefits for the Broader Community - \$41,566 Health Research, Education and Training Programs - \$6,166 Total - \$69,220

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4c Community Benefits Report	<p>Section 3 Community Benefit Planning Process An exceptional community citizen is practical as well as visionary, a great leader Someone 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 from its triennial Community Health Needs Assessment (CHNA) process CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation</p> <p>Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC) In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013 This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerable populations Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) and in contract with the Institute for Public Health (IPH) at San Diego State University The process and findings of the collaborative HASD&amp;IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs The complete HASD&amp;IC 2016 CHNA is available for public viewing and download at <a href="http://www.hasdic.org">http://www.hasdic.org</a> To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women &amp; Newborns, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHDP) As such, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities The 2016 CHNAs fo</p>

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Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>For each Sharp hospital help inform current and future community benefit programs and services, especially for community members facing inequities. This section describes the general methodology employed for Sharp HealthCare's 2016 CHNAs. CHNA Committee. The HASD&amp;IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process. The CHNA Committee includes representatives from all seven participating hospitals and health care systems: * 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 Health. CHNA Objectives. In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&amp;IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process. Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&amp;IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included: * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients. * Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being. * Identify currently available community resources that support identified health conditions and health challenges. * Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. Study Area Defined. For the purposes of the collaborative HASD&amp;IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&amp;IC 2016 CHNA report at <a href="http://hasdic.org">http://hasdic.org</a>. As the study area for both the collaborative HASD&amp;IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&amp;IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/findings, and as such, are</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4c Community Benefits Report	<p>described as applicable throughout Sharp's CHNAs. For complete details on the HASD&amp;IC 2016 CHNA process, please visit the HASD&amp;IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&amp;IC at lwade@hasdic.org. For the collaborative HASD&amp;IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&amp;IC 2013 CHNA. Quantitative data for both the HASD&amp;IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC. Additional variables analyzed in the 2016 CHNA processes are included in Table 13, variables were analyzed at the ZIP code level wherever possible. Table 13 Data Variables in the HASD&amp;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.</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4c Community Benefits Report	<p>Findings The collaborative HASD&amp;IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria 1 Magnitude or Prevalence 2 Severity 3 Health Disparities 4 Trends 5 Community Concern Using these criteria, IPH created a summary matrix for review by the CHNA Committee As a result, the CHNA Committee identified behavioral health as the number one health need in SDC In addition, cardiovascular disease, Type 2 diabetes and obesity were identified as having equal importance due to their interrelatedness Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need As the HASD&amp;IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes and obesity) In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&amp;IC's and Sharp's CHNAs The importance of these SDOH was also confirmed by quantitative data Hospital programs and community collaborations have the potential to impact these SDOH</p> <p>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&amp;IC, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and Community Health Improvement Partners</p>

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

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<b>Return Reference</b>	<b>Explanation</b>
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, Tax & Accounting, Vice President of Finance and Senior Vice President and Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990.

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

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

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<b>Return Reference</b>	<b>Explanation</b>
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>

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<b>Return Reference</b>	<b>Explanation</b>
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 (<a href="http://www.dacbond.com">www.dacbond.com</a>), 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 (<a href="http://www.dacbond.com">www.dacbond.com</a>).</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 2f Other Program Service Revenue	Case Management - Total Revenue 1178156, Related or Exempt Function Revenue 535439, Unrelated Business Revenue 642717, Revenue Excluded from Tax Under Sections 512, 513, or 514 , All other program service revenue - Total Revenue 3616130, Related or Exempt Function Revenue 3616130, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , K-1 Inc Sharp & Children's MRI/UC - Total Revenue 1744062, Related or Exempt Function Revenue 1744062, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All other revenue - Total Revenue 151570, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 151570,

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, Line 11g Other Fees	Med fees - Total Expense 315260949, Program Service Expense 305784027, Management and General Expenses 9476922, Fundraising Expenses 0, Purchased Services - Total Expense 169348922, Program Service Expense 119791698, Management and General Expenses 49557224, Fundraising Expenses 0, Registry - Total Expense 3280455, Program Service Expense 0, Management and General Expenses 3280455, Fundraising Expenses 0,

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CURRENT YEAR OTHER COMPREHENSIVE INCOME - 3522621, BENEFICIAL INTEREST IN SHARP HEALTHCARE FOUNDATION - 5502275, BOOK/TAX DIFFERENCES ON PARTNERSHIP INTEREST - MRI - 3200, BOOK/TAX DIFF ON PARTNERSHIP INTEREST - UCSD/SHARP TRANSPLANT PROGRAM - -1884980, BOOK/TAX DIFF ON PARTNERSHIP INTEREST - SHC ACO, LLC - -3149512,

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<b>Return Reference</b>	<b>Explanation</b>
Schedule F, Part I, Line 3 (e) Schedule F, Part 1, Line 3(e)(5)	Participate in International Travel & Health Insurance conference Sharp HealthCare employees volunteered for humanitarian missions

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<b>Return Reference</b>	<b>Explanation</b>
Schedule F, 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.

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Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows th e 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 Prot ective Services * Aging and Disability Resource Connection * Alliance for African Assistan ce * Altrusa International Club of San Diego * Alzheimer's Project Safety Workgroup * Alzh eimer's San Diego * Alzheimer's San Diego Client Advisory Board * American Academy of Nurs ing * American Association of Colleges of Nursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Execu tives * American Diabetes Association * American Foundation for Suicide Prevention * Ameri can Heart Association * American Hospital Association * American Lung Association * Americ an Nurses Association * American Psychiatric Nurses Association * American Red Cross of Sa n Diego * Angels Foster Family Network * The Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Ed ucation * Association of California Nurse Leaders * Association of Fundraising Professiona ls - San Diego Chapter * Association of Women's Health, Obstetric and Neonatal Nurses * Az usa Pacific University * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Be acon Council's Patient Safety Collaborative * Boys and Girls Club of South County * Cabril lo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * Calif ornia Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Hospitals and Health Systems Committee on Volunte er Services and Directors' Coordinating Council * California Association of Marriage and F amily Therapists San Diego Chapter * California Association of Physician Groups * Californ ia Board of Behavioral Health Sciences * California College San Diego * California Departm ent of Public Health (CDPH) * CDPH Healthcare Acquired Infections/Antimicrobial Stewardshi p Program subcommittee * CDPH Healthcare Associated Infection Advisory Committee * CDPH Jo int Advisory Committee * California Dietetic Association * California Emergency Medical Se rvices Authority * California Health Care Foundation * California Health Information Assoc iation * California Hospice and Palliative Care Association * California Hospital Associat ion (CHA) * CHA Board of Trustees * CHA Center for Behavioral Health * CHA Emergency Manag ement 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 Profe</p>

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Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	ssionals * 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 * 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 Commit

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	tee * 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 * MR I 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 * Promises2Kids * 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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	* 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 Action 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 * VA 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 * YWCA In the Company of Women Event

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2016**

**Open to Public  
Inspection**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp Healthcare

**Employer identification number**

95-6077327

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SHARP OTAY MOB LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 47-5374479	OPERATE MEDICAL OFFICE BUILDING	CA	0	0	SHARP HEALTHCARE

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2) GROSSMONT HOSPITAL CORPORATION (SGH) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3) SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(4) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(5) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 33-0519730	HEALTH PLAN	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(6) SHARP HEALTHCARE FOUNDATION (SHF) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(7) GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 33-0124488	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	GROSSMONT 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	
<b>(1)</b> SHARP AND CHILDREN'S MRI CENTER LLC 7901 FROST STREET SAN DIEGO, CA 92123 33-0520955	IMAGING	CA	NA	Related	83,025	1,808,218		No		Yes		33 33 %
<b>(2)</b> SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189	OFFICES OF PHYSICIANS	CA	NA	Related	0	0	Yes				No	58 25 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CONTINUOUS QUALITY INSURANCE SPC	CAPTIVE INSURANCE COMPANY	CJ	SHARP HEALTHCARE	C Corporation	2,246,178	22,048,546	100 %	Yes	

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

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

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

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

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:** 95-6077327  
**Name:** Sharp Healthcare

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(1)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3)  8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	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	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	

<b>Form 990, Schedule R, Part V - Transactions With Related Organizations</b>				
<b>(a)</b> Name of related organization		<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(1)</b>	Sharp Memorial Hospital	J	1,432,829	Accrual Accounting
<b>(1)</b>	Sharp Memorial Hospital	K	304,512	Accrual Accounting
<b>(2)</b>	Sharp Memorial Hospital	L	157,142	Accrual Accounting
<b>(3)</b>	Sharp Memorial Hospital	M	7,568,662	Accrual Accounting
<b>(4)</b>	Sharp Memorial Hospital	P	208,900	Accrual Accounting
<b>(5)</b>	Sharp Memorial Hospital	Q	923,651,026	Accrual Accounting
<b>(6)</b>	Sharp Memorial Hospital	R	28,365,133	Accrual Accounting
<b>(7)</b>	Sharp Memorial Hospital	S	267,610,842	Accrual Accounting
<b>(8)</b>	Grossmont Hospital Corporation	K	3,081,653	Accrual Accounting
<b>(9)</b>	Grossmont Hospital Corporation	M	15,225,163	Accrual Accounting
<b>(10)</b>	Grossmont Hospital Corporation	P	260,334	Accrual Accounting
<b>(11)</b>	Grossmont Hospital Corporation	Q	659,785,653	Accrual Accounting
<b>(12)</b>	Grossmont Hospital Corporation	R	22,021,721	Accrual Accounting
<b>(13)</b>	Grossmont Hospital Corporation	S	18,319,958	Accrual Accounting
<b>(14)</b>	Sharp Chula Vista Medical Center	K	55,071	Accrual Accounting
<b>(15)</b>	Sharp Chula Vista Medical Center	M	546,851	Accrual Accounting
<b>(16)</b>	Sharp Chula Vista Medical Center	P	68,998	Accrual Accounting
<b>(17)</b>	Sharp Chula Vista Medical Center	Q	405,703,201	Accrual Accounting
<b>(18)</b>	Sharp Chula Vista Medical Center	R	11,816,345	Accrual Accounting
<b>(19)</b>	Sharp Chula Vista Medical Center	S	15,707,110	Accrual Accounting
<b>(20)</b>	Sharp Coronado and Healthcare Center	Q	98,752,097	Accrual Accounting
<b>(21)</b>	Sharp Coronado and Healthcare Center	R	4,240,786	Accrual Accounting
<b>(22)</b>	Sharp Coronado and Healthcare Center	S	5,806,710	Accrual Accounting
<b>(23)</b>	Sharp HealthCare Foundation	B	157,608	Accrual Accounting
<b>(24)</b>	Sharp HealthCare Foundation	C	1,875,404	Accrual Accounting

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

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
<b>(26)</b> Sharp HealthCare Foundation	D	3,797,434	Accrual Accounting
<b>(1)</b> Sharp HealthCare Foundation	M	3,972,122	Accrual Accounting
<b>(2)</b> Sharp HealthCare Foundation	N	129,485	Accrual Accounting
<b>(3)</b> CONTINUOUS QUALITY INSURANCE SPC	R	7,352,935	Accrual Accounting
<b>(4)</b> Sharp Health Plan	J	929,396	Accrual Accounting
<b>(5)</b> Sharp Health Plan	L	89,297	Accrual Accounting
<b>(6)</b> Sharp Health Plan	M	172,459,904	Accrual Accounting
<b>(7)</b> Sharp Health Plan	Q	13,603,514	Accrual Accounting
<b>(8)</b> Sharp Health Plan	R	140,251	Accrual Accounting