

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019**

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

**C** Name of organization  
Sharp Memorial Hospital

Doing business as

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

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

**D** Employer identification number  
95-3782169

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

**F** Name and address of principal officer  
Bret McClain  
8695 Spectrum Center Blvd  
San Diego, CA 921231489

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

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

**J** Website: ▶ www.sharp.com

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

**L** Year of formation 1981 **M** State of legal domicile CA

**Part I Summary**

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	16
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	9
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6,175
<b>6</b> Total number of volunteers (estimate if necessary)	600
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	1,150,192
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-277,269

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	7,028,270	5,734,277
<b>9</b> Program service revenue (Part VIII, line 2g)	1,311,488,067	1,267,720,406
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,871,606	34,858,842
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-7,605,983	1,846,485
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,344,781,960	1,310,160,010
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,052,210	632,396
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	539,021,719	550,201,831
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	573,832,953	551,428,152
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,113,906,882	1,102,262,379
<b>19</b> Revenue less expenses Subtract line 18 from line 12	230,875,078	207,897,631
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	2,882,644,852	3,122,712,639
<b>21</b> Total liabilities (Part X, line 26)	457,785,577	443,106,145
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	2,424,859,275	2,679,606,494

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2020-08-13

Anthony Guerra CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Ernst & Young US LLP  
Preparer's signature: \_\_\_\_\_ 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) 595-7200

**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

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 1,018,270,002 including grants of \$ 632,396 ) (Revenue \$ 1,267,720,406 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 1,018,270,002

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 numbered questions regarding organizational requirements and reporting.

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

		Yes	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> . . . . .	23	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> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<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? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a	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> . . . . .	25b	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> . . . . .	26	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> . . . . .	27	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> . . . . .	28a	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> . . . . .	28b	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> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes
<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> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	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> . . . . .	32	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> . . . . .	33	No
<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> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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> . . . . .	35b	Yes
<b>36</b>	<b>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> . . . . .	36	No
<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>	37	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 . . . . .	38	Yes

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	6,175		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	Yes		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>		No	
<b>b</b>	If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>			
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>			
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		No	
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>			
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>			
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>			
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No	
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No	

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (9); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 1 column: Question. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: Jennifer Gardyne, 8695 Spectrum Center Blvd, San Diego, CA 92123 (858) 499-5150.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										



Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations (5,734,277), 1e Government grants, 1f All other contributions, 1g Noncash contributions (161,550), and 1h Total (5,734,277).

Table for Program Service Revenue with 6 columns: Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, Revenue excluded from tax under sections 512 - 514. Rows include 2a NET PATIENT SERVICES, 2b MEDICARE/MEDICAL, 2c REFERENCE LAB, 2d MEDICAL OFFICE RENT, 2e CONTRACT PHARMACY, 2f All other program service revenue, and 2g Total (1,267,720,406).

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3 Investment income (31,767,863), 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6d Gross rents, 7a-7d Gross amount from sales of assets, 8a-8c Gross income from fundraising events, 9a-9c Gross income from gaming activities, 10a-10c Gross sales of inventory, 11a-11e Miscellaneous Revenue (PARKING, SMBHWN GIFT SHOP, CASH DISCOUNTS, All other revenue), and 12 Total revenue (1,310,160,010).

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	632,396	632,396		
<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				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	5,589,181	2,734,145	2,855,036	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	437,620,888	428,390,743	9,230,145	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	14,516,651	14,189,121	327,530	
<b>9</b> Other employee benefits	60,428,388	58,617,886	1,810,502	
<b>10</b> Payroll taxes	32,046,723	31,335,323	711,400	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	27,394,526	25,844,793	1,549,733	
<b>b</b> Legal	2,129,756	60,432	2,069,324	
<b>c</b> Accounting	12,088,216		12,088,216	
<b>d</b> Lobbying	85,935		85,935	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	904,238		904,238	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	69,629,220	65,370,097	4,259,123	0
<b>12</b> Advertising and promotion	8,610,325	143,196	8,467,129	
<b>13</b> Office expenses	33,353,192	30,211,328	3,141,864	
<b>14</b> Information technology	53,449,897	47,035,909	6,413,988	
<b>15</b> Royalties				
<b>16</b> Occupancy	15,043,115	12,249,495	2,793,620	
<b>17</b> Travel	696,445	655,108	41,337	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,265,618	267,033	1,998,585	
<b>20</b> Interest	12,438,672	12,045,783	392,889	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	45,680,233	42,866,119	2,814,114	
<b>23</b> Insurance	4,003,284	3,200,845	802,439	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL SUPPLIES	158,322,172	158,322,172		
<b>b</b> SYSTEM ALLOCATION	48,564,037	30,454,700	18,109,337	
<b>c</b> MEDI-CAL PROVIDER TAX	39,070,953	39,070,953		
<b>d</b> REPAIRS AND MAINTENANCE	13,922,624	13,172,083	750,541	
<b>e</b> All other expenses	3,775,694	1,400,342	2,375,352	0
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,102,262,379	1,018,270,002	83,992,377	0
<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 . . . . .	3,794,086	<b>1</b>	3,358,453
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	169,401,396	<b>4</b>	193,089,496
	<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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	18,989,232	<b>8</b>	18,209,434
	<b>9</b> Prepaid expenses and deferred charges . . . . .	20,719,733	<b>9</b>	5,031,972
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	816,988,651		
	<b>b</b> Less accumulated depreciation	439,274,715		
	<b>11</b> Investments—publicly traded securities . . . . .	848,348	<b>11</b>	1,172,734
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,275,225,388	<b>15</b>	2,524,136,614
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	2,882,644,852	<b>16</b>	3,122,712,639	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	82,418,940	<b>17</b>	94,424,239
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	36,950,003	<b>19</b>	165,317
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	338,416,634	<b>25</b>	348,516,589
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	457,785,577	<b>26</b>	443,106,145
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	2,424,859,275	<b>27</b>	2,679,606,494
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,424,859,275	<b>33</b>	2,679,606,494	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	2,882,644,852	<b>34</b>	3,122,712,639	

**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>	1,310,160,010
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,102,262,379
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	207,897,631
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,424,859,275
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,686,407
<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>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	23,163,181
<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>	2,679,606,494

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

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

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 95-3782169

**Name:** Sharp Memorial Hospital

Form 990 (2018)

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

Sharp Memorial Hospital provides inpatient and outpatient healthcare services to the community. For fiscal year 2019, patient days totaled 212,484 and outpatient visits totaled 353,443. See Community Benefits Report on Schedule O.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael W Murphy PRESIDENT & CEO SHC thru 3/1/2019	6 0 .....	X	X					0	1,920,418	115,266
Christopher A Howard PRESIDENT & CEO SHC as of 1/31/2019	4 0 .....	X	X					0	155,984	0
Daniel L Gross EVP HOSPITAL OPS SHC	5 0 .....	X	X					0	1,517,139	74,440
Steve Cushman MD TREASURER	2 0 .....	X	X					0	0	0
James Smith III CHAIR	2 0 .....	X	X					0	0	0
Mark Trotter SECRETARY	2 0 .....	X	X					0	0	0
Pamela Wells VP PATIENT CARE SVCS-SMH	5 0 .....	X						0	320,503	46,801
Linnea Arrington DIRECTOR	2 0 .....	X						0	0	0
Richard Coutts MD DIRECTOR	1 0 .....	X						64,184	0	0
Andy Dang DIRECTOR	2 0 .....	X						99,000	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gil Harrison DIRECTOR	15 0 ..... 1 0	X						0	0	0
Keith Jones DIRECTOR	2 0 ..... 0	X						0	0	0
Thomas Lawrie MD DIRECTOR	5 0 ..... 0	X						6,800	250	0
Joseph Sheridan MD DIRECTOR	2 0 ..... 0	X						129,843	34,050	0
Howard Smart MD DIRECTOR	2 0 ..... 0	X						11,900	0	0
Paul Wozniak MD DIRECTOR	2 0 ..... 0	X						651,360	511,440	0
Tom Gildred DIRECTOR	2 0 ..... 0	X						0	0	0
Cary Miller DIRECTOR	1 0 ..... 0	X						0	0	0
Staci L Dickerson SVP & CFO SHC	2 0 ..... 58 0			X				0	822,083	24,164
Carlisle C Lewis III SVP LEGAL	5 0 ..... 44 0			X				0	902,844	60,702

**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			
Kari Cornicelli	55 0			X			0	320,503	46,801	
CFO SMH	0 0									
Anthony Guerra	50 0			X			0	286,552	40,875	
CFO, VP CAMPUS PLN & DEV-SMH	0 0									
Timothy B Smith	50 0				X		0	855,636	16,411	
CEO SMH	5 0									
Patricia Khaleghi	10 0				X		0	629,617	29,266	
CEO SHC SPECIALTY HOSP	60 0									
Janie Kramer	60 0				X		0	428,333	44,815	
COO SMH	0 0									
Maria Colombo	50 0				X		0	275,196	18,576	
CNO MB	0 0									
Cheryl Odell	40 0				X		0	286,552	37,060	
CNO SMV	0 0									
Thor Anderson	40 0				X		0	239,251	26,609	
DIR PHARMACY	0 0									
Frances Schlaefer	40 0				X		0	237,807	19,317	
VP AMBULATORY & CLIN SVCS	0 0									
Michael Plopper	40 0					X	0	519,470	39,281	
CMO SHARP BEHAVIORAL HEALTH	0 0									



**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp Memorial Hospital

Employer identification number  
95-3782169

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ) )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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>	

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . **Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

**16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization **18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

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

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b 33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**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 ( <b>see instructions</b> )		
<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>	Yes	No
<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**

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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 <b>Part VI</b> ) 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 <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 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-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 95-3782169

**Name:** Sharp Memorial Hospital

**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**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 Memorial Hospital	<b>Employer identification number</b> 95-3782169
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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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

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

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


Yes  No

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
<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)?		No	
<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?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?	Yes		85,935
<b>j</b> Total Add lines 1c through 1i			85,935
<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	Sharp Memorial Hospital (SMH) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level. CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2019, SMH's annual dues calculated to have been used for lobbying purposes was \$85,935

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

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
Sharp Memorial Hospital

**Employer identification number**  
95-3782169

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 7/25/06, 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 . . . . .	6,744,827	4,276,489	3,893,785	3,530,385	3,495,099
<b>b</b> Contributions . . . . .	15,871	2,281,414	29,923	11,174	3,024
<b>c</b> Net investment earnings, gains, and losses	197,650	254,024	388,536	363,033	53,704
<b>d</b> Grants or scholarships . . . . .	23,598	56,076	30,180	6,815	19,192
<b>e</b> Other expenditures for facilities and programs . . . . .	4,230	11,024	5,575	3,992	2,250
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,930,520	6,744,827	4,276,489	3,893,785	3,530,385

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 4 %
  - b** Permanent endowment ▶ 96 %
  - 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>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | 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 . . . . .		9,021,172		9,021,172
<b>b</b> Buildings . . . . .		624,778,298	322,234,740	302,543,558
<b>c</b> Leasehold improvements		4,885,025	1,870,185	3,014,840
<b>d</b> Equipment . . . . .		157,027,940	109,477,129	47,550,811
<b>e</b> Other . . . . .		21,276,216	5,692,661	15,583,555
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				377,713,936

**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) INTERCOMPANY RECEIVABLE	2,523,493,684
(2) ESTIMATED SETTLEMENTS FROM GOVERNMENT PROGRAMS	0
(3) RECEIVABLE FROM FOUNDATION DESIGNATED FUND	631,634
(4) DEFERRED RENT	11,296
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	2,524,136,614

**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	
LONG TERM PENSION LIABILITY	18,909,100
ALLOCATED TAX EXEMPT BONDS	328,395,823
DEFERRED RENT EXPENSE	76,366
OTHER DEFERRED LIABILITIES	220,422
LONG TERM WORKERS' COMPENSATION	226,545
ESTIMATED SETTLEMENTS FROM GVMNT PROGRAMS	688,333
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	348,516,589

**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>	1,333,070,676
<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>	23,686,406
<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>	2,092,661
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	25,779,067
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,307,291,609
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	904,238
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	1,964,163
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,868,401
<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>	1,310,160,010

**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>	1,103,450,802
<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>	44,543
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	44,543
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	1,103,406,259
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	904,238
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	-2,048,118
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	-1,143,880
<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>	1,102,262,379

**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:** 18007697

**Software Version:** 2018v3.1

**EIN:** 95-3782169

**Name:** Sharp Memorial Hospital

## Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Sharp HealthCare Foundation holds 19 board designated and permanent endowments for Sharp Memorial Hospital that are restricted for a variety of purposes, such as emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more

## Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2019 and 2018 no such assets or liabilities were recorded.

# Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Foundation Donations to Other Organizations/Individuals - 44543 NON-OPERATING PENSION - 2048118

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Donated Capital - 1762467 Medical Staff/Gift Shop revenue - 201696

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Foundation Donations to Other Organizations/Individuals - 44543

## Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	NON OPERATING PENSION - -2048118

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
Sharp Memorial Hospital

**Employer identification number**  
95-3782169

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** 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
See Add'l Data					
<b>3a</b> Sub-total	0	0			113,581
<b>b</b> Total from continuation sheets to Part I					0
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	0	0			113,581

**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)

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 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, don't file with Form 990)*  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)*  Yes  No

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
Schedule F, Part I, Line 3(e) Schedule F, Part 1, Line 3(e)(1)	Participates in clinical research

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Schedule F, Part 1, Line 3(e) Schedule F, Part 1, Line 3(e)(2)	Participates in clinical research

## Additional Data

**Software ID:** 18007697

**Software Version:** 2018v3.1

**EIN:** 95-3782169

**Name:** Sharp Memorial Hospital

### 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
Europe (Including Iceland and Greenland)	0	0	Program Services	Research	59,174
North America (Canada & Mexico only)	0	0	Program Services	Research	54,407

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

# Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

OMB No 1545-0047  
2018  
**Open to Public Inspection**

**Name of the organization**  
 Sharp Memorial Hospital

**Employer identification number**  
 95-3782169

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			9,557,797		9,557,797	0.87 %
<b>b</b> Medicaid (from Worksheet 3, column a)			226,452,516	184,535,985	41,916,531	3.80 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			18,416,417	10,646,245	7,770,172	0.70 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs	0	0	254,426,730	195,182,230	59,244,500	5.37 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			1,641,308		1,641,308	0.15 %
<b>f</b> Health professions education (from Worksheet 5)			1,339,055		1,339,055	0.12 %
<b>g</b> Subsidized health services (from Worksheet 6)			34,556,467	22,104,984	12,451,483	1.13 %
<b>h</b> Research (from Worksheet 7)			1,386,619	1,386,619	0	0 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			540,000		540,000	0.05 %
<b>j Total.</b> Other Benefits	0	0	39,463,449	23,491,603	15,971,846	1.45 %
<b>k Total.</b> Add lines 7d and 7j	0	0	293,890,179	218,673,833	75,216,346	6.82 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support			38,934	38,934	0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
<b>10 Total</b>	0	0	38,934	38,934	0	0 %

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

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	142,875,578
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	162,242,866
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-19,367,288
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

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

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

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

4

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>assessments.cfm</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SHARP MEMORIAL HOSPITAL

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

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

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

SHARP MEMORIAL HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

SHARP MEMORIAL HOSPITAL

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

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www sharp com/about/community/community-benefits/health-needs-assessments cfm</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https //www sharp com/about/community/community-benefits/health-needs-</u> <u>assessments cfm</u>	Yes	
<b>a</b>	If "Yes" (list url) _____		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

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

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

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

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

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

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

**Community Health Needs Assessment**

		Yes	No
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www sharp com/about/community/community-benefits/health-needs-assessments cfm</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https //www sharp com/about/community/community-benefits/health-needs-</u> <u>assessments cfm</u>	Yes	
<b>a</b>	If "Yes" (list url) _____		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SHARP MESA VISTA HOSPITAL

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

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

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

SHARP MESA VISTA HOSPITAL

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

SHARP MESA VISTA HOSPITAL

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 18</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https //www sharp com/about/community/community-benefits/health-needs-assessments cfm</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 18</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . <u>https //www sharp com/about/community/community-benefits/health-needs-</u>	Yes	
<b>a</b>	If "Yes" (list url) <u>assessments cfm</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SHARP MCDONALD CENTER

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

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

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

SHARP MCDONALD CENTER

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

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

SHARP MCDONALD CENTER

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information (continued)

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

Form and Line Reference	Explanation
See Add'l Data	

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

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

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

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

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 SCH H, PART VI, LINE 7	Sharp HealthCare prepares an annual Community Benefit Report in accordance with the requirements of California Senate Bill (SB) 697, community benefit legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif Office of Statewide Health Planning and Development (OSHPD)) Sharp HealthCare submits an annual Community Benefit Report to the California OSHPD For purposes of the Sharp HealthCare Community Benefit Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp McDonald Center In addition, consolidated financials for these hospitals are also provided in the FY 2018 Sharp HealthCare Community Benefit Plan and Report under the section entitled Sharp Metropolitan Medical Campus The Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2018 is available online at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a>

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation														
Schedule H, Part III, Line 7 PARTS III, LINE 7	<p>The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows:</p> <table><tr><td>Medicare revenue reported on Parts I and III</td><td>164,980,562</td></tr><tr><td>Medicare allowable costs reported on Parts I and III</td><td>194,217,520</td></tr><tr><td>Shortfall included on Parts I and III</td><td>(29,236,958)</td></tr><tr><td>Actual Medicare revenue received</td><td>163,086,057</td></tr><tr><td>Actual Medicare cost</td><td>209,899,738</td></tr><tr><td>Actual Medicare shortfall</td><td>(46,813,681)</td></tr><tr><td>Additional Medicare shortfall not on Parts I and III</td><td>(17,576,723)</td></tr></table>	Medicare revenue reported on Parts I and III	164,980,562	Medicare allowable costs reported on Parts I and III	194,217,520	Shortfall included on Parts I and III	(29,236,958)	Actual Medicare revenue received	163,086,057	Actual Medicare cost	209,899,738	Actual Medicare shortfall	(46,813,681)	Additional Medicare shortfall not on Parts I and III	(17,576,723)
Medicare revenue reported on Parts I and III	164,980,562														
Medicare allowable costs reported on Parts I and III	194,217,520														
Shortfall included on Parts I and III	(29,236,958)														
Actual Medicare revenue received	163,086,057														
Actual Medicare cost	209,899,738														
Actual Medicare shortfall	(46,813,681)														
Additional Medicare shortfall not on Parts I and III	(17,576,723)														

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 6a Community benefit report prepared by related organization	Sharp HealthCare

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	Sharp Memorial Hospital incurred expenses for disaster preparedness training and capital expenditures

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE HOSPITAL ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS UPDATE 2014-09 TOPIC 606 (ASU 606) EFFECTIVE OCTOBER 1, 2018 ASU 606 AND THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) DIFFERENTIATE BAD DEBT FROM IMPLICIT PRICE CONCESSIONS THE HOSPITAL MAKES A DETERMINATION REGARDING A PRICE CONCESSION TO STANDARD PRICING ON A PORTFOLIO BASIS THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS SHARP EXPECTS TO COLLECT BASED ON COLLECTION HISTORY WITH EACH PORTFOLIO OF PATIENTS PATIENT SERVICE REVENUE IS RECORDED NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, INCLUDING AN ESTIMATE FOR IMPLICIT PRICE CONCESSIONS BAD DEBT IS RECORDED AS AN OPERATING EXPENSE AND RESULTS WHEN A PATIENT, DETERMINED TO HAVE THE FINANCIAL CAPACITY TO PAY FOR HEALTHCARE SERVICES, IS UNWILLING TO DO SO FOR THE TAX YEAR ENDED SEPTEMBER 30, 2019, THE HOSPITAL DETERMINED \$8,625,485 AS BAD DEBT EXPENSE BAD DEBT EXPENSE IS NETTED AGAINST REVENUE AS SUCH, \$0 00 WAS BACKED OUT OF TOTAL EXPENSES FOR COLUMN (F) CALCULATION ALSO APPLIES TO SCHEDULE H, PART I, LINE 7, COLUMN F

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>FN1 Summary of Significant Accounting Policies Recently Adopted Accounting Standards In May 2014, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2014-09, Revenue from Contracts with Customers (Topic 606) This ASU converged and replaced existing revenue recognition guidance, including industry-specific guidance which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services Sharp adopted ASU 2014-09 on October 1, 2018, using the full retrospective method of transition The adoption of the new standard impacted the presentation of the consolidated statement of operations, where "provision for doubtful accounts" is no longer presented as a separate line item and "patient service" revenues are presented net of estimated implicit price concession revenue deductions The presentation of "allowance for doubtful accounts" has also been removed from the presentation in the consolidated balance sheets with the adoption of the new standard</p> <p>FN3 Net Patient Service Revenues Patient Service Revenues Inpatient and outpatient services provided to patients not covered by third-party payors are paid based on Sharp's policies and the patient's ability to pay Sharp reduces the transaction price by implicit price concessions to uninsured patients and patients with uninsured balances, such as copays and deductibles The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts</p>

**990 Schedule H, Supplemental Information**

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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

## 990 Schedule H, Supplemental Information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 2 Needs assessment</p>	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) for more than 20 years. Sharp hospitals, including those comprising the Sharp Metropolitan Medical Campus (SMMC) - Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), Sharp Memorial Hospital (SMH), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) - base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. The complete FY2019 Community Health Needs Assessments for SMH, SMV and SMC are available online at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm">https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</a> or by contacting Sharp HealthCare Community Benefit at <a href="mailto:communitybenefits@sharp.com">communitybenefits@sharp.com</a>. In accordance with federal regulations, the SMH FY2019 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH FY2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed distinct CHNAs in FY2019. SMMC's hospitals reviewed their most recent (FY2019) CHNAs and used the assessments to help inform priority needs for members of the communities they serve. In identifying these priorities, the entities also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region. SMMC's hospitals are committed to the health and well-being of their communities, and the findings of their FY2019 CHNAs help inform the activities and services provided to improve the health of their community members. These programs are detailed in the hospitals' FY20-FY23 implementation strategies, which are also available online to the community at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm">https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</a>. Please refer to Part V, Section B, for additional details on the process, findings and strategies to address findings from the FY2019 CHNAs for SMH, SMV and SMC. In addition, the entities of SMMC incorporate community priorities and community relations into its strategic plan and develops service line-specific goals (SMBHWN, SMH, SMV/SMC). Estimate an annual budget for community programs and services based on community needs, the prior years' experience and current funding levels (SMBHWN, SMH, SMV/SMC). Consults with representatives from a variety of departments to discuss, plan, and implement community activities (SMH). Hosts a bimonthly committee to discuss, plan, and implement community activities (SMV/SMC). Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants (SMBHWN). Programs that address CHNA-identified needs are also detailed in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY2019 Community Benefit Plan and Report, available for public viewing/download at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a>.</p>

**990 Schedule H, Supplemental Information**

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community Information	<p>The community served by SMMC (SMBHWN, SMH, SMV and SMC) encompasses the entire community of San Diego County (SDC), including all six regions central, east, north central, north coastal, north inland and south For SMMC's FY2019 CHNA processes, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U S ) based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations According to the CNI, communities served by the SMMC hospitals with especially high need include, but are not limited to, East San Diego, City Heights, Linda Vista, the College Area and Downtown San Diego In 2019, there were 504,267 residents ages 65 and older in SDC, representing 15 1% of the population Between 2019 and 2024, it is anticipated that SDC's senior population will grow by 22 4% In SDC in 2017, 94 6% of children ages 0 to 18, 82 7% of young adults ages 19 to 25, 84 0% of adults ages 26 to 44, 89 1% of adults ages 45 to 64, and 98 5% of seniors ages 65 and older had health insurance Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65 California Health Interview Survey data also revealed that 10 3 percent of individuals in SDC did not have a usual place to go when sick or in need of health advice (2018) In 2017, 13 3% of the SDC population reported living below 100% of the federal poverty level (FPL) The county's unemployment rate was 6 8% and 5 0% of households received Supplemental Security Income In addition, according to data from the San Diego Hunger Coalition, one in seven, or 14 percent of the SDC population experienced food insecurity An additional one in five San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget In 2017, 7 2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19 9% of the population lived at or below 138% FPL and were eligible for the program</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>Sharp Memorial Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state-of-the-art medical equipment with the intent of continually improving patient care. Further, as San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices to reduce the costs of green practices and facilitate implementation of sustainable initiatives. Through various strategies, in FY 19 SMH (including SMBHWN) recycled nearly 1.5 million pounds of waste, 23% of its generated waste. SMV recycled more than 175,000 pounds of waste, nearly 30% of its generated waste in FY 19. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than six years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. Sharp's Food and Nutrition Best Health Committee supports these efforts by promoting food sustainability awareness throughout the health care system and within the greater San Diego community. Since FY 2018, Sodexo teams at SMH have used LeanPath - a pilot program funded by a City of San Diego grant to combat food waste and facilitate compliance with new composting and recycling laws. LeanPath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill. In addition, since 2016, SMH has collaborated with the San Diego Rescue Mission and San Diego Food Bank to donate surplus food to more than 45 hunger relief organizations in San Diego County. In FY2019, Sharp donated more than 30 tons of food to these safety net organizations. In addition, SMMC was the first hospital to participate in the City of San Diego's beginning in 2012 and continues to divert food waste to rich compost through this program. Combined with the composting programs at other Sharp entities, these composting programs diverted nearly 500,000 lbs of waste from landfills in FY2019. SMH and SMV also continue to operate the first county-approved hospital-based organic gardens, and serve this food through their cafeterias and cafes. Sharp is also an active member in San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative. In addition, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. In FY2019, 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 FY2019, Sharp's disaster leadership - including representatives from SMMC - 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's disaster leadership also participates in the County of San Diego Healthcare Disaster Coalition - a multi-agency group of representatives who assist the county in improving mitigation, preparedness, response and recovery activities during emergencies and disasters. As part of this coalition, in FY2019, Sharp's disaster leadership led a subcommittee to review hospital emergency food and water supply planning and identify tools and best practice.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>s to disseminate to community health care professionals. Further, Sharp's disaster leadership continued to participate in the Statewide Medical Health Exercise Program. This working group of representatives from local, regional and state agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide local emergency planners in developing, planning and conducting emergency responses. Through participation in the U.S. Department of Health &amp; Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp and other SDC hospitals, health clinics and other health care service providers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning and sharing resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY 2019, the partnership assisted with training and education of non-hospital health care entities to better prepare them to develop emergency operations plans and responses. In recent years, global endemic events potentially impacted public health in the San Diego community. Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the delivery of uninterrupted care to the community in the face of public health threats.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>Sharp HealthCare (Sharp) 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, 28 medical centers, five urgent care centers, three skilled nursing facilities (SNF), 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 coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2019, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. 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. With 1,036 licensed beds, SMMC (including SMH, SMBHWN, SMV and SMC) features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego. SMH is also a Magnet hospital for nursing and patient care excellence. SMH received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence. In January 2012, SMH was designated a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. In 2014, SMH achieved Planetree Designation with Distinction and was re-designated as a Planetree Patient-Centered Hospital in 2015. SMH has been a part of San Diego health care history for more than 50 years. A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, SMBHWN delivers more babies than any other private hospital in California. The largest private freestanding psychiatric hospital in California, SMV is a premier provider of behavioral health services. SMC is SDC's only licensed chemical dependency recovery hospital.</p>

## 990 Schedule H, Supplemental Information

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



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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - SHARP MEMORIAL HOSPITAL Based on the results of the community health statistics scan and feedback from community partners received during the FY2019 CHNA planning process, a number of community engagement activities were conducted across SDC as part of the collaborative, countywide FY2019 CHNA - led under the auspices of the Hospital Association of San Diego &amp; Imperial Counties (HASD&amp;IC) through the FY2019 CHNA Committee, of which Sharp was Vice Chair. Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. Community engagement activities of the collaborative FY2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of SDC, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health &amp; Human Services Agency, Public Health Services was vital to this process. Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities. A total of 579 individuals participated in the FY2019 collaborative CHNA including 138 community residents and 441 leaders and experts. In addition to an active role in the collaborative HASD&amp;IC FY2019 CHNA process, Sharp contracted separately with the IPH at SDSU to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, senior health (now termed aging concerns), and the needs of highly vulnerable patients and community members. These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members. Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp. These case studies focused on breast cancer and high-risk pregnancy. Data collected during the community engagement activities and from literature reviews supported development of the case study. Lastly, the SMH FY2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community. The Sharp Insight Community is a private online environment for Sharp patients and their families, community members, Sharp employees, and Sharp-affiliated physicians. The FY2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top health an</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	d social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the Sharp Insight Community Survey. SMH/ Sharp-specific community engagement activities concluded in Spring of 2020.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY2019 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SMH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5)

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL The Sharp Memorial Hospital FY2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County (SDC) SMH'S (as well as SMV and SMC - comprising SMMC) FY2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) FY2019 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU) The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SMH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MEMORIAL HOSPITAL The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN ), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH FY2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH FY2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY2019 (TY 2018) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) FY2019 Community Health Needs Assessments ( CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community Through the SMMC FY2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) reviewed its FY2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members In identifying these priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County) the unique, ever-changing demographics and health topics that comprise their service areas and regions The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs access to health care, aging concerns, behavioral health, cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education and support e</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>lements for the identified health need of behavioral health Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in SDC Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by the se two hospital entities Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs The most recently completed (FY 2020- FY 2023) implementation strategies for each of SMMC's hospital entities are available online at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm">https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</a> These implementation strategies detail the programs that each hospital provides to address needs identified in their FY2019 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY2019 Community Benefit Plan and Report, available for public viewing/download at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a></p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN Based on the results of the community health statistics scan and feedback from community partners received during the FY2019 CHN A planning process, a number of community engagement activities were conducted across SDC as part of the collaborative, countywide FY2019 CHNA - led under the auspices of the Hospital Association of San Diego &amp; Imperial Counties (HASD&amp;IC) through the 2019 CHNA Committee , of which Sharp was Vice Chair Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted Community engagement activities of the collaborative FY2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of SDC, all age groups, and numerous racial and ethnic groups Collaboration with the County of San Diego Health &amp; Human Services Agency, Public Health Services was vital to this process Community engagement participants include county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities A total of 579 individuals participated in the FY2019 collaborative CHNA including 138 community residents and 441 leaders and experts In addition to an active role in the collaborative HASD&amp;IC FY2019 CHNA process, Sharp contracted separately with the IPH at SDSU to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals This input focused on behavioral health, cancer, diabetes, senior health (now termed aging concerns), and the needs of highly vulnerable patients and community members These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp These case studies focused on breast cancer and high-risk pregnancy Data collected during the community engagement activities and from literature reviews supported development of the case study Lastly, the SMH FY2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community The Sharp Insight Community is a private online environment for Sharp patients and their families, community members, Sharp employees, and Sharp-affiliated physicians The FY2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	health and social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the Sharp Insight Community Survey. SMH/Sharp-specific community engagement activities concluded in Spring of 2020.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY2019 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SMH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5)

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN The Sharp Memorial Hospital FY2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County (SDC) SMH'S (as well as SMV and SMC - comprising SMMC) FY2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) FY2019 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU) The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SMH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH FY2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH FY2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY2019 (TY 2018) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) FY2019 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community Through the SMMC FY2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) reviewed its FY2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members In identifying these priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County) the unique, ever-changing demographics and health topics that comprise their service areas and regions The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs access to health care, aging concerns, behavioral health, cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education a</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>nd support elements for the identified health need of behavioral health. Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in SDC. Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of (cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health). These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. The most recently completed (FY2020-FY2023) implementation strategies for each of SMMC's hospital entities are available online at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm">https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</a>. These implementation strategies detail the programs that each hospital provides to address needs identified in their FY2019 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address. These programs are detailed further in the SMB HWN, SMH and SMV/SMC sections of Sharp HealthCare's FY 2019 Community Benefit Plan and Report, available for public viewing/download at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a>.</p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - SHARP MESA VISTA HOSPITAL Based on the results of the community health statistics scan and feedback from community partners received during the FY2019 CHNA planning process, a number of community engagement activities were conducted across SDC as part of the collaborative, countywide FY2019 CHNA - led under the auspices of the Hospital Association of San Diego &amp; Imperial Counties (HASD&amp;IC) through the FY2019 CHNA Committee, of which Sharp was Vice Chair Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted Community engagement activities of the collaborative FY2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of SDC, all age groups, and numerous racial and ethnic groups Collaboration with the County of San Diego Health &amp; Human Services Agency, Public Health Services was vital to this process Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities A total of 579 individuals participated in the FY2019 collaborative CHNA including 138 community residents and 441 leaders and experts In addition to an active role in the collaborative HASD&amp;IC FY2019 CHNA process, Sharp contracted separately with the IPH at SDSU to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals This input focused on behavioral health, cancer, diabetes, senior health (now termed aging concerns), and the needs of highly vulnerable patients and community members These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp These case studies focused on breast cancer and high-risk pregnancy Data collected during the community engagement activities and from literature reviews supported development of the case study Lastly, the SMH FY2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community The Sharp Insight Community is a private online environment for Sharp patients and their families, community members, Sharp employees, and Sharp-affiliated physicians The FY2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top health</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	and social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the Sharp Insight Community Survey. SM H/Sharp-specific community engagement activities concluded in Spring of 2020.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative FY2019 CHNA process The CHNA Committee is comprised of representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SMH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5)

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL The Sharp Memorial Hospital FY2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County (SDC) SMH'S (as well as SMV and SMC - comprising SMMC) FY2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) FY2019 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU) The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SMH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MESA VISTA HOSPITAL The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women &amp; Newborns (SMBH WN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH FY2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH FY2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY2019 (TY 2018) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) FY2019 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community Through the SMMC FY2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) reviewed its FY2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members In identifying these priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County) the unique, ever-changing demographic s and health topics that comprise their service areas and regions The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs access to health care, aging concerns, behavioral health, cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education and support</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>elements for the identified health need of behavioral health Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in SDC Conversely , as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health) These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs The most recently completed (FY2020- FY2023) implementation strategies for each of SMMC's hospital entities are available online at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm">https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</a> These implementation strategies detail the programs that each hospital provides to address needs identified in their FY2019 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY2019 Community Benefit Plan and Report, available for public viewing/download at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a></p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 3E	THE SIGNIFICANT HEALTH NEEDS ARE A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY AND IDENTIFIED THROUGH THE CHNA

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - SHARP MCDONALD CENTER Based on the results of the community health statistics scan and feedback from community partners received during the FY2019 CHNA planning process, a number of community engagement activities were conducted across SDC as part of the collaborative, countywide FY2019 CHNA - led under the auspices of the Hospital Association of San Diego &amp; Imperial Counties (HASD&amp;IC) through the FY2019 CHNA Committee, of which Sharp was Vice Chair. Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. Community engagement activities of the collaborative FY2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of SDC, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health &amp; Human Services Agency, Public Health Services was vital to this process. Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups representing communities facing inequities. A total of 579 individuals participated in the FY2019 collaborative CHNA including 138 community residents and 441 leaders and experts. In addition to an active role in the collaborative HASD&amp;IC FY2019 CHNA process, Sharp contracted separately with the IPH at SDSU to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, senior health (now termed aging concerns), and the needs of highly vulnerable patients and community members. These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members. Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp. These case studies focused on breast cancer and high-risk pregnancy. Data collected during the community engagement activities and from literature reviews supported development of the case study. Lastly, the SMH FY2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community. The Sharp Insight Community is a private online environment for Sharp patients and their families, community members, Sharp employees, and Sharp-affiliated physicians. The FY2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top health and</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the Sharp Insight Community Survey. SMH/Sharp-specific community engagement activities concluded in Spring of 2020.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MCDONALD CENTER The Sharp Memorial Hospital FY2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County (SDC) SMH'S (as well as SMV and SMC - comprising SMMC) FY2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) FY2019 Community Health Needs Assessment process and findings for SDC This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU) The process and findings of the collaborative HASD&IC FY2019 CHNA significantly informed the SMH FY2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 11 Facility , 1</p>	<p>Facility , 1 - SHARP MCDONALD CENTER The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) In accordance with federal regulations, the SMH FY2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) Thus, the SMH FY2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN) SMV and SMC completed separate and distinct CHNAs in FY2019 (FY2018) The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) FY2019 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity , particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community Through the SMMC FY2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) provided its FY2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members In identifying these priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County) the unique, ever-changing demographics and health topics that comprise their service areas and regions The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs: access to health care, aging concerns, behavioral health, cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury However, there is variation in the capacity of the individual hospital entities to address these identified health needs, please see details below Both SMH and SMBHWN do not have the capacity to provide the community education and support element</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ents for the identified health need of behavioral health. Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in SDC. Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of (cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health). These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs. The most recently completed (FY 2020- FY 2023) implementation strategies for each of SMMC's hospital entities are available online at <a href="https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm">https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</a>. These implementation strategies detail the programs that each hospital provides to address needs identified in their FY2019 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address. These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY2019 Community Benefit Plan and Report, available for public viewing/download at <a href="https://www.sharp.com/about/community/community-benefits/benefit-report.cfm">https://www.sharp.com/about/community/community-benefits/benefit-report.cfm</a>.</p>

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

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Memorial Hospital

Employer identification number

95-3782169

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 5
3 Enter total number of other organizations listed in the line 1 table 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 95-3782169  
**Name:** Sharp Memorial Hospital

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
Alzheimers Association 6632 Convoy Street San Diego, CA 92123	13-3039601	501(c)(3)	43,000				Annual Sponsorship
American Heart Association PO Box 4002030 Des Moines, IA 50340	13-5613797	501(c)(3)	10,000				Annual Sponsorship

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
San Diego Crew Classic 1875 Quivera Way C-6 San Diego, CA 92109	95-3276681	501(c)(3)	10,000				Annual Sponsorship
San Diego Family Care 6976 Linda Vista Road San Diego, CA 92104	95-2700856	501(c)(3)	32,500				Donation

<b>Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.</b>							
<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
California Health Foundation & Trust 1215 K Street Suite 800 San Diego, CA 92111	94-1498697	501(c)(3)	307,111				Medi-Cal Program

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Sharp Memorial Hospital

Employer identification number  
95-3782169

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	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>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>		No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		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>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		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>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>		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>	<b>8</b>		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>	<b>9</b>				



**Part III Supplemental Information**

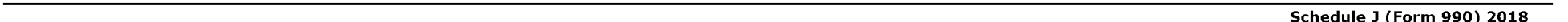
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Schedule J, Part II, Column (B)(i) SCH J, PART II, COL B1	Compensation was paid to Dr Paul Wozniak through San Diego Neonatology Inc by Sharp Memorial Hospital

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	NON-MANAGEMENT STAFF WERE PAID SUPERIOR PERFORMANCE AWARDS WHICH WERE GROSSED UP SO THE NET PAYMENT WOULD BE A SPECIFIED AMOUNT BASED ON EACH STAFF MEMBER'S PRODUCTIVE HOURS WORKED DURING THE YEAR THE NET PAYMENTS PER STAFF MEMBER RANGED FROM \$100 TO \$350

<b>Return Reference</b>	<b>Explanation</b>
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The Compensation Committee of Sharp Healthcare, the parent organization, establishes the compensation of the Chief Executive Officer. The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors.

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>Exec Benefits Plan Sharp HealthCare ("Company") sponsors an Executive Flexible Benefit Plan ("Plan") to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan ("SSAB") to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance. During the year ended December 31, 2018, Michael Murphy, Daniel Gross, and Carlisle Lewis III received distributions from the plan of \$23,224.00, \$23,223.00, and \$23,224.00 respectively.</p>



Schedule J (Form 990) 2018

**Additional Data**

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 95-3782169  
**Name:** Sharp Memorial Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael W Murphy	(i)	0	0	0	0	0	0	0
PRESIDENT & CEO SHC thru 3/1/2019	(ii)	1,506,274	329,108	85,036	93,492	21,774	2,035,684	0
Christopher A Howard	(i)	0	0	0	0	0	0	0
PRESIDENT & CEO SHC as of 1/31/2019	(ii)	0	0	155,984	0	0	155,984	0
Daniel L Gross	(i)	0	0	0	0	0	0	0
EVP HOSPITAL OPS SHC	(ii)	1,190,289	247,877	78,973	57,853	16,587	1,591,579	0
Pamela Wells	(i)	0	0	0	0	0	0	0
VP PATIENT CARE SVCS-SMH	(ii)	265,272	34,013	21,218	26,539	20,262	367,304	0
Joseph Sheridan MD	(i)	129,843	0	0	0	0	129,843	0
DIRECTOR	(ii)	34,050	0	0	0	0	34,050	0
Paul Wozniak MD	(i)	651,360	0	0	0	0	651,360	0
DIRECTOR	(ii)	511,440	0	0	0	0	511,440	0
Kevin Thompson	(i)	0	0	0	0	0	0	0
FORMER OFFICER	(ii)	312,269	46,729	35,928	28,319	9,080	432,325	0
Staci L Dickerson	(i)	0	0	0	0	0	0	0
SVP & CFO SHC	(ii)	709,332	69,073	43,678	8,377	15,787	846,247	0
Carlisle C Lewis III	(i)	0	0	0	0	0	0	0
SVP LEGAL	(ii)	726,519	142,650	33,675	44,160	16,542	963,546	0
Kari Cornicelli	(i)	0	0	0	0	0	0	0
CFO SMH	(ii)	265,272	34,013	21,218	26,539	20,262	367,304	0
Anthony Guerra	(i)	0	0	0	0	0	0	0
CFO, VP CAMPUS PLN & DEV-SMH	(ii)	244,816	31,445	10,291	20,747	20,128	327,427	0
Timothy B Smith	(i)	0	0	0	0	0	0	0
CEO SMH	(ii)	723,354	88,057	44,225	0	16,411	872,047	0
Patricia Khaleghi	(i)	0	0	0	0	0	0	0
CEO SHC SPECIALTY HOSP	(ii)	490,268	102,358	36,991	8,818	20,448	658,883	0
Janie Kramer	(i)	0	0	0	0	0	0	0
COO SMH	(ii)	347,611	44,307	36,415	30,014	14,801	473,148	0
Maria Colombo	(i)	0	0	0	0	0	0	0
CNO MB	(ii)	231,302	31,855	12,039	17,652	924	293,772	0
Cheryl Odell	(i)	0	0	0	0	0	0	0
CNO SMV	(ii)	228,035	31,725	26,792	22,222	14,838	323,612	0
Thor Anderson	(i)	0	0	0	0	0	0	0
DIR PHARMACY	(ii)	213,740	20,610	4,901	11,968	14,641	265,860	0
Frances Schlaefter	(i)	0	0	0	0	0	0	0
VP AMBULATORY & CLIN SVCS	(ii)	216,298	0	21,509	10,620	8,697	257,124	0
Michael Plopper	(i)	0	0	0	0	0	0	0
CMO SHARP BEHAVIORAL HEALTH	(ii)	406,827	50,134	62,509	29,958	9,323	558,751	0
Geoffrey Stiles MD	(i)	0	0	0	0	0	0	0
CHIEF MEDICAL OFFICER-SMH	(ii)	290,922	29,316	36,485	15,502	1,358	373,583	0

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Matthew Geriak	(i)	0	0	0	0	0	0	0
PHARMACIST-RESEARCH	(ii)	244,744	535	437	12,535	8,296	266,547	0
Randi Larsson	(i)	0	0	0	0	0	0	0
DIR WOMEN'S & NEONATAL SVCS	(ii)	210,571	24,938	9,209	30,474	14,859	290,051	0
Susan Davis	(i)	0	0	0	0	0	0	0
DIR OUTPT PAVILION	(ii)	208,997	24,153	2,145	18,344	14,631	268,270	0

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2018**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp Memorial Hospital

Employer identification number  
95-3782169

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	2	157,368	Market value
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Office supplies )	X	1	4,182	Market value
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29	0
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

**Part II Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Cars and other vehicles - Number in column (b) represents number of contributions Other - Office supplies Number in column (b) represents number of contributions

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**Open to Public Inspection**

Department of the Treasury

Name of the organization

Sharp Memorial Hospital

Employer identification number

95-3782169

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2019 Submitted to Office of Statewide Health Planning and Development Healthcare Information Division - Accounting and Reporting Systems Section 400 R Street, Room 250 Sacramento, CA 95811 Section 1 An Overview of Sharp HealthCare The people of San Diego County place tremendous trust in Sharp HealthCare to deliver extraordinary care in some of life's most vulnerable moments As a not-for-profit organization, we honor that trust daily and help pay it back by investing in community benefit programs that improve health outcomes for our entire region This is the commitment we've made to our community over the past six decades serving as San Diego's health care leader and the role we look forward to serving for many years to come - Chris Howard, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp) 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, 28 medical centers, five urgent care centers, three skilled nursing facilities (SNF), 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 coverage through Sharp Health Plan (SHP) Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2019, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees <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 region, 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, subacute 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 region 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</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>atment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also houses the county's largest emergency and trauma center THREE SPECIALTY CARE HOSPITALS 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, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive behavioral health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides 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 Centers (SRSMC) are included under 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 under 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 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 - Reliability</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Community Benefit Report	<p>e, 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</p> <p>The Sharp Experience For nearly two decades, 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 Supported by its extraordinary culture , Sharp is transforming the health care experience in San Diego by striving to be * The best place to work Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe " * The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient - treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through this transformation, Sharp 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 60 years</p>

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<p>Form 990, Part III, Line 4a 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: Quality - Demonstrate and improve clinical excellence and exceed customer expectations. Safety - Keep patients, employees and physicians safe and free from harm. Service - Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members. People - Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision. Finance - Achieve financial results to ensure Sharp's ability to deliver on its mission and vision. Growth - Enhance market position and drive innovative development. Community - 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. 31 on Forbes' 2019 listing of Best Employers in California, as well as No. 58 on its list of Best Employers for Women and No. 201 on its list of Best Employers for Diversity.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ity Becker's Hospital Review recognized Sharp as one of "150 Top Places to Work in Health care" in 2017 and 2018 The list recognizes hospitals, health systems and organizations co mmitted to fulfilling missions, creating outstanding cultures and offering competitive ben efits to their employees In 2019, Sharp ranked No 33 in the large employer category as o ne of the "Best Places to Work" for information technology (IT) professionals by the Inter national Data Group's Computerworld survey Sharp was also ranked in the top 10 on this li st from 2013 to 2018 The list is compiled by evaluating a company's benefits, training, r etention, career development, average salary increases, employee surveys, workplace morale and more In 2019, SMH and SCVMC were recognized on Newsweek's first ever list of the top 1,000 hospitals worldwide Among all United States (U S ) hospitals included in the ranki ng, SMH was ranked No 89 and SCVMC was ranked No 137 In 2015 and 2017 to 2019, Sharp wa s ranked "San Diego's Best Hospital Group" in the annual San Diego Union-Tribune Readers P oll In 2017 and 2019, SMH was ranked "San Diego's Best Hospital," and in 2018, Sharp's We ight Management Programs ranked first for "Best Weight Loss Clinic/Counseling " Sharp Rees -Stealy Medical Group (SRSMG) was ranked "Best Hearing Aid Store" in 2019 for the third ye ar in a row, as well as "Best Medical Group," "Best Laser Eye Center," "Best In-Home Care (Medical)," and "Best Pharmacy " Sharp Community Medical Group (SCMG) was ranked "San Dieg o's Best Medical Group" from 2015 to 2018 In 2016, 2017 and 2019, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facilities that meet the highest st andards of patient safety, care quality and efficiency In 2016, SMH was also recognized a s a Top Hospital SGH, SMH and SMBHWN have 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 nursin g excellence SGH first received the designation in 2006, and was most recently re-designa ted in 2017 SMBHWN received its current designation in 2015 SMH was first designated in 2008, and received its most recent re-designation in 2018 Sharp was named one of the nati on's "Most Wired" health care systems from 2012 to 2019 by the College of Healthcare Infor mation Management Executives' annual Most Wired Survey and Benchmark Study "Most Wired" h ospitals are committed to using technology to enhance quality of care for both patients an d staff Planetree is a coalition of more than 80 hospitals worldwide that are committed t o improving medical care from the patient's perspective SCHHC became a Designated Planetree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth consecut ive time SMH became a Planetree Person-Centered Hospital in 2012 and was re-designated in 2015 SCVMC joined SCHHC and</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>SMH as a Designated Planetree Person-Centered Hospital in 2014, and was re-designated in 2018. Also in 2014, SCHHC and SMH each achieved Planetree Designation with Distinction for demonstrating leadership and innovation in patient-centered care. In addition, Planetree awarded the Gold Certification for Excellence in Person-Centered Care to SGH in 2018 and SMH in 2019. In 2019, SMBHWN became one of only 40 institutions in North America to receive a Center of Excellence designation from the Society for Obstetric Anesthesia and Perinatology. The designation honors hospitals that demonstrate excellence and safety in obstetric anesthesiology and achieve a high level of clinical care. SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that receive ES certification use an average of 40% less energy than other buildings and release 35% less carbon dioxide (CO2) into the atmosphere. SCHHC first earned ES certification in 2007, and was re-certified for the eighth time in 2019. SCVMC was first certified in 2009 and was most recently re-certified in 2018. 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. Sharp received the Environmental Stewardship Award in the large business category from the Better Business Bureau (BBB), serving San Diego, Orange and Imperial counties, as part of BBB's 2017 Torch Awards. The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRRA) - California's statewide recycling association - for its innovative waste- minimization initiatives As the oldest and one of the largest nonprofit recycling organizations in the country, CRRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting Sharp was one of nine awardees in San Diego to receive a 2018 EMIES UnWasted Food award by the San Diego Food System Alliance for its collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting Sharp was also recognized in 2016 for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team SRSMSG was recognized by the Centers for Disease Control and Prevention as a 2017 Million Hearts Hypertension Control Champion for achieving blood pressure control for at least 7.0% of its adult patients with hypertension From 2013 to 2019, the Press Ganey organization recognized multiple Sharp 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 Sharp entities in the Employee Engagement category included SCVMC, SCHHC, SGH, SMBHWN, SMH, Sharp Memorial Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMSG, SCMG and Sharp Home Health, while SCHHC, SMH, OPP and SMBHWN have been awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physician Engagement Press Ganey also recognized multiple Sharp 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 categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance Between 2013 and 2019, Press Ganey recognized SMH five times for Patient Experience From 2013 to 2015, Sharp was recognized for Employee Engagement In 2013, SCHHC and SMV were recognized for Physician Engagement SHP has maintained a National Committee for Quality Assurance's (NCQA) Private Health Insurance Plan Rating of 4.5 out of 5 each year since 2016, making it one of the highest-rated health plans in the nation SHP also maintained the NCQA's highest level "Excellent" Accreditation status for service and clinical quality each year from 2013 to 2018 The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Set and Consumer Assessment of Healthcare Providers and Systems measures Covered California as California's official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates SHP earned a four out of five-star rating in Covered California's 2020 Coverage Year Quality Ratings in the categories of "Summary Quality Rating," "Getting the Right Care" and "Plan Services for Members " America's Physician Groups (APG) is a professional association, representing over 300 medical groups, independent practice associations, and integrated health care systems across the nation APG has awarded its highest level of distinction - "Elite Status" - to SCMG and SRSMG each year from 2010 to 2019 The Women's Choice Award(r) is a symbol of excellence in customer experience awarded by the collective voice of women In 2019, SGH received the Women's Choice Award(r) as one of America's Best Hospitals for Heart Care The Women's Choice Award(r) also recognized SMH (including SMBHWN) in 2019 among America's Best Hospitals for Obstetrics and Patient Experience, as well as among America's Best Stroke Centers The Douglas and Nancy Barnhart Cancer Center at SCVMC was also recognized as one of America's Best Breast Centers in 2019, while Birch Patrick Convalescent Center was recognized among America's Best Extended Care and Nursing Homes In addition, SCHHC was ranked as one of America's Best 100 Hospitals for Patient Experience from 2012 to 2018 Powered by the San Diego Association of Governments (SANDAG) 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 received iCommute Diamond Awards - which recognize employers in the San Diego region who have made strides to promote alternative commute choices - in the platinum tier in 2016 and the gold tier from 2017 to 2019 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 The SGH landscaping team received the 2016 Spirit of Sodexo Award for North America for its Heart 2 Heart project, through which heart-shaped stones etched with reflections were placed around the hospital campus for patients, visitors and staff to search for and reflect upon As a Gold Level finalist - the company's highest honor - the SGH landscaping team demonstrates Sodexo's commitment to clients and customers as the heart of their business Patient Access to Care Programs Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and other patients without the ability to pay</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>as well as insured patients with inadequate coverage. In accordance with federal law, 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 quick, web-based screening, enrollment and reporting technology designed by health coverage experts to provide community members with financial assistance options. At Sharp, patients use PointCare's simple online questionnaire to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire enable 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 September 2019, Sharp helped nearly 63,700 self-pay patients through PointCare, while maintaining each patient's dignity 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) 2019, Sharp secured this benefit for more than 1,800 unfunded patients in the ED. In support of Covered California's annual open enrollment period, Sharp's registration staff includes 25 Certified Application Counselors in order to better assist both patients and the general community with navigating the Covered California website and plan enrollment. In collaboration with San Diego-based CSI Financial Services, Sharp utilizes the specialized loan program, ClearBalance, to assist patients who struggle to resolve high medical bills. Through the program, both insured and uninsured patients can secure small bank loans to help pay off their medical bills in low monthly installments and prevent unpaid accounts from going to collections. Since its inception in 2010, more than 4,000 Sharp patients have received assistance through ClearBalance.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In addition, three Sharp hospitals - SCVMC, SGH and SMH - qualify as covered entities for the 340B Drug Pricing Program administered by the U S Department of Health and Human Services (DHHS) Health Resources and Services Administration Hospitals participating in the 3 40B Drug Pricing Program are permitted to purchase outpatient drugs at reduced prices The savings generated by 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 Sharp's Patient Assistance Program The Patient Assistance Program at Sharp helps those in need of assistance gain access to free or low-cost medications Patients are referred by population health teams, physicians, pharmacists, case managers, social workers, nurses or even other patients, as well as may be identified through usage reports Team members research all available options for these patients, including programs offered by drug manufacturers, grant-based programs offered by foundations, co-pay assistance and other low -cost alternatives Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from a lack of access to medication In FY 2019, the Patient Assistance Program helped under- and uninsured patients access more than \$5 million worth of prescriptions Also in FY 2019, Sharp assisted underinsured and vulnerable individuals who were unable to meet their financial responsibility after health insurance Through the Maximum Out of Pocket Program, team members met with patients at all Sharp hospitals 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 FY 20 19, the Maximum Out of Pocket Program made a total of more than \$385,000 in adjustments to patient bills 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 about available funding options These team members perform field calls (home visits) to patients who required assistance with completing the coverage application process after leaving the hospital Since FY 2016, SGH's PFS team has worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh - California's Supplemental Nutrition Assistance Program - prior to hospital discharge These consultations have dramatically increased the likelihood that patients complete CalFresh applications and receive benefits In February 2017, Sharp's PFS team expanded CalFresh consults to the remainder of Sharp's acute care hospitals More than 720 Sharp patients have been granted CalFresh benefits as a result of this effort In summer 201 5, a pilot program was launched to evaluate eligibility for financial assistance among both insured and unfunded families</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>s with babies in the Neonatal Intensive Care Unit (NICU) at SMBHWN 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 baby both within and outside of the hospital The program was expanded to SCVMC and SGH in 2017, and since its inception, Public Resource Specialists have assisted more than 280 families through the SSI application process City of San Diego Partnership In 2018, Sharp and the City of San Diego began a three-year partnership designed to help improve the health and wellness of residents in all nine San Diego City Council Districts As the Official Health and Wellness Partner of the City of San Diego, Sharp provides a wide variety of classes and workshops at district libraries and recreation centers The partnership drew on findings from Sharp's community health needs assessment (CHNA), which helped identify neighborhoods with greater health disparities within the City Council Districts, as well as health topics of interest to those specific neighborhoods Presented by Sharp health educators from around the system, FY 2019 class topics included stroke prevention and education, Medicare, cancer prevention - nutrition, lifestyle and healthy habits, achieving optimal health, weight loss, senior resources, coping with life transitions, preventing preterm births, suicide prevention, nutrition and healthy eating, opioids and mental health, mental health education, risk for cardiovascular disease (CVD), back pain prevention and management, stress management, diabetes and exercise, older adults and exercise, caregiver stress, heart failure and more This partnership allows Sharp to bring important health and wellness information directly to San Diegans in the communities in which they live It is a powerful example of how Sharp takes its commitment to improve the health of those it serves beyond the walls of health care Health Professions Training 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 2019, more than 3,600 student interns dedicated over 579,900 hours within the Sharp system Sharp provided education and training for students in a variety of disciplines, including multiple areas of nursing (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice), midlevel practitioner positions (nurse practitioner and physician assistant) and allied health (ancillary) professions such as rehabilitation therapies (speech, physical and occupational therapy), lactation care, pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, laboratory, surgical technology, paramedic, social work, psychology, business and public health Student</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>nts came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC), local and national universities such as California State University San Marcos (CSUSM), Point Loma Nazarene University (PLNU ), San Diego State University (SDSU), University of California (UC) San Diego, University of San Diego (USD), and University of St Augustine for Health Sciences, and vocational schools such as Concorde Career College</p> <p>Table 1 presents the total number of students and student hours at each Sharp entity in FY 2019</p> <p>Table 1 Sharp HealthCare Internships - FY 2019</p> <p>Sharp Chula Vista Medical Center Nursing Students - 702 Group Hours - 68,475 Precepted Hours - 18,731 Midlevel Practitioner Students - 3 Hours - 294 Ancillary Students - 14 1 Hours - 44,015 Total Students - 846 Hours - 131,515</p> <p>Sharp Coronado Hospital and Healthcare Center Nursing Students - 334 Group Hours - 30,741 Precepted Hours - 4,652 Midlevel Practitioner Students - 0 Hours - 0 Ancillary Students - 39 Hours - 10,125 Total Students - 373 Hours - 45,518</p> <p>Sharp Grossmont Hospital Nursing Students - 580 Group Hours - 45,885 Precepted Hours - 17,104 Midlevel Practitioner Students - 6 Hours - 828 Ancillary Students - 225 Hours - 63,572 Total Students - 811 Hours - 127,389</p> <p>Sharp Mary Birch Hospital for Women &amp; Newborns Nursing Students - 173 Group Hours - 12,511 Precepted Hours - 4,876 Midlevel Practitioner Students - 0 Hours - 0 Ancillary Students - 7 Hours - 1,912 Total Students - 180 Hours - 19,299</p> <p>Sharp Memorial Hospital Nursing Students - 329 Group Hours - 31,060 Precepted Hours - 13,582 Midlevel Practitioner Students - 9 Hours - 1,284</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp's Continuing Medical Education (CME) Department has received Accreditation with Comm endation by the Accreditation Council for Continuing Medical Education to provide continui ng medical education for physicians, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education Sharp's CME Department provides eviden ce-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes In FY 20 19, Sharp's CME Department invested more than 1,500 hours in live and online CME activitie s for San Diego health care providers This included conferences on cardiology, oncology, diabetes, integrated healing, urgent care and patient safety, as well as presentations on suicide prevention, food insecurity, physician leadership, sepsis, infection prevention, o pioid usage and advances in lung cancer Beyond conferences, CME develops and implements o nline learning modules as well as performance improvement projects to inspire clinicians a nd teams to improve their practice and optimize patient care As a result of provider dema nd, 56 online CME modules were made available in FY 2019 - a 68% increase in modules from FY 2018 Additionally, CME partnered with Sharp's Lean Six Sigma team as well as Sharp-aff iliated physicians to complete 15 performance improvement projects Each year, Sharp's CME Department identifies and addresses a public health priority in compliance with its Accre ditation with Commendation In FY 2019, the CME Department continued to collaborate with t he Community Benefit team to address the FY 2018 identified public health issue food inse curity Together, CME and Community Benefit educated and engaged Sharp-affiliated physicia ns, pharmacists and employees on the impact of food insecurity on health, as well as asses sed patients for food insecurity and referred them to community resources Four online edu cational modules were developed in collaboration with the San Diego Hunger Coalition and a re actively viewed by community providers The CME and Community Benefit food insecurity i nitiative has helped change how Sharp cares for its community, as well as delivered posit ive patient outcomes To address the FY 2019 public health priority of dementia, the CME De partment developed a comprehensive needs assessment demonstrating the need for dementia tr aining aimed at primary care providers The CME Department collaborated with community org anizations, including Champions for Health and the Alzheimer's Project Clinical Roundtable , to develop education and clinical guidelines focused on addressing dementia in SDC This concerted effort reached over 300 clinicians, as well as led to countless additional non- CME educational strategy meetings with internal and external stakeholders, and important c onversations regarding dementia patients at Sharp In addition, the Alzheimer's Project Cl inical Roundtable Physician Gu</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Guidelines were converted into an online CME activity. In further support of this project, the department provided four hours of live and online CME activities for San Diego health care providers, as well as more than 50 hours of planning and development with providers. This included grand rounds at both SGH and SCHHC, and a panel discussion at SCMG's Annual CME Conference, where the Alzheimer's Project Clinical Roundtable exhibited and promoted its clinical guidelines. In addition, SRSMG's Clinical Guidelines committee utilized the Alzheimer's Project Clinical Roundtable's clinical guidelines to update their dementia guidelines. Results from post-evaluation surveys collected from these CME-accredited events showed markedly increased confidence in treating patients with Alzheimer's disease and other related dementias. Participants also stated an intent to change their professional behavior, and the belief that this education would positively impact their patients. Research Sharp Center for Research Sharp is dedicated to expanding scientific knowledge for the broader health and research communities. The Sharp Center for Research promotes high-quality research initiatives that help advance patient care and outcomes throughout the world. The Sharp Center for Research includes the Human Research Protection Program (HRPP), the Institutional Review Board (IRB) and the Outcomes Research Institute (ORI) Human Research Protection Program. The Sharp Center for Research's HRPP is responsible for the ethical and regulatory compliant oversight of research conducted at Sharp. In March 2016, Sharp received accreditation from the Association for the Accreditation of Human Research Protection Programs (AAHRPP) and in December 2018, was re-accredited for an additional five years. This 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 accreditation from the AAHRPP. Institutional Review Board As one of the key components of the HRPP, the IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the community. All proposed entity research studies with human participants must be reviewed by the IRB in order to protect participant safety and maintain responsible research conduct. In FY 2019, a dedicated IRB committee of 17 - including physicians, nurses, pharmacists, individuals with expertise and training in non-scientific areas, and members of the community - devoted hundreds of hours to the review and analysis of both new and ongoing research studies. Research at Sharp is conducted on all clinical phases of drug and device development, and the populations studied span the life cycle - from newborns to older adults. These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new treatment.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>s At any given time, Sharp participates in approximately 250 clinical trials encompassing many therapeutic areas, including behavioral health, emergency care, infectious disease, newborn care, heart and vascular, kidney, liver, neurology, gastroenterology, orthopedics and oncology - the latter of which comprises the largest share of Sharp's clinical trials. The HRPP educates and supports researchers across Sharp as well as the broader San Diego health and research communities regarding the protection of human research participants. As part of its mission, the Sharp Center for Research hosts quarterly research meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout SDC. In FY 2019, meetings included the following presentations: Research Community Outreach, Health Insurance Portability and Accountability Act and Research, Protecting Vulnerable Subjects, Deviations Identification, Responses and Solutions, and the Revised Common Rule. Education was also provided during the quarterly research meetings on the external IRB review process, short form consenting, and protection of human subjects. Additionally, Sharp researchers presented their current studies during the meetings. As part of National Clinical Trials Day in May, the Sharp Center for Research held its inaugural Clinical Trials Day event to showcase Sharp's latest clinical research to the San Diego community. The event was featured on two local news channels and drew nearly 200 attendees, including community researchers, drug and device manufacturers, Sharp physicians, donors and the general public.</p> <p>Outcomes Research Institute Since its inception in 2010, Sharp's ORI has sought to measure the long-term results of care to continue to develop and promote best practices in health care delivery. The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community and help improve the quality of care delivery across SDC. The ORI collaborates with Sharp team members to aid in the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions. The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and NU.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The ORI shares its research studies with other community health and research professionals. In FY 2019, this included a study titled Detecting Atrial Fibrillation in the Emergency Department in Patients with Cardiac Implantable Electronic Devices, published in The Journal of Emergency Medicine, as well as a presentation titled Prediction of Acute Care Utilization for Patients with Hematologic Malignancies, provided at the American Society of Clinical Oncology Quality Care Symposium in San Diego. Since September 2016, the ORI has expanded its contributions to research, education and clinical service through SMH's Integrated Behavioral Health/Cardiac program - an initiative that integrates psychological services for patients of SMH's Heart Transplant and Mechanical Circulatory Support units, including pre-surgical psychological candidacy assessments as well as psychological testing, consultation, and ongoing treatment. The program provides opportunities for ongoing outcomes research, including the contribution of publications and presentations to support the broader health and research communities in the psychosocial management of heart failure patients. These research opportunities are extended to advanced graduate students in clinical psychology through yearlong practicum training experiences. In FY 2019, this innovative program fostered the continued implementation of three ongoing heart failure studies, and as of October 2019, has enabled the creation and funding of a new full-time psychologist staff position. Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care through identifying a care problem, developing a plan to solve it and incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes the use of evidence-based practices in the nursing community. The consortium is a partnership between Sharp, Rady Children's Hospital - San Diego, UC San Diego Health, U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Kaiser Permanente, Elizabeth Hospice, PLNU, SDSU, APU and USD. Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom, and structured mentorship throughout the program. EBPI fellows and mentors partner with one another through a variety of learning strategies. Mentors facilitate and support fellows as they navigate the hospital system and implement the processes of evidence-based practice change. Mentors also assist fellows in working collaboratively with key hospital leadership personnel. In FY 2019, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBP</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>I fellows and mentors shared their project results. Twenty-seven project teams, comprised of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care including spinal cord injury protocols to improve discharge preparedness, patient communication boards as a bedside handoff tool, music therapy to reduce anxiety in breastfeeding mothers, changes in checking gastric residuals in tube fed babies for quicker full feeds, immunization protocols in liver pre-transplant patients, and development and education on a new evidence-based program for increased patient mobility. Volunteer Service Sharp Lends a Hand. In FY 2019, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH). Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC. SLAH selected 21 volunteer projects for FY 2019: San Diego Food Bank (Food Bank), Feeding San Diego (FSD), Mama's Kitchen, San Diego Wreaths Across America, USS Midway Foreign Object Damage (FOD) Walk-down, American Diabetes Association (ADA) Tour de Cure, Promises2Kids, Ssubi is Hope Greening for Good Project, Special Olympics Annual Spring Games, Habitat for Humanity ReStore, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, Surfrider Foundation's Beach Cleanup, I Love a Clean San Diego's Coastal Cleanup, Creek to Bay Cleanup, Storm Drain Stenciling Day, and Morning After Mess Cleanup, the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden and Coastal Habitat Restoration, and River Kids Discovery Days - a joint effort between I Love a Clean San Diego and the San Diego River Park Foundation. More than 3,000 Sharp employees, family members and friends volunteered nearly 6,000 hours in support of these projects. The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues. Each month, the Food Bank serves nearly 2 million meals to approximately 350,000 San Diegans. Backpacks filled with a weekend's supply of food are provided to chronically hungry elementary school children throughout SDC, while Food Bank distribution sites provide boxes of groceries and staple food items to low-income seniors. At eight events between December 2018 and August 2019, 50 SLAH volunteers gathered at the Food Bank warehouse to help inspect, clean, sort and package donated food as well as assist with assembling boxes and cleaning the facility. As a member of the Feeding America network, FSD partners with food donors throughout SDC - including grocery stores, restaurants and retailers - to distribute healthy food to more than 63,000 local children, families, seniors and military members each week. FSD relies on the generous support of individuals.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region. At 10 events throughout FY 2019, nearly 150 SLAH volunteers sorted food, prepared bags for distribution, and cleaned produce for FSD. Established in 1990, Mama's Kitchen is a community-driven organization that enlists volunteers to help prepare and deliver nutritious meals to community members affected by acquired immunodeficiency syndrome (AIDS) or cancer who are unable to shop or cook for themselves. Mama's Kitchen strives to help its clients stay healthy, preserve their dignity, and keep their families together by providing free, culturally appropriate, home-delivered meals, pantry services and nutrition education. In January, April, June and July, more than 50 SLAH volunteers helped Mama's Kitchen serve meals to the community by preparing and packaging snack and vegetable items for delivery. In December 2018, SLAH participated in Wreaths Across America, a national event dedicated to honoring veterans, remembering fallen heroes, and teaching children about the sacrifices made by veterans and their families. At three local cemeteries - Fort Rosecrans National Cemetery, Miramar National Cemetery and Greenwood Memorial Park - approximately 500 SLAH volunteers honored veterans by placing donated wreaths on their gravesites. The USS Midway is a retired aircraft carrier that serves as a museum and memorial to the 225,000 Navy sailors who served on board between 1943 and 1992. To help keep the deck of the Midway museum clean, SLAH volunteers participated in an FOD walk-down, a routine activity on active aircraft carriers that helps prevent debris from damaging aircraft engines. At four events in February, April, June and August, more than 120 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to clear the decks of debris. SLAH volunteers participated in the ADA Tour de Cure 2019 to support the one in three San Diegans living with diabetes or prediabetes and raise critical funds for the ADA's diabetes research, education and advocacy. In March, five SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution, rest stop support and first aid.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<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 November and December, nearly 30 SLAH volunteers supported the organization's annual Holiday Gift Drive by wrapping gift collection bins, assisting with inventory, and sorting and preparing gifts to distribute to foster youth The Ssubi is Hope Greening for Good project collects discarded but safe and usable supplies from U S hospitals and distributes them to clinics around the world that have little or no medical resources In addition to providing life-changing and life-saving services to people in underserved countries, the project has protected the environment by keeping more than one million pounds (lbs ) of medical surplus out of local landfills At two events in July and August, more than 15 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, 20 SLAH volunteers supported the 2019 Annual Spring Games at Carlsbad High School Volunteers served as timers and scorekeepers during the bocce competition, cheered on the athletes and participated in the awards ceremonies In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates three 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 for Humanity homes throughout SD C At eight events in November, January, March and May, 35 volunteers organized donated items and took inventory of stock for the Kearny Mesa and National City ReStore retail centers 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 During eight days in May and June, approximately 60 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent In addition, pharmaceutical services were provided by six Sharp-affiliated pharmacists and licensed pharmacy technicians More than 750 veterans were served through the 2019 Stand Down for Homeless Veterans events The Life Rolls On Foundation is dedicated to improving the quality of life for people living with various disabilities 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, more than 85 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, regi</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>stration, equipment distribution, lunch service and helping surfers on land and in shallow water The Surfrider Foundation is dedicated to the protection and enjoyment of the world 's oceans, waves and beaches through a powerful activist network Since 2017, the Surfrider Foundation has helped remove more than 31,000 lbs of trash from local beaches Data collected at these events is used to determine the primary local sources of pollution, and create education and policies to prevent trash from ever reaching the beach In August, 20 SLAH volunteers participated in a beach cleanup event at Belmont Park in Mission Bay where they helped pick up trash and complete data sheets detailing what they collected In November 2018, nearly 15 SLAH volunteers joined I Love a Clean San Diego for Storm Drain Stenciling Day Volunteers met at Mountain View Community Center to stencil a pollution prevention message above neighborhood storm drains educating the public that no pollutants or trash should go down the drain and into the ocean SLAH also partnered with I Love a Clean San Diego for the 17th annual Creek to Bay Cleanup in April, in celebration of Earth Day Approximately 60 SLAH volunteers participated in this countywide effort to beautify beaches, bays, trails, canyons and parks at locations around SDC, including Torrey Pines State Beach, Crown Point Shores in Mission Bay, San Diego River - Mission Valley South, Ocean Beach Veterans Plaza, Coronado Central Beach, Marina View Park in Chula Vista, Lake Miramar and Santee Lakes In July, SLAH volunteers participated in I Love a Clean San Diego's Morning After Mess Cleanup by helping clear garbage and debris from Mission Beach Park following the Fourth of July holiday In September, nearly 30 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, Chula Vista Bayside Park, Tierrasanta North Shepard Canyon, Embarcadero Marina Park North, Harry Griffin Park in La Mesa, Coronado South Beach and Torrey Pines State Beach Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River Nearly 50 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in November, December, February, May, and June, and at the San Diego River Garden in Mission Valley in April and August Activities included trail maintenance, watering, pruning and other light gardening projects In January, July and September, nearly 35 SLAH volunteers joined the San Diego River Park Foundation's Coastal Habitat Restoration events in Ocean Beach The team worked to save and restore one of the last remaining coastal dune and wetland habitats in San Diego by removing invasive plants and</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>d litter, watering and caring for recent plantings and native plants, and providing trail maintenance In March, I Love a Clean San Diego and the San Diego River Park Foundation partnered to provide the fifth annual River Kids Discovery Days Five SLAH volunteers participated in the free event, which provides river education and service events to teach more than 600 children and families about protecting the Earth's natural resources In addition to these projects, the SLAH program continued to coordinate and promote Sharp's year-round blood donation effort to provide needed blood to local organizations serving the community In FY 2019, Sharp committed to collecting a minimum of 1,300 units of blood from Sharp employees, family and friends Throughout the year, Sharp hosted 64 blood drives at 12 Sharp locations to benefit the San Diego Blood Bank, including two systemwide drives held at Sharp's corporate office location These latter two drives were designed as community events, and featured prize giveaways, Arts for Healing, therapy dogs and meet-and-greets with executive leadership In addition, SLAH encouraged Sharp employees to donate blood at local Red Cross locations Through these efforts, SLAH helped Sharp collect approximately 1,670 units of blood, surpassing its goal by more than 360 units Sharp Humanitarian Service Program The Sharp Humanitarian Service Program provides paid leave time for Sharp employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations In FY 2019, the program funded more than 40 employees on humanitarian trips to the Dominican Republic, the Philippines, Ecuador, Guatemala, Jamaica and other locations throughout the world</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>For nearly two weeks in November, the Woolsey and Hill Fires burned nearly 100,000 acres of land in Los Angeles and Ventura counties, destroying more than 1,600 structures and forcing almost 300,000 evacuations. A response effort by the American Red Cross drew volunteers and other local organizations to bring meals, shelter, supplies and health care to affected community members. One Sharp volunteer worked more than 160 hours as the only nurse at an American Red Cross shelter in Malibu. In December, a Sharp nurse participated in a medical mission to Santo Domingo, Dominican Republic through CardioStart International - a global volunteer organization that brings specialized cardiac care teams to underserved regions. The team, which consisted of cardiac surgeons, cardiologists, perfusionists (health care professionals who operate heart-lung machines during surgery), nurses, respiratory therapists and a specialized ultrasound technician, performed surgery on five children with congenital heart defects as well as provided advanced cardiac education to help local medical teams improve surgical outcomes and patient care. Venture to Heal Medical Missions is a local nonprofit organization founded by a Sharp nurse that coordinates trips to Vietnam and the Philippines to provide health care, supplies and education to thousands of people in underserved, rural communities. For two weeks in January, the nurse and a fellow Sharp pharmacist as well as other San Diego nurses, physician assistants, emergency medical technicians and lay volunteers convened at a rural clinic in the Philippines that had recently been impacted by a typhoon. The team provided acute management of skin, soft tissue and upper respiratory tract infections, as well as treatment for metabolic disorders such as diabetes and hypertension, to more than 1,300 people. In March, a Sharp nurse volunteered in Quito, Ecuador as part of a medical mission trip with Timmy Global Health, a nonprofit organization that expands access to health care by directly supporting community-based project sites. More than 470 local patients were served by the medical team which included one doctor, three nurses and 19 students. The medical team treated and assisted patients with parasitic infections, general pain, vision loss, hypertension, dry or irritated eyes and gastritis - an inflammation of the protective lining of the stomach. Also in March, a Sharp employee accompanied a team of students, nurses, physical therapists, occupational therapists and doctors on a medical mission to Ecuador sponsored by Franciscan University of Steubenville. With a mission to care for the whole person, the team provided medical treatment for acute diseases, as well as education on how to care for and prevent future complications. In April 2019, a Sharp nurse participated in a surgical service trip facilitated by Helps International, a community of volunteers dedicated to bringing agricultural and community development, education and</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>d health care to rural Guatemala The Sharp nurse spent 10 days working on the eye surgery team alongside various other medical professionals to perform oculoplastic (reconstructiv e procedures involving the orbit, eyelids, tear ducts and face), strabismus (crossed eyes) and cataract surgeries Another Sharp nurse accompanied a team of 25 medical professional s to the impoverished, indigenous community of Patzun, Guatemala through Friends With Purp ose - a nonprofit organization dedicated to providing medical care and community developme nt in underserved communities around the world The team consisted of surgeons, physician' s assistants, operating room technicians, nurses and autoclave technicians For eight days in May, the volunteers provided surgical services to patients, many of whom had never rec eived medical care In July 2019, Next Generation Mission partnered with Legacy Church San Diego and a Jamaican youth organization to provide help, entertainment and hope on a miss ion serving underprivileged residents of Montego Bay, Jamaica A Sharp nurse accompanied a team consisting of church members, construction specialists, college students and musicia ns, who assisted with multiple projects, including construction of a small house, repairs at an orphanage, provision of music and entertainment at homes for underprivileged childre n, elderly, orphans and disabled people, and participation in a youth sports day Communit y Walks Heart disease is the leading cause of death in the U S Sharp proudly supports the American Heart Association's (AHA) annual San Diego Heart &amp; Stroke Walk, which promotes p hysical activity to build healthier lives, free of CVD and stroke In FY 2019, more than 1 15 teams from across the Sharp system helped raise nearly \$234,000 for the walk, through a ctivities such as auctions, prize drawings and a karaoke competition In September, more t han 1,000 employees, family members and friends represented Sharp during the walk at Balboa Park For the past 23 years, Sharp has maintained its position as the first-place fundra ising team in San Diego and, in 2019, was the third-place team in the AHA Western States A affiliate To date, Sharp's fundraising efforts have raised more than \$3 5 million in suppo rt of the San Diego community through the AHA's Heart &amp; Stroke Walk Sharp Volunteers Volu nteers 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 of all ages and skill levels to assist with a wide variety of programs, events and initiatives across the Sharp system This includes devoting time and compassion to pa tients within Sharp's hospitals, assisting with community events for the general public, a nd support for annual golf tournaments, galas and other events to benefit Sharp's various foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>On average, approximately 1,770 individuals actively volunteered at Sharp each month in FY 2019. This included more than 1,830 auxiliary members, thousands of individual volunteers from the San Diego community, and volunteers for Sharp's foundations. Throughout the year, volunteers contributed nearly 241,300 hours of service to Sharp and its initiatives. More than 20,170 of these hours were dedicated to activities in the community 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 2019</p> <table><thead><tr><th>Entity</th><th>Average Active Volunteers per Month</th><th>Total Volunteer Hours</th></tr></thead><tbody><tr><td>Sharp Chula Vista Medical Center</td><td>369</td><td>52,849</td></tr><tr><td>Sharp Coronado Hospital and Healthcare Center</td><td>74</td><td>9,684</td></tr><tr><td>Sharp Grossmont Hospital</td><td>629</td><td>94,763</td></tr><tr><td>Sharp HospiceCare</td><td>65</td><td>10,164</td></tr><tr><td>Sharp Metropolitan Medical Campus</td><td>600</td><td>71,241</td></tr><tr><td><b>TOTAL</b></td><td><b>1,737</b></td><td><b>238,701</b></td></tr></tbody></table>	Entity	Average Active Volunteers per Month	Total Volunteer Hours	Sharp Chula Vista Medical Center	369	52,849	Sharp Coronado Hospital and Healthcare Center	74	9,684	Sharp Grossmont Hospital	629	94,763	Sharp HospiceCare	65	10,164	Sharp Metropolitan Medical Campus	600	71,241	<b>TOTAL</b>	<b>1,737</b>	<b>238,701</b>
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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. The program requires a high grade point average and a long-term commitment of at least 100 hours. The Junior Volunteer Program supports workforce development by introducing 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, students learn about merchandising, fundraising and retail sales. At the inpatient units, they are exposed to clinical experiences that provide a glimpse into potential future careers. Junior volunteers also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments. In FY 2019, nearly 530 high school students contributed more than 54,800 hours to the Junior Volunteer Program. This included 90 junior volunteers who provided more than 5,660 hours of service at SMH and SMBHWN, more than 270 junior volunteers who dedicated more than 17,620 hours of service at SCVMC, and nearly 280 junior volunteers who contributed more than 33,700 hours of service at SGH. In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's financial resources. In FY 2019, more than 120 volunteers contributed time to Sharp's boards. Sharp employees also donate time as volunteers for the Sharp organization, including service on the Board of Directors of San Diego Imaging - Chula Vista, Sharp and Children's MRI, Grossmont Imaging LLC Board, and Sharp and UC San Diego Health's Joint Venture, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs. Lastly, in September, SGH presented on the successful impact of volunteer-led events on employee engagement to volunteer program managers and leaders, community partners, and hospital professionals at the AHA's Association for Health Care Volunteer Resources Professionals Annual Conference &amp; Exposition. Held at the Hyatt Regency in Dallas, Texas, the conference theme was Educate, Empower and Inspire, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, volunteer programs and service, the effects of health care service delivery system redesign on the volunteer sector, and retail operations. At the same conference, the SGH Volunteer Auxiliary's Thrift Korral Resale Boutique received the Retail Excellence Program Award - recognition of a retail shop in a health care setting that has achieved exemplary results, and has demonstrated substantial benefit to the recipients, the health care organiza</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>tion, the community and the volunteers providing the service. The following section describes the achievements of various Sharp volunteer programs in FY 2019. Sharp HospiceCare Volunteer Programs: Sharp HospiceCare provides a variety of volunteer training opportunities that offer valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers are essential to the hospice team - they provide significant relief to those near the end of life and their families and caregivers, as well as valuable clerical and community support activities for the hospice organization. Sharp HospiceCare trained 36 new volunteers in FY 2019. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. Volunteers provided a variety of nonmedical services at patient homes, SNF and hospitals, and Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. This included caregiver relief, companionship, light housekeeping, errands and participation in patient outings. In addition, volunteers provided administrative support and assistance with special-event planning and community outreach for Sharp HospiceCare. Four teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2019. Through this program, teens completed special projects in Sharp HospiceCare administration, as well as performed activities at Sharp HospiceCare's hospice homes, including patient grooming and hygiene tasks, as well as simply sitting with patients, listening to their stories and holding their hand. Additionally, 13 premedical students from SDSU, UC San Diego and CSUSM volunteered their time by supporting family caregivers in private homes. Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and remaining by their side. Volunteers also comforted families who were present while their loved one passed away. Twelve volunteers were trained through the 11th Hour program in FY 2019. In FY 2019, Sharp HospiceCare trained four volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life of Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and hand massage. Nine volunteers also supported Sharp HospiceCare's partnership with We Honor Veterans (WHV). WHV is a national program developed by the National Hospice and Palliative Care Organization.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies its volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients receiving hospice or home-based palliative care. The program also honors veteran patients through special pinning ceremonies, during which volunteers present veterans with a WHV pin and a certificate of appreciation for their service. In FY 2019, Sharp HospiceCare held pinning ceremonies for more than 90 Sharp HospiceCare veteran patients and pinned 40 veteran community members during various community events. Sharp HospiceCare continued to offer the Memory Bear program to support community members who have lost a loved one. Volunteers created teddy bears out of the garments of those who have passed on, which served as special keepsakes and permanent reminders of the grieving individual's loved one. In FY 2019, volunteers dedicated nearly 3,000 hours to sewing more than 740 bears for approximately 250 families. Sharp HospiceCare recognizes the valuable impact that volunteers have on its patients and their family and caregivers. In light of this recognition, Sharp HospiceCare offered a monthly continuing education support group to enhance volunteers' skills. In addition, Sharp HospiceCare honored its volunteers during National Volunteer Week in April and National Hospice and Palliative Care Month in November through special award and pinning celebrations. Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Programs Through the Community Care Partner (CCP) program at SMH, hospital volunteers are hand-selected and trained to serve and comfort patients without family or friends present during their hospital stay. Activities may include reading to patients, writing letters, taking walks, playing games, or simply engaging in conversation. In addition, CCP volunteers look out for patients' safety and notify medical staff when needs arise - a task that is usually performed by a family member or friend but often overlooked when patients lack a companion. In FY 2019, 6 CCP volunteers devoted more than 500 hours to approximately 115 patient visits.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2019. Serving SMH, the SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings the library's services directly to patients and family members, which both helps to improve their health literacy and empower them to become involved in their own health care. Through the program, hospital volunteers are specially trained to become Health Information Ambassadors who are responsible for bringing diagnosis-related resources to patients and family members upon request. The consumer health librarian receives these requests, then uses reputable health websites to gather consumer-oriented information for the Health Information Ambassadors to return to the patient or their family members. Following their hospital stay, patients and families are invited to access an online database of reliable health information as well as to keep in touch with the library to ensure ongoing receipt of quality health information at home. Throughout the year, the Health Information Ambassadors visited more than 2,400 patient rooms and filled nearly 875 information requests. In addition, to address the vast number of Americans demonstrating basic or below health literacy, the consumer health librarian continued to provide a pamphlet titled Health Literacy 101 as a resource for the Health Information Ambassadors as they communicate with patients about their diagnosis. The pamphlet emphasizes the importance of verbally explaining a patient's diagnosis to them and describes a protocol to help improve their understanding of their medical information. Established in 2007, the Arts for Healing program at SMMC uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones. The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and drumming - to improve emotional and spiritual health and promote a faster recovery. The program also engages visitors and members of the community during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care and Education Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers. At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth. Music therapy is also provided in SMBHWN's NICU to promote</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>the development of premature babies At SMV and SMC, Arts for Healing offers several art and music therapy groups, including those for adolescents and adults receiving treatment for substance use, mood and anxiety disorders, as well as older adults receiving treatment for dementia or depression In collaboration with SMMC's social workers and palliative care nurses, in FY 2019, Arts for Healing facilitated the donation of 50 handcrafted blankets and quilts for patients receiving end-of-life care at SMH Throughout the year, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hospital Week in May, Cancer Awareness activities in October and June, two Sharp blood drives, and Sharp's annual Disaster Preparedness Expo In FY 2019, Arts for Healing cultivated a partnership with the San Diego Symphony resulting in a brass ensemble performance for patients at SMH and the Sharp Allison deRose Rehabilitation Center in September In FY 2019, Arts for Healing received a grant from the Music Man Foundation to support its efforts to promote and provide the healing power of music at SMMC With this grant, SMMC expanded Arts for Healing by 24 hours per week, nearly doubling its music therapy services, as well as launched an evidence-based practice project to measure the impact of music therapy on patients In FY 2019, 50 volunteers and five staff members facilitated art and music activities for approximately 39,000 patients, visitors and staff through the Arts for Healing program Since its inception, the time and talent of the program's dedicated volunteers, licensed therapists and staff have reached more than 178,000 individuals Other Sharp Community Efforts In FY 2019, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego The following are just a few examples of these efforts According to the January 2019 WeAllCount Annual Report, there are more than 8,100 individuals experiencing homelessness in SDC, of whom more than 4,470 are unsheltered For the second year in a row, the number of individuals experiencing homelessness in the region has decreased by nearly 6% Since 2011, Sharp has sponsored the Downtown San Diego Partnership's Family Reunification Program, which serves to reduce the number of unsheltered individuals on the streets of downtown San Diego Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean &amp; Safe Program identify unsheltered individuals who would be best served by traveling back home to loved ones Family and friends are contacted to ensure that the individuals have a place to stay and the support they need to get back on their feet Once confirmed, the outreach team provides the transportation needed to reconnect w</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>With their support system. With Sharp's help, the Family Reunification Program has reunited more than 1,700 individuals in Downtown San Diego with friends and family across the nation. In addition, in 2019 Sharp provided funding that helped secure two new buses to support the Family Reunification Program. Through the Giving Tree program at the Downtown Sharp Senior Health Center, community members and staff donate gift cards to make the holidays brighter for seniors in need. In December 2018, nearly 60 patients who visited the Downtown Sharp Senior Health Center left with a gift bag and a gift card to a local drug store, grocery store or restaurant. In addition, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a holiday bike giveaway. Optimist International is a worldwide volunteer organization that helps children develop to their fullest potential. In FY 2019, the holiday bike giveaway provided bicycles as holiday gifts to eight children of the hospital's cancer patients. The SGH Engineering Department led a variety of volunteer initiatives in FY 2019. For the past nine years, the SGH Engineering Department's landscaping team and the hospital's Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the The Shirt Off Our Backs Program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults. In FY 2019, volunteers filled three trucks with donated food and other essential items, including 80 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 200 handmade sandwiches and 150 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet food and other household items.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The SGH Engineering Department continued to provide This Bud's for You, a special program that delivers hand-picked flowers from the campus' abundant gardens to unsuspecting visitors, patients and staff. Through the program, the landscaping team grows, cuts, bundles and delivers colorful bouquets to patient rooms as well as offers single-stem roses in a small bud vase to passers-by. Each week during FY 2019, the team delivered three vases of flowers along with an inspirational quote, as well as at least six vases during peak flower season and upon additional requests. In addition, nearly 40 vases of flowers were delivered to new mothers staying in the hospital on Mother's Day. This Bud's for You also supports the SGH Senior Resource Center and Meals on Wheels partnership by providing floral centerpieces for fundraising events benefitting seniors in SDC's east region, as well as offering roses for SGH's annual patient remembrance service. Now in its ninth year, the program has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the experience of hospital visitors and community members. The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors who appear to need encouragement, cheer or get well wishes, as well as to recognize patient birthdays, anniversaries and other special moments. The engineers quickly assemble and deliver a bouquet of balloons, ribbon, a Sodexo stuffed bear or football, and a chocolate pastry created by SGH and Sodexo chefs. In FY 2019, the team assembled up to four Cheers Bouquets per month, including bouquets for more than 40 new fathers on Father's Day weekend. In collaboration with Christie's Place - a nonprofit organization that supports women, children and families affected by human immunodeficiency virus or AIDS - since 2014, SGH nurses have engaged employees throughout the hospital in an annual backpack drive to prepare children and teens for academic success. Team members from a variety of departments help assemble backpacks with school supplies and personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 160 backpacks to youth during a back-to-school party at Balboa Park. For more than 30 years, SGH has held its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family that has been vetted and referred by local service agencies. Using primarily their personal resources, as well as support from occasional fundraisers, hospital staff purchase special holiday gifts for the families, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal. During the 2018 holiday season, Santa's Korner served more than 120 individuals from 36 families. All Ways Green Initiative Sharp has</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>a long-standing dedication to minimizing adverse environmental impacts by creating and promoting healthy, green practices for employees, physicians and patients Through education, outreach and collaboration with San Diego's earth-friendly businesses, Sharp works to identify best practices in sustainability, and implement and reduce the costs of these initiatives Sharp's Environmental Policy guides the identification and implementation of green practices within the health care system, while its All Ways Green initiative fosters a culture of environmental responsibility throughout the organization and the San Diego community Sharp's systemwide All Ways Green Committee spearheads the organization's sustainability efforts Sharp's environmental initiatives are concentrated in five domains (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) sustainable food practices and (5) commuter solutions Specialized committees are responsible for each of these domains (see Table 3), while Green Teams at each Sharp entity are responsible for sustaining the existing initiatives and developing new programs to educate and motivate employees to conserve natural resources Table 3 All Ways Green Committees/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 utilizes a Sharp-developed report card which trends each domain's annual performance against a baseline The report card shows where Sharp has achieved desired results as well as identifies opportunities for improvement in order to strategically plan initiatives that engage team members in reducing the organization's carbon footprint Sharp's accomplishments and goals within each All Ways Green committee/subcommittee and domain are highlighted in the following pages Natural Resource Conservation According to the EPA, health care organizations spend over \$6.5 billion on energy each year Health care organizations rank as the country's second most energy intensive industry, with hospitals using roughly three times the amount of energy as a typical office building In the U.S., hospital water use constitutes 7% of the total water used in commercial and institutional buildings 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 A 2017 World Health Organization report encouraged hospitals to proactively address the environmental footprint of the health care sector by reducing power consumption and utilizing alternative sources of energy generation Sharp's Natural Resource Subcommittee has addressed this call by implementing numerous conservation initiatives, including inf</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>rastructure changes as well as adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption. Sharp's 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.</p> <p>During California's recent five-year drought, Sharp adopted a focused water conservation program at all sites. Although the drought restrictions were officially lifted in 2017, Sharp remains dedicated to using water wisely. To align 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 through its water filtration system, more than 71,000 kilowatt-hours (kWh) of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas by using energy-efficient laundry equipment. Sharp was one of the first health care organizations in the country to commit to environmental best practices in IT. In 2013, Sharp became the first health care system in SDC to implement a computer management program that places computers and monitors into a low-power sleep mode after a one-hour period of inactivity. The program has been installed on all Sharp computers resulting in annual energy savings in excess of 1.6 million kWh. In 2015, Sharp implemented the TSO Logic software program, which identifies inefficient, energy-consuming hardware for replacement or elimination. Sharp's hardware electrical consumption has decreased by more than 5% each year following implementation. Since 2016, the SGH campus has been operating essentially off the electrical grid due to the Brady Family CoGen, its state-of-the-art Central Energy Plant (CEP). The CEP includes a 52-ton, 4.4-megawatt combustion turbine generator that produces enough electricity to meet up to 95% of the hospital's needs while reducing greenhouse gases by up to 90%. In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating, and air conditioning as well as provides hot and cold water to the hospital. The CEP is fully compliant with state and local air emissions standards.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In 2017, Sharp installed new software on 10 air conditioning units in the data center at its corporate office, resulting in more efficient cooling and a 16% decrease in power usage. In addition, new virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building. In 2018, Sharp opened the new Copley building which houses administrative space for SRSMG, as well as the complex, consolidated Sharp HealthCare Laboratory that services the entire Sharp system. To reduce the Copley building's CO2 emissions, Sharp restored the original fuel cell that came with the building upon purchase, making it the first Sharp location to use fuel cell energy. A fuel cell uses the chemical energy of hydrogen or another fuel to produce clean and efficient electricity, which could help reduce the Copley building's CO2 emissions by more than 90% while self-generating over 3 million kWh of electricity per year. In 2019, fluorescent light bulbs were replaced with high-performance light-emitting diode (LED) bulbs at multiple Sharp sites as part of a systemwide LED lighting retrofit project. The new LED lighting is projected to decrease energy usage by 55%. It is also rated to meet and exceed the requirements established by California's Title 24 Building Energy Efficiency Standards and the federal Occupational Safety and Health Administration. Since implementation, retrofits have been completed at SRSMC, SCVMC, SMMC, SCHHC and Sharp's system offices. Also in 2019, a set-point temperature (an agreed upon temperature that a building will meet) project was completed throughout Sharp's facilities in order to standardize, optimize, maintain, and enforce temperature and lighting schedules during occupied and unoccupied hours. Research indicates that increasing cooling temperature set-points and decreasing heating temperature set-points by two degrees Fahrenheit decreases energy use by approximately 1% and 5%, respectively. In January 2020, Sharp will open the new Ocean View Tower on the SCVMC campus which has been designed to meet the organization's sustainability goals. The Ocean View Tower will be approximately 12% more efficient than Cal-Green requirements (California's mandatory green building standards code) and is projected to reduce annual CO2 emissions by nearly 250,000 lbs compared to buildings of similar square footage. This will be achieved through the installation of high-efficiency boilers, the use of more efficient heating, ventilation and air-conditioning systems (HVAC) in non-patient care areas, and the use of LED lighting during the approximately three-year construction process. In addition, the installation of a cool roof (a roof designed to reflect more sunlight and absorb less heat than a standard roof) on the Ocean View Tower will further reduce energy consumption. All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>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% of similar buildings nationwide without sacrifices in comfort or quality According to the EPA, buildings that qualify for ES certification typically use 35% or less energy than buildings of similar size and function As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC earned the ES certification in 2019 SCHHC previously earned ES certification in 2007, each year from 2010 to 2013, and in 2017 and 2018 SCVMC previously earned ES certification from 2009 to 2011, as well as in 2013 and from 2015 to 2018 In addition, the SRSMC Downtown office building meets Leadership in Energy and Environmental Design (LEED ) silver certification specifications, making it one of the first medical office buildings of its kind in SDC SMMC participates in the San Diego Higher Opportunity Projects and Programs Retrocommissioning Program (HOPPs RCx), which is funded by California utility customers and administered by SDG&amp;E Through HOPPs RCx, qualified facilities receive a free building analysis to identify energy-saving opportunities, financial incentives to implement energy-saving measures and staff training on post-installation maintenance HOPPs RCx projects typically reduce building energy costs by 5 to 20% with financial returns on investment averaging less than two years In 2017, Sharp received the Environmental Stewardship Award in the large business category from the BBB serving San Diego, Orange and Imperial Counties The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives Also in 2017, Sharp was named San Diego's Grand Energy Champion by SDG&amp;E in recognition of its continuous commitment to energy efficiency The award specifically noted the particular challenges faced by health care organizations trying to conserve 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 See Table 4 for a listing of Sharp's natural resource conservation efforts 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 SCVMC SGH SMH/ SMBHWN SMV/ SMC SRSMG Cogeneration Plant SGH Drop 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 Kits</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>hen/Cafe Appliances SCHHC SCVMC SGH SMH/ SMBHWN Energy-efficient Chillers/ Motors SCHHC SCVMC SGH System Offices SMH/ SMBHWN Faucets and Toilet Retrofits SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG HVAC Projects SCHHC SCVMC SGH System Offices SHP S MH/ SMBHWN SMV/ SMC SRSMG Lighting Retrofits to LEDs SCHHC SCVMC SGH System Offices SHP S MH/ SMBHWN SMV/ SMC SRSMG Occupancy Sensors SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Mist Eliminators SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Plumbing Projects to Address Water Leaks SCHHC SCVMC SGH System Offices SHP SMH/ S MBHWN SMV/ SMC SRSMG Thermostat Control Software &amp; Temperature Set-Point Projects SCHHC S CVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Filtered Water Dispensers to Replac e Plastic Water Bottles SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Wat er-efficient Dishwashing/Equipment Washing/Chemical Dispensing System SCHHC SCVMC SGH Sys tem Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Waste Minimization SCHHC SCVMC SGH SMH/ SMBHWN Every day, U S hospitals generate an average of 26 lbs of waste per staffed bed, of whi ch approximately 15% is considered hazardous material Sharp is committed to significantly reducing waste at each entity and extending the lifespan of local landfills In FY 2019, Sharp's waste minimization initiatives - including recycling, donating, composting, reproc essing and reusing programs - have helped divert more than 2,170 tons of waste See Table 5 for Sharp's waste diversion rates in FY 2019 Sharp's Waste Minimization Committee provi des oversight of systemwide waste minimization initiatives See Table 6 for specific waste minimization efforts occurring across the organization In addition, Sharp achieved the f ollowing in waste minimization in FY 2019 * Sharp's single-waste stream recycling program diverted more than 2.5 million lbs of trash from the landfill, including non-confidentia l paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collected, reprocessed and sterilized 106,000 lbs of surgical instruments for further us e</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* Sharp donated more than 146,000 lbs of computer equipment in place of utilizing e-waste disposal * Sharp diverted more than 84,000 lbs of plastic and cardboard from the landfill through the use of reusable sharps containers * Sharp has significantly reduced paper waste through electronic bill pay, cloud-based document storage, and office supply reuse and repurpose programs * SRSMC Sorrento Mesa and Mira Mesa locations stopped purchasing cups and paper goods for breakrooms and encourages staff to bring their own reusable containers to minimize waste * Sharp continued to participate in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC Sharp was named the 2017 Outstanding Recycling Program by CRRA 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</p> <p>Table 5 Sharp HealthCare Waste Diversion - FY 2019 Sharp HealthCare Entity Total Waste Per Year (lbs ) Diverted Waste Per Year (lbs ) Percent Diverted Sharp Chula Vista Medical Center 2,704,702 613,897 22 7% Sharp Coronado Hospital and Healthcare Center 1,550,841 348,539 22 5% Sharp Grossmont Hospital 4,644,954 731,831 15 8% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women &amp; Newborns 6,327,171 1,477,862 23 4% Sharp Mesa Vista Hospital 613,948 177,186 28 9% Sharp Rees-Stealy Medical Centers 1,838,897 333,916 18 2% System Offices 1,840,544 658,632 35 8% Total Sharp Health Care 19,521,057 4,341,863 22 2%</p> <p>Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Waste Minimization Project Establish Waste Diversion Baseline SCHHC SCVMC SGH System Offices SHP SMH/ SRSMG 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 Composting SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Construction - Debris Recycling SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electronic Cafe Menus SCHHC SCVMC SGH System Offices SMH/ SMBHWN SMV/ SMC Electronic Patient Bills and Paperless Payroll SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Electronic and Pharmaceutical Waste Recycling Events SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG 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 Waste Minimization Project SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Single-serve Paper Napkins and Plastic Cutlery Dispensers SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>SRSMSG Surgical Instrument Reprocessing SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Replacement of Bottled Water with Spa Water SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC S RSMG Sustainable Food Practices</p> <p>Sharp's commitment to sustainable food practices began more than eight years ago with a strategy to increase the selection of nutritious, organic and sustainable food items at each of its facilities. In collaboration with Sodexo - its food service partner - Sharp remains an innovator and early adopter of a variety of sustainable and healthy food practices that enhance the health of patients, employees, the community and the environment. Sharp's Food and Nutrition Best Health Committee supports these efforts by promoting food sustainability awareness throughout the health care system and within the greater San Diego community. Sharp's Mindful food program is a key component of the organization's effort to increase the consumption of healthy foods in its cafeterias while reducing its carbon footprint. The Mindful food program includes the following elements: reduced meat consumption through the promotion of Meatless Mondays, increased purchases of beef and poultry raised without the routine use of antibiotics, menus that highlight wellness options, increased use of locally sourced, fresh, organic and sustainable food, food composting, increased recycling activities, the promotion of sugarless beverages, the use of post-consumer recycled packaging solutions, and 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. Up to 40% of the food produced in the U.S. is never eaten and instead goes to waste. Sodexo teams at SCMV C and SMH use Leanpath food waste prevention technology to combat food waste and facilitate compliance with new composting and recycling laws. Leanpath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill. In addition, the use of self-audit checklists help kitchen teams reduce waste between food preparation and cleanup. Since 2016, SMH, SMV, and SGH have collaborated with the San Diego Rescue Mission and the Food Bank on 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, SCVMC's partnership with FSD and SCHHC's partnership with the Food Bank makes Sharp the first health care system in the county to donate food to San Diegans at such a wide-scale level. Food recovery efforts benefit the local community in two ways: one, by increasing availability of nutritious meals to people with barriers.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ers to healthy food access, and two, by enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2019, Sharp donated more than 30 tons of food to these safety-net organizations. All Sharp hospitals participate in food waste composting. In 2012, SMMC became the first hospital campus to participate in the City of San Diego's food scraps composting program. In 2017, SCVMC began composting in partnership with the City of Chula Vista. That same year, SGH collaborated with Resource Management Group recycling center to begin a composting program, which expanded to SCHHC in September 2018. Through these programs, food waste at these Sharp locations is processed into a rich compost product, which is provided to residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. In FY 2019, Sharp's composting programs diverted nearly 500,000 lbs of waste from landfills. Further, in FY 2019, Sharp's use of imperfect produce in its kitchens - produce that is aesthetically less-than-perfect yet still nutritious and usable - prevented the waste of more than 1,600 lbs of food. SCHHC, SMH and SMV also continued to operate the first county-approved hospital-based organic gardens, produce from which is used in meals served at the hospitals' cafes. Sharp is in the process of eliminating oil fryers in its kitchens, with healthier methods of food preparation already in use at SCHHC and SMMC. In addition, in FY 2019, SGH and SCVMC recycled more than 16,000 lbs of used cooking oil for conversion to eco-friendly biodiesel fuel through Filta, an environmental kitchen solutions service.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team. The group of more than a dozen SDC hospitals and health care systems collaborates to ensure that all food and beverages served by the county's hospitals are healthy, fresh, affordable, and produced in a manner that supports the local economy, environment and community. In addition, Sharp continues to participate in Practice Greenhealth's Healthier Food Challenge. Through the program, Sharp commits to reducing its purchase of animal protein and increasing its purchase of locally grown food and sustainable animal proteins (grass-fed, antibiotic- and hormone-free beef and cage-free chicken). In FY 2019, Sharp reduced animal protein purchases by almost 32%, and increased sustainable animal protein purchases by more than 60%, compared to FY 2014. As a recipient of the 2018 EMIES UnWasted Food award, Sharp was recognized by the San Diego Food System Alliance for its collaboration as an innovator and early adopter of food waste prevention and recovery programs. The award is designed to honor the 1996 Federal Bill Emerson Good Samaritan Food Donation Act, which encourages food donation to nonprofit organizations by protecting donors from liability. Sharp previously earned this award in 2016. Sharp and Sodexo remain committed to food sustainability efforts that improve both individual and environmental health. Sharp's sustainable food initiatives are outlined in Table 7. Table 7 Sustainable Food Projects by Sharp HealthCare Entity Sustainable Food Project Report Card and Indicators Tracking. SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Food Recovery SCHHC SGH SMH/ SMBHWN SMV/ SMC Imperfect Produce SCVMC SMV/ SMC Composting SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Oil Recycling SCVMC SGH Fryers Eliminated SCHHC SMH/ SMBHWN SMV/ SMC Commuter Solutions. Sharp supports ride sharing, public transit programs and other transportation efforts to reduce CO2 emissions generated by the organization and its employees. Sharp's Commuter Solutions Subcommittee develops innovative and accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other environmentally friendly modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices in the workplace have led to its recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 to 2019. Sharp replaced high 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. Sharp was the first health care system in San Diego to offer electric vehicle chargers (EVCs), helping to reduce carbon emissions and dependence on petroleum by supporting the creation of a national EVC infrastructure. As part of the nationwide Electric Vehicle Project, Sharp has installed EVCs at its corporat</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>the office location, Copley building, SCVMC, SMMC and some SRSMC sites Sharp will continue to expand EVCs at its other entities Sharp encourages employees to participate in alternative commuting methods such as public transit, carpooling, vanpooling, biking, walking and telecommuting Employees are encouraged to participate in SANDAG's iCommute program, which provides ride-sharing matches based on a commuter's work schedule, departure location and destination In addition, Sharp has 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 of an emergency or becoming stranded at work Sharp employees can also purchase discounted monthly bus passes Employees can monitor the cost and carbon savings from their alternative commuting methods by logging their miles in an internal tracking tool on Sharp's intranet site Sharp provides bike racks at its entities as well as offers a bicycle commuter benefit which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage In addition, Sharp participates in SANDAG's annual Bike to Work Day event each May In 2019, Sharp employees were among nearly 10,000 San Diegans who opted to ride their bike to work During the event, Sharp hosted several pit stops at various sites throughout SDC where they offered bikers free food and beverages to fuel their ride In FY 2019, Sharp recognized National Rideshare Week during the first week of October by encouraging employees to replace their solo drive with a greener commuting choice The annual effort is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout SDC Furthering its commitment to improving commuting options for its employees, Sharp supplies and supports the hardware and software for more than 700 employees who are able to efficiently and effectively telecommute to work These employees work in areas that do not require an on-site presence, such as IT, transcription and human resources Sharp also offers compressed work schedules to eligible full-time employees, which enables them to complete the standard eighty-hour biweekly work requirement in less than 10 workdays Telecommuting and compressed work schedule options can help Sharp to reduce CO2 emissions, lower commuting costs and enhance employee morale Community Education and Outreach Sharp actively educates employees and the community about its sustainability efforts In addition to the following activities, Sharp's ongoing community education and outreach efforts are highlighted in Table 8 In April, Sharp held its annual systemwide All Ways Green Earth Week celebration, including Earth Fairs at each Sharp hospital and system office Employees learned how to decrease their water, energy and resource consumption, divert waste</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>through recycling, and reduce their carbon footprint through alternative commuting methods Many of Sharp's key vendors participated in the fairs to help raise awareness of green initiatives and how Sharp is involved in those programs In addition, Sharp publishes e-newsletters that highlight the organization's environmental accomplishments and remind employees about proper workplace recycling, carpooling, and energy and water conservation In October and April, Sharp held community recycling events that included free e-waste recycling and confidential document destruction The event also included the U S Drug Enforcement Agency's Drug Take Back Program, which provides a safe, convenient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse Table 8 Environmental Community Education and Outreach by Sharp HealthCare Entity Community Outreach Project 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 SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team. The group of more than a dozen SDC hospitals and health care systems collaborates to ensure that all food and beverages served by the county's hospitals are healthy, fresh, affordable, and produced in a manner that supports the local economy, environment and community. In addition, Sharp continues to participate in Practice Greenhealth's Healthier Food Challenge. Through the program, Sharp commits to reducing its purchase of animal protein and increasing its purchase of locally grown food and sustainable animal proteins (grass-fed, antibiotic- and hormone-free beef and cage-free chicken). In FY 2019, Sharp reduced animal protein purchases by almost 32%, and increased sustainable animal protein purchases by more than 60%, compared to FY 2014. As a recipient of the 2018 EMIES UnWasted Food award, Sharp was recognized by the San Diego Food System Alliance for its collaboration as an innovator and early adopter of food waste prevention and recovery programs. The award is designed to honor the 1996 Federal Bill Emerson Good Samaritan Food Donation Act, which encourages food donation to nonprofit organizations by protecting donors from liability. Sharp previously earned this award in 2016. Sharp and Sodexo remain committed to food sustainability efforts that improve both individual and environmental health. Sharp's sustainable food initiatives are outlined in Table 7. Table 7 Sustainable Food Projects by Sharp HealthCare Entity Sustainable Food Project Report Card and Indicators Tracking. SCHHC SCVMC SGH System Office s SHP SMH/ SMBHWN SMV/ SMC SRSMG Food Recovery SCHHC SGH SMH/ SMBHWN SMV/ SMC Imperfect Produce SCVMC SMV/ SMC Composting SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC Oil Recycling SCVMC SGH Fryers Eliminated SCHHC SMH/ SMBHWN SMV/ SMC Commuter Solutions. Sharp supports ride sharing, public transit programs and other transportation efforts to reduce CO2 emissions generated by the organization and its employees. Sharp's Commuter Solutions Subcommittee develops innovative and accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other environmentally friendly modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices in the workplace have led to its recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 to 2019. Sharp replaced high 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. Sharp was the first health care system in San Diego to offer electric vehicle chargers (EVCs), helping to reduce carbon emissions and dependence on petroleum by supporting the creation of a national EVC infrastructure. As part of the nationwide Electric Vehicle Project, Sharp has installed EVCs at its corporat</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. In FY 2019, Sharp provided disaster preparedness education to staff, community members and community health professionals, as well as collaborated with numerous state and local organizations to prepare the community for a potential emergency or disaster. Sharp's disaster preparedness team offered several training programs to first responders and community health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital leaders 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. A training course was also offered on the WebEOC (Web Emergency Operations Center) crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a disaster. In addition, in June Sharp's disaster leadership provided education about personal disaster preparedness at the County of San Diego's Vital Aging 2019 event at the San Diego Convention Center. In FY 2019, Sharp's disaster 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's disaster leadership also participates in the County of San Diego Healthcare Disaster Coalition - a multi-agency group of representatives who assist the county in improving mitigation, preparedness, response and recovery activities during emergencies and disasters. As part of this coalition, in FY 2019, Sharp's disaster leadership led a subcommittee to review hospital emergency food and water supply planning and identify tools and best practices to disseminate to community health care professionals. Further, Sharp's disaster leadership continued to participate in the Statewide Medical Health Exercise Program. This work group of representatives from local, regional and state agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide local emergency planners in developing, planning and conducting emergency responses. Through participation in the DHHS Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp as well as SDC hospitals, health clinics and other health providers. The partnership seeks to</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities In FY 2019, the Sharp HealthCare HPP Disaster Preparedness Partnership continued to network as well as provide resources, trainings and information to prepare non-hospital entities in SDC for a collaborative response to an emergency or disaster Sharp supports the safety efforts of California and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to an event requiring mass decontamination Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that will last up to 96 hours in the event of an interruption to the system's normal water supply At any time, global endemic events have the potential to impact public health in SDC Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to deliver uninterrupted care to the community in the face of public health threats Sharp Equality Alliance Sharp recognizes the power of bringing individual differences, cultures and backgrounds together to create a stronger whole Working as a diverse team of people strengthens Sharp's ability to become the best place to work, practice medicine and receive care In 2014, a network of Sharp employees formed the Sharp Equality Alliance (SEA) to serve as a catalyst for Sharp's dedication to embracing diversity and celebrating equality The SEA works to increase awareness of diverse cultures within Sharp's workforce, focus on the influence of employees' individual backgrounds and strengths, and partner across the Sharp system and with the San Diego community to achieve equality for all The SEA accomplishes these goals by engaging Sharp's workforce in education and dialogue around diversity and equality, as well as through participation in community events that promote inclusivity and acceptance The SEA encourages diversity awareness among Sharp employees through the communication of educational articles and resources that emphasize the importance of mutual respect in the workplace and appreciation for each team member's unique talents and perspectives In addition, the SEA promotes the dignified and sensitive treatment of each Sharp patient in a manner that responds to individual cultural health beliefs, preferences and communication needs to ensure health equity The SEA also provides resources and recommendations to Sharp leadership to engage them in the process of ensuring inclusive values within the organization In 2017, the SEA hosted its first Quarterly Breakfast Forum, which welcomed all Sharp employees and Sharp-affiliated physicians to learn and engage in meaningful conversations about current and relevant topics regarding diversity and inclusion Since then, the SEA</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>has organized eight Quarterly Breakfast Forums addressing the following subjects Celebrating Human Rights Day - Promoting Equality, Justice and Human Dignity, Chaldean Life Experience in America, Hunger and Health - The Intersection of Food Insecurity, Health and Health Care Utilization, Transgender-Affirming Health Care, Disparities in Cardiovascular Disease - Where Are We Now and What Can We Do?, Mental Health Challenges for Adolescents and Young Adults Addressing Stigma and Increasing Access, Seniors and Mental Health, and Weight Bias and the Stigma of Obesity In addition, the SEA identifies and creates opportunities to publicly demonstrate Sharp's commitment to diversity and inclusiveness Since its inception, the SEA has represented Sharp at numerous community events that support equality and acceptance for a variety of populations Events have included the National Alliance on Mental Illness' (NAMI's) 2018 NAMIWalks/Runs San Diego County, as well as both the 2018 and 2019 Dr Martin Luther King Jr Parades and San Diego Pride Parades The SEA looks forward to expanding its reach across the Sharp system, as well as its presence in the San Diego community In FY 2020, the SEA plans to integrate diversity training into Sharp's workforce education and compliance programs in order to continue strengthening cultural competency, inclusive thinking and workplace sensitivity among team members In addition, the SEA will host presentations that engage the public - including community members, academic and health care institutions, and other interested community groups - in collaborative discussion and idea-sharing surrounding various diversity issues The SEA will also continue to promote Sharp's commitment to diversity and equality at community events, including NAMIWalks/Runs San Diego County, the Dr Martin Luther King Jr Parade, the Dr Martin Luther King Jr Human Dignity Award Breakfast and the San Diego Pride Parade</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community Since 2010, the Sharp Best Health employee wellness program has created initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce Each Sharp hospital, SRSMG site and system office 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 2019, nearly 9,000 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 This includes free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management and managing the challenges of living with a chronic condition, such as diabetes, high blood pressure, asthma or arthritis The AHA recommends walking 10,000 steps a day to promote overall health To align with this goal, in FY 2019, Sharp Best Health introduced a new app-based program called Move More Rewards, which encourages team members to use digital activity monitors to track their steps, distance, calories burned, sleep patterns and more By syncing statistics to computers or smartphones, these devices help inspire team members to achieve their personal fitness goals Throughout the year, Sharp Best Health held both entity-specific and systemwide activity challenges to encourage team members to set personal goals and compete for prizes During FY 2019, more than 2,300 participants across the Sharp system participated in Move More Rewards, walking an average of 8,900 steps per day In addition, Sharp's acceptable footwear policy permits employees to wear walking shoes each day of the week at Sharp system offices to promote safety along with increased physical activity Sharp Best Health participated in community health events throughout the year, including American Heart Month, Breast Cancer Awareness Month, National Nutrition Month, National Health and Fitness Month, National Fresh Fruits &amp; Vegetables Month, National Safety Month, National Stress Management Month and Nat</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>onal Walking Month In addition, Sharp Best Health encouraged employees to hold walking meetings as a heart-healthy alternative to standard meetings Sharp Best Health also partnered with the San Diego Humane Society to provide free animal-based stress relief events at select Sharp locations The events provided valuable human interaction for sheltered dogs and puppies, while promoting stress relief and physical activity for Sharp employees Sharp Best Health provided on-site health and fitness classes and workshops for employees throughout FY 2019 This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strategies for managing cravings, intuitive eating, calorie counting, and the impact of sleep, stress and aging on health Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home Educational programs also included classes on cultivating compassion for the self and others, sound therapy, lifestyle habits to preserve and gain energy, stress management techniques and the importance of taking micro-breaks Fitness offerings included softball, yoga, Zumba, weight and kettlebell training, mat Pilates and aquatics classes In addition, Sharp Best Health encouraged employees to stay active outside of work by offering discounted membership to fitness centers in San Diego and nationwide through the new Active&amp;Fit Direct program, as well as discounted access to a subscription-based online fitness program called Studio SWEAT onDemand Throughout FY 2019, Sharp Best Health offered a variety of integrative therapies to employees to help promote self-care practices In partnership with the Sharp Coronado Hospital Sewall Healthy Living Center, all Sharp employees were offered free or low-cost wellness services, including auricular acupressure, chair massage, and healing touch - an energy therapy in which practitioners consciously use their hands in a heart-centered, intentional way to support and facilitate physical, emotional, mental and spiritual health Sharp Best Health also facilitated several Relax &amp; Refresh events throughout the year The events provided distraction-free, calming environments, including soft music, aromatherapy and other activities, to increase employees' sense of calm and balance In addition, Sharp Best Health offered employee wellness fairs throughout the year, featuring health screenings, educational booths, wellness workshops, healthy living strategies, mindfulness drop-in sessions and integrative therapies Sharp Best Health offered employees a new wellness initiative in FY 2019 called the Better YOU Series The four-week, on-line-based learning series focused on multiple areas of well-being such as mindfulness, organization, gratitude, sleep, habit formation and resilience Topics included the Better Habits Project, which provides effective, evidence-based techniques to build and sustain good habits, the Better Balance</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Project, which emphasizes making small, yet powerful lifestyle adjustments to achieve a better sense of well-being, the Better Sleep Project, which focuses on identifying sleep-related challenges and practical strategies for improvement, and the Better Resilience Project, which provides healthy strategies to cope with stressful situations and avoid burnout or fatigue. Sharp Best Health also continued to produce a weekly podcast called "Coffee Break with Sharp Best Health," which features group discussions and interviews with health and wellness experts on a variety of health topics. In FY 2019, Sharp Best Health continued to focus beyond nutrition and physical fitness to support the overall health and happiness of employees by offering a digital mindfulness and yoga training platform from the vendor Whil. Through more than 1,200 mindfulness and yoga sessions of various length and skill level, Whil helps employees manage stress and improve their well-being while moving at their own pace and setting their own goals. Whil has also been used during staff meetings, department huddles and shift changes throughout the Sharp system. Since Whil's launch, more than 2,500 employees have become active users. In addition, Sharp Best Health has collaborated with certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes, mindfulness clubs, and mindful lunching events. Throughout FY 2019, Sharp Best Health continued to provide Wellness on Wheels to help Sharp employees access health resources and programs during work hours. Wellness on Wheels involves a Sharp Best Health committee member rounding in staff lounges, hospital units and nursing stations to promote a new and relevant health-related subject each month. Each session includes an educational component, an interactive activity and a call to action. Wellness on Wheels gives employees access to quick and relevant wellness resources where they work, accommodating their unique schedules and dedication to patient care. During FY 2019, Wellness on Wheels topics included flu knowledge, self-care for stress relief and relaxation, employee wellness offerings, essential oils, mindful eating, yoga poses for relaxation, heart health, nutritious snacks, promoting physical activity and common workplace safety hazards, including safe handling of sharp objects.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In 2019, Sharp continued its partnership with Farm Fresh to You to give Sharp employees discounted access to customizable boxes of organic, locally grown produce. 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. In FY 2019, Sharp Best Health partnered with First Class Vending to provide "micro markets" for Sharp sites experiencing challenges with access to healthy food, such as locations without cafe or cafeteria services, and those that lack healthy options for night shift staff. The new micro markets have increased the availability of healthy food, beverage and snack items for clinical teams regardless of where and when they work.</p> <p>WW (formerly 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 other healthy lifestyle behaviors. Sharp Best Health continued its partnership with WW to offer employees a subsidized membership rate to any WW 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 2019, approximately 510 Sharp employees were actively using WW. Since the program's inception in 2016, participating employees have lost an estimated 4,800 lbs. In addition to providing WW at work, during FY 2019, Sharp Best Health continued to partner 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 RD to ensure continued support and accountability. During FY 2019, 147 Sharp employees completed the New Weigh program. Nearly 1 in 6 community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 350,000 children and families, active-duty military and fixed-income seniors living in poverty. For more than a decade, Sharp has used holiday food drives to support the Food Bank's tremendous efforts, and in recent years, Sharp Best Health has transformed these events into superfood drives. Throughout the 2018 holiday season, Sharp team members were encouraged to donate nutritious and sustaining superfoods, helping to ensure the accessibility of healthy food to San Diegans in need. Through the six-week holiday superfood drive, locations throughout the Sharp system collected more than 3,900 lbs. of nutritious food for the Food Bank. In addition, Sharp team members donated nearly \$3,200 through a Sharp Virtual Food Drive specific</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ly 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 holidays Section 2 Executive Summary Being an exceptional community citizen means being an ambassador for fellow community members and our environment It's about making a difference in the lives of others and for further generations to come - Alison Fleury, Senior Vice President of Business Development, 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 (FY) 2019 (October 1, 2018, through September 30, 2019) 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 2019 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, screening and support programs for various health needs, such as heart and vascular disease, stroke, cancer, diabetes, obesity, preterm delivery, unintentional injuries, behavioral health and substance use * 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 for community health care professionals * Student and intern supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer patient navigation services and participation in clinical trials * Women's and prenatal/postnatal health services, support and education * Behavioral health and substance use education, screening and support for the community - including seniors and transitional age youth Highlights of Community Benefit Provided by Sharp in FY 2019 The following are examples of community ben</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>efit programs and services provided by Sharp hospitals and entities in FY 2019 * 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, County Medical Services (CMS), Civilian Health and Medical Program of the United States 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, telephone reassurance calls, education, support and other programs for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank and Feeding San Diego, financial and other support to the Sharp Humanitarian Service Program, support services for patients experiencing homelessness and other assistance for vulnerable community members, including participation in 2-1-1 San Diego's Community Information Exchange * Other Benefits for the Broader Community included health education and information provided both on-site and in partnership with community-based organization, 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</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* 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 2019 (Note 1) In FY 2019, Sharp provided a total of \$462,155,993 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. These financial figures represent unreimbursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program. Table 9 Sharp HealthCare Total Community Benefit - FY 2019 - Estimated FY 2019 Unreimbursed Costs by SB 697 Category and by Programs and Services Included in SB 697 Medical Care Services Shortfall in Medi-Cal (Note 2) - \$114,640,309 Shortfall in Medicare (Note 2) - \$287,489,453 Shortfall in CMS (Note 2) - \$7,847,426 Shortfall in CHAMPVA/TRICARE (Note 2) - \$10,680,124 Shortfall in Workers' Compensation - \$34,161 Charity Care (Note 3) - \$23,858,025 Bad Debt (Note 3) - \$6,515,480 Other Benefits for Vulnerable Populations (Note 4) Patient transportation and other assistance for the vulnerable - \$3,430,960 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events (Note 5) - \$1,844,731 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals (Note 5) - \$5,815,324 TOTAL - \$462,155,993 TABLE NOTES Note 1 - 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. Note 2 - 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. Note 3 - 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. Note 4 - "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <a href="https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf">https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf</a> Note 5 - Unreimbursed costs may i</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>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 2018, 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, 2017, through June 30, 2019 This resulted in recognition of supplemental revenues totaling \$189.8 million and quality assurance fees and pledges totaling \$100.8 million in FY 2019 The net FY 2019 impact of the program totaling \$89.0 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 2019 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 unreimbursed medical care services in FY 2019 Table 10 Sharp HealthCare Unreimbursed Medical Care Services Medi-Cal Hospital Fee Program Impact - FY 2019 Unreimbursed Medical Care Services Before Provider Fee Medicare &amp; Medicare HMO - \$166,539,797 Medicare Capitated -\$120,949,656 Medi-Cal, Medi-Cal, HMO &amp; CMS - \$ 205,690,156 CHAMPVA &amp; Workers' Comp - \$10,714,285 Bad Debt - \$6,515,480 Charity Care - \$2,385,025 Total - \$534,267,399 Provider Fee Medi-Cal, Medi-Cal, HMO &amp; CMS - \$(83,202,421) Net Unreimbursed Medical Care Services After Provider Fee Medicare &amp; Medicare HMO - \$166,539,797 Medicare Capitated - \$120,949,656 Medi-Cal, Medi-Cal, HMO &amp; CMS - \$122,487,735 CHAMPVA &amp; Workers' Comp - \$10,714,285 Bad Debt - \$6,515,480 Charity Care - \$23,858,025 Total - \$451,064,978 Table 11 lists community benefit costs provided by each Sharp entity Table 11 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - FY 2019 - Estimated FY 2019 Unreimbursed Costs Sharp Chula Vista Medical Center - \$91,017,600 Sharp Coronado Hospital and Healthcare Center -\$22,137,976 Sharp Grossmont Hospital - \$ 146,439,047 Sharp Mary Birch Hospital for Women &amp; Newborns - \$5,877,166 Sharp Memorial Hospital - \$173,689,097 Sharp Mesa Vista Hospital and Sharp McDonald Center -\$22,926,238 Sharp Health Plan - \$68,869 TOTAL FOR ALL ENTITIES -\$462,155,993 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2019, see tables presented in Sections 4 through 11 Table 12 Detailed Economic Value of SB 697 Categories - FY 2019 Sharp Chula Vista Medical Center Medical Care Services - \$88,759,708 Other Benefits for Vulnerable Populations - \$503,023 Other Benefits for the Broad</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>der Community - \$242,611 Health Research, Education and Training Programs - \$1,512,258 Total Estimated FY 2019 Unreimbursed Costs - \$91,017,600 Sharp Coronado Hospital and Healthcare Center Medical Care Services - \$21,305,087 Other Benefits for Vulnerable Populations - \$81,575 Other Benefits for the Broader Community - \$62,863 Health Research, Education and Training Programs - \$688,451 Total Estimated FY 2019 Unreimbursed Costs - \$22,137,976 Sharp Grossmont Hospital Medical Care Services - \$143,131,253 Other Benefits for Vulnerable Populations - \$1,204,662 Other Benefits for the Broader Community - \$584,960 Health Research, Education and Training Programs - \$1,518,172 Total Estimated FY 2019 Unreimbursed Costs - \$146,439,047 Sharp Mary Birch Hospital for Women &amp; Newborns Medical Care Services - \$5,382,929 Other Benefits for Vulnerable Populations - \$39,444 Other Benefits for the Broader Community - \$213,681 Health Research, Education and Training Programs - \$241,112 Total Estimated FY 2019 Unreimbursed Costs - \$5,877,166 Sharp Memorial Hospital Medical Care Services - \$170,309,757 Other Benefits for Vulnerable Populations - \$1,119,056 Other Benefits for the Broader Community - \$586,135 Health Research, Education and Training Programs - \$1,674,149 Total Estimated FY 2019 Unreimbursed Costs - \$173,689,097 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$22,176,244 Other Benefits for Vulnerable Populations - \$451,050 Other Benefits for the Broader Community - \$119,155 Health Research, Education and Training Programs - \$179,789 Total Estimated FY 2019 Unreimbursed Costs - \$22,926,238 Sharp Health Plan Medical Care Services - \$0 Other Benefits for Vulnerable Populations - \$32,150 Other Benefits for the Broader Community - \$35,326 Health Research, Education and Training Programs - \$1,393 Total Estimated FY 2019 Unreimbursed Costs - \$68,869 ALL ENTITIES Medical Care Services - \$451,064,978 Other Benefits for Vulnerable Populations - \$3,430,960 Other Benefits for the Broader Community - \$1,844,731 Health Research, Education and Training Programs - \$5,815,324 Total Estimated FY 2019 Unreimbursed Costs - \$462,155,993 Section 3 Community Benefit Planning Process</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>One of the more recent ways in which Sharp is assisting the community through its community benefit is providing real data about health in the community. Community organizations can use this easily accessed, local data to augment their ability to buttress their applications for funding and otherwise help them fulfill their missions. Through this type of mutual reinforcement, efforts to improve the health of our community multiply exponentially. 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. Sharp utilizes its CHNA findings 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. This section describes Sharp's most recent CHNA process and findings, which were completed in September 2019. Sharp HealthCare 2019 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 hospital data and the perspectives of community health leaders and residents in order to identify and prioritize health needs for residents across the county, with a special focus on community members facing inequities. Further, the process seeks to highlight community health needs that Sharp hospitals could impact through programs, services and collaboration. For the 2019 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The complete HASD&amp;IC 2019 CHNA is available for public viewing and download at <a href="https://hasdic.org/2019-chna/">https://hasdic.org/2019-chna/</a>. The methodology and findings of the collaborative HASD&amp;IC 2019 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs, thus, both CHNA processes are described throughout this section. The HASD&amp;IC 2019 CHNA was implemented and managed by a standing CHNA Committee comprised of representatives from seven hospitals and health systems: * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * UC San Diego Health To devel</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>op its individual hospital CHNAs, Sharp analyzed its own hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients, providers and community members served by Sharp. In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2019 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 California's Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities. The 2019 CHNAs for each Sharp hospital help inform current and future community benefit programs, services and partnerships, particularly for community members who face inequities. This section describes the general methodology employed for Sharp's 2019 CHNAs, including applicable elements of the HASD&amp;IC 2019 CHNA 2019 CHNA Objectives. The 2019 CHNA processes (HASD&amp;IC and Sharp) were designed to build off the findings from and community feedback on the 2016 CHNA processes. With thoughtful application of the knowledge and community insights gained from the 2016 CHNAs, the CHNA Committee developed the following objectives for the 2019 CHNA processes:</p> <ul style="list-style-type: none"> <li>* Identify, understand and prioritize the health-related needs of SDC residents, particularly those community members served by Sharp.</li> <li>* Provide a deeper understanding of barriers to health improvement in SDC, as well as inform and guide local hospitals in the development of their programs and strategies that address identified community health needs.</li> <li>* Build on and strengthen community partnerships established through the 2016 CHNA processes.</li> <li>* Obtain deeper feedback from and about specific populations in San Diego who face inequities.</li> <li>* Align with national best practices around CHNA development and implementation, including the integration of health conditions with social determinants of health (SDOH).</li> </ul> <p>Community Defined: For the purposes of the collaborative HASD&amp;IC 2019 CHNA as well as Sharp's 2019 CHNAs, the study area is the entire County of San Diego. More than three million people live in socially and ethnically diverse SDC. Information on key demographics, socioeconomic factors, access to care, health behaviors and the physical environment can be found in the full HASD&amp;IC 2019 CHNA report at <a href="https://hasdic.org/2019-chna/">https://hasdic.org/2019-chna/</a>. Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, Sharp's 2019 CHNA process utilized the Dignity Health Community Need Index (CNI) to identify communities with the highest level of health disparities and needs. The CNI generates a score for every ZIP code based on data about barriers to socioeconomic security. The five barriers used to determine CNI scores are:</p> <ol style="list-style-type: none"> <li>1. Income Barriers</li> <li>2. Cultural Barriers</li> <li>3. Education</li> </ol>

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Form 990, Part III, Line 4a Community Benefit Report	<p>al Barriers 4 Insurance Barriers 5 Housing Barriers The CNI provides a score for every populated ZIP code in the United States on a scale of 1 0 to 5 0 A score of 1 0 indicates a ZIP code with the least need, while a score of 5 0 represents a ZIP code with the most need For a detailed description of the CNI please visit the interactive website at <a href="http://cni.chw-interactive.org/">http // cni chw-interactive org/</a></p> <p>Methodology Again, the HASD&amp;IC 2019 CHNA process and findings provided the foundation for the Sharp 2019 CHNA process and as such are described as applicable throughout this report For complete details on the HASD&amp;IC 2019 CHNA process, please visit the HASD&amp;IC website at <a href="http://www.hasdic.org/2019-chna/">www hasdic org/2019-chna/</a> or contact Lindsey Wade at <a href="mailto:lwade@hasdic.org">lwade@h asdic org</a> For the HASD&amp;IC 2019 CHNA, quantitative analyses of publicly available data provided an overview of critical health issues across SDC, while qualitative analyses of community feedback provided improved understanding of the experiences and needs of San Diegans The CHNA Committee reviewed these analyses and applied a pre-determined set of criteria to them to prioritize the top health needs in SDC</p> <p>Quantitative/Secondary Data The 2019 CH NA process began with a comprehensive scan of recent community health statistics from several public sources to support both the HASD&amp;IC and Sharp 2019 CHNAs Data from the Dignity Health CNI and the Public Health Alliance of Southern California's Healthy Places Index were used to identify geographic communities in SDC that were more likely to experience health inequities This knowledge guided the selection of communities/individuals for community engagement activities, as well as the development of community engagement questions</p> <p>Hospital discharge data exported from SpeedTrack's California Universal Patient Information Discovery application were used to identify current and three-year trends in primary diagnosis discharge categories and were stratified by age and race This allowed for the identification of health disparities and the conditions having the greatest impact on hospitals and health systems in SDC</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Data from national and state-wide data sets were analyzed including SDC mortality and morbidity data, and data related to SDOH. In addition, Kaiser Permanente consolidated data from several national and state-wide data sets related to a variety of health conditions and SDOH in SDC, and conducted a comprehensive statistical analysis to identify those SDOH that were most predictive of negative health outcomes. Kaiser Permanente then created a web-based data platform (<a href="http://chna.org/kp">chna.org/kp</a>) to post these analyses for use in the CHNA. In addition, Sharp inpatient and emergency department data, as well as Sharp Cancer Registry Data were analyzed for Sharp's 2019 CHNAs into the Sharp 2019 CHNA analyses.</p> <p>Community Engagement HA SD&amp;IC 2019 CHNA community engagement activities included focus groups, key informant interviews, and an online survey designed for stakeholders from every region of SDC, all age groups, and numerous racial and ethnic groups. Collaboration with the County of San Diego Health &amp; Human Services Agency, Public Health Services was vital to this process. A total of 579 individuals participated in the 2019 CHNA: 138 community residents and 441 leaders and experts. In addition, Sharp contracted separately with the IPH at SDSU to conduct multiple community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on behavioral health, cancer, diabetes, maternal and prenatal care, aging concerns (formerly termed senior health), and the needs of patients and community members facing inequities. These additional efforts included focus groups and key informant interviews involving 50 Sharp providers and 14 patients/community members. Further, IPH created case studies with the intent of representing a "typical" patient experience within Sharp. The case studies focused specifically on breast cancer and high-risk pregnancy. Lastly, the Sharp 2019 CHNA community engagement process included a robust online survey conducted through the Sharp Insight Community. The Sharp Insight Community is a private, online environment for Sharp patients and their families, community members, Sharp employees and Sharp-affiliated physicians. The 2019 CHNA Sharp Insight Community online survey sought to obtain feedback on the top health and social needs faced by SDC community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also gave participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the online survey.</p> <p>Prioritization: The CHNA Committee collectively reviewed the quantitative and qualitative data and findings. Several criteria were applied to the data to determine which health conditions were of the highest priority in SDC. These criteria included: the severity of the need, the magnitude/scale of the need, di</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>sparities or inequities, and change over time Those health conditions and SDOH that met t he largest number of criteria were then selected as top priority community health needs A s the HASD&amp;IC 2019 CHNA process included robust representation from the communities served by Sharp, this prioritization process was replicated for Sharp's 2019 CHNAs Findings In addition, an underlying theme of stigma and the barriers it creates arose across 2019 CHNA community engagement activities For instance, stigma impacts the way in which people acc ess needed services that address SDOH, which consequentially impacts their ability to main tain and manage health conditions These same findings were supported through both the qua ntitative analyses and community engagement activities conducted specifically as part of S harp's 2019 CHNA process In addition, Maternal and Prenatal Care, including High-Risk Pre gnancy, was also identified as a community health need during Sharp's 2019 CHNA process C ommunity Assets and Recommendations The 2019 CHNAs identified many community assets in SDC , including social service organizations, government departments and agencies, hospital an d clinic partners, and other community members and organizations engaged in addressing man y of the needs prioritized by the 2019 CHNAs In addition, 2-1-1 San Diego (2-1-1) is an i mportant community resource and information hub that facilitates access to services Throu gh its 24/7 phone service and online database, as well as a host of innovative navigation and support programs, 2-1-1 helps connect individuals with community, health and disaster services 2-1-1 researched their database using relevant search terms for each identified need The number of resources located for each need are listed below * Aging Concerns 91 * Access to Care 260 * Behavioral Health 703 * Cancer 129 * Cardiovascular Disease 16 1 * Diabetes 144 * Maternal and Prenatal Care, including High-Risk Pregnancy 251 * Obesi ty 298 * SDOH 5,836 (e g , transportation, food access, etc ) In addition to community i nput on health conditions and SDOH, a wealth of ideas emerged from community engagement pa rticipants about how hospitals and health systems could support additional resources and p artner with organizations to help meet San Diego's community health needs Further, to inc rease awareness of Sharp's CHNA process and community programs, the Sharp CHNA Community G uide was developed and made publicly available on Sharp's website at <a href="https://www.sharp.co.m/about/community/community-benefits/health-needs-assessments">https //www sharp co m/about/community/community-benefits/health-needs-assessments</a> cfm The Sharp CHNA Communit y Guide seeks to provide community members with a user-friendly resource to learn about Sh arp's CHNA process and findings, as well as the identified health and SDOH needs addressed through Sharp programs The Sharp CHNA Community Guide also provides a direct link for co mmunity members to provide feedback on Sharp's CHNA processes An updated Sharp CHNA Commu nity Guide will be available o</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>n sharp com in early- to mid- 2020 Next Steps for the CHNA Sharp is committed to the health and well-being of its community, and the findings of Sharp's 2019 CHNAs will help inform the activities and services provided by Sharp to improve the health of its community members These programs are detailed in Sharp hospitals' FY 2020 - FY 2023 Implementation Strategies, which are publicly available online at <a href="http://www.sharp.com/about/community/health-needs-assessments">http //www sharp com/about/community/health-needs-assessments</a> cfm Sharp will continue to work with HASD&amp;IC and IPH as part of the CHNA Committee to develop and implement Phase 2 of the 2019 CHNA Phase 2 will focus on continued engagement of community partners to analyze and improve the CHNA process, as well as refine hospital implementation strategies Thus, the CHNA process will evolve to meet the needs of San Diegans and support the work of our community partners who also address identified community health needs This will include a deeper dive into the impact of stigma on health and exploration of how hospitals may address this impact The health needs and SDOH identified in the 2019 CHNA process will not be resolved with a quick fix Rather, they will require time, persistence, collaboration and innovation The entire Sharp system is devoted to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans Further, Sharp is committed to providing a CHNA that is valuable to all our community partners, and we look forward to strengthening that value and those community partnerships in the years to come The findings of Sharp's 2019 CHNAs help inform and guide the programs and services provided to improve the health of its community members and are a critical component of Sharp's community benefit report process, outlined below Steps Completed to Prepare Sharp's Community Benefit Plan and Report On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Plan and Report * Establishes and/or reviews hospital-specific objectives, taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community * Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* Reports on activities conducted in the prior fiscal year (FY) - FY 2019 Report of Activities * Develops a plan for the upcoming FY, including specific steps to be undertaken - FY 2020 Plan * Reports and categorizes the economic value of community benefit provided in FY 2019, according to the framework specifically identified in Senate Bill 697 * Reviews and approves a community benefit plan * Distributes the Community Benefit Plan and Report Executive Summary to members of the Sharp Board of Directors and each of the Sharp hospital boards of directors * Share the Community Benefit Plan and Report process and findings through presentations across Sharp, including to management, entity boards and committees, and others upon request * Implement community benefit activities identified for the upcoming FY 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, 2-1-1 and the Community Information Exchange at 2-1-1 Section 4 Sharp Metropolitan Medical Campus The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women &amp; Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center Fiscal Year (FY) 2019 Community Benefit Program Highlights SMMC provided a total of \$202,492,501 in community benefit in fiscal year FY 2019 See Table 36 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), for the distribution of SMMC's community benefit among those categories Table 36 Economic Value of Community Benefit Provided Sharp Metropolitan Medical Campus - FY 2019 by SB 697 Category, Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal (Note 1) - \$47,740,531 Shortfall in Medicare (Note 1) - \$123,080,208 Shortfall in County Medical Services (CMS) (Note 1) - \$7,565,768 Shortfall in CHAMPVA/TRICARE (Note 1) - \$5,668,478 Shortfall in Workers' Compensation - \$ 19,140 Charity Care (Note 2) - \$9,706,327 Bad Debt (Note 2) - \$4,088,478 Other Benefits for Vulnerable Populations (Note 3) Patient transportation and other assistance for the vulnerable - \$1,609,550 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$918,971 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals (Note 4)</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>- \$2,095,050 TOTAL - \$202,492,501 NOTES Note 1 - 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. Note 2- 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. Note 3 - "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <a href="https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf">https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf</a> Note 4 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service. Section 5 Sharp Mary Birch Hospital for Women &amp; Newborns We can change our community by being the change we wish to see and by treating people how we would want to be treated. Those simple kindergarten lessons are still essential, and will take us all pretty darn far - Courtney Akel, Manager, Neonatal Intensive Care Unit, SMBHWN Fiscal Year (FY) 2019 Community Benefit Program Highlights Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN) provided a total of \$5,877,166 in community benefit in FY 2019. See Table 37 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), for the distribution of SMBHWN's community benefit among those categories. Table 37 Economic Value of Community Benefit Provided, Sharp Mary Birch Hospital for Women &amp; Newborns - FY 2019 by SB 697 Category, Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal - \$781,256 Shortfall in Medicare - \$1,393,185 Shortfall in CHAMPVA/TRICARE - \$1,785,506 Charity Care - \$743,073 Bad Debt - \$679,909 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the vulnerable - \$39,444 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$213,681 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$241,112 TOTAL - \$5,877,166 NOTE 1 - Methodology for calculating shortfalls in public programs is base</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>d 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. Note 2 - 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. Note 3 - "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs. <a href="https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf">https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submit/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf</a>. Note 4 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.</p> <p>Key highlights * Medical Care Services included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare and CHAMPVA/TRICARE. In FY 2018, 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, 2017 through June 30, 2019. This resulted in recognition of net supplemental revenues for SMBHWN totaling \$18.2 million in FY 2019. These supplemental revenues were funded through SMBHWN's traditional Medi-Cal program, which was only in a shortfall position of \$10.2 million prior to the fee. As such, the net impact of the program was to reduce SMBHWN's shortfall in traditional Medi-Cal to \$0.00 (zero). This reimbursement helped offset prior years' unreimbursed medical care services, however, the additional funds recorded in FY 2019 understate the true unreimbursed medical care services performed for the past fiscal year.</p> <p>* Other Benefits for Vulnerable Populations included financial assistance for van transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans, Feeding San Diego and the Sharp Humanitarian Service Program, and other assistance for vulnerable community members.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* Other Benefits for the Broader Community included health education and information on a variety of maternal and prenatal care topics, support groups, participation in community health fairs and events, and collaboration with local schools to promote interest in health care careers. SMBHWN staff actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), Council of Women's and Infants' Specialty Hospitals (CWISH), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Perinatal Social Work Cluster, March of Dimes and the National Institute for Children's Health Quality (NICHQ) Best Fed Beginnings Learning Collaborative. See Appendix A for a listing of Sharp's involvement in community organizations in FY 2019. The category also included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and participation. * Health Research, Education and Training Programs included time devoted to education and training for health care professionals, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community. Definition of Community SMBHWN is located at 3003 Health Center Drive in San Diego, ZIP code 92123. As a specialty hospital, SMBHWN serves all of San Diego County (SDC), however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and the north inland communities surrounding Rancho Bernardo. See Appendix B for a map of community and region boundaries. For Sharp Memorial Hospital's (SMH's) 2019 CHNA process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations. According to the CNI, communities served by SMBHWN with especially high need include, but are not limited to, Southeast San Diego, East San Diego, City Heights, Linda Vista and Downtown San Diego. Description of Community Health: In 2019, there were 585,707 women ages 18 to 44 residing in SDC, representing 17.5% of the population. Between 2019 and 2024, it is anticipated that the number of women of childbearing age in SDC will decline by 0.4%. In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income (SSI). According to data from the San Die</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>go Hunger Coalition, 1 in 7, or 14% of SDC's population experienced food insecurity in 2017. An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget. In 2017, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below 138% FPL and were eligible for the program. Please refer to Table 38 for SNAP participation and eligibility in SDC. Table 38 Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017 Food Stamps/SNAP Benefits Households - 7.2% Families with Children - 6.9% Eligibility by FPL Population = 130% FPL - 18.5% Population = 138% FPL - 19.9% Population 139% - 350% FPL - 32.2% In SDC in 2017, 94.6% of children ages 0 to 18, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, and 89.1% of adults ages 45 to 64 had health insurance. Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65. See Table 39 for health insurance coverage in SDC in 2017. Table 39 Health Insurance Coverage in SDC, 2017 Children 0 to 18 years Rate - 94.6% HP2020 Target - 100% Young adults 19 to 25 years Rate - 82.7% HP2020 Target - 100% Adults 26 to 44 years Rate - 84.0% HP2020 Target - 100% Adults 45 to 64 years Rate - 89.1% HP2020 Target - 100% Seniors 65+ years Rate - 98.5% HP2020 Target - 100%. According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal. See Table 40 for details. Table 40 Medi-Cal (Medicaid) Coverage in SDC, 2018 Covered by Medi-Cal - 28.9% Not covered by Medi-Cal - 71.1%. CHIS data also revealed that 11.7% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see Table 41). Table 41 Regular Source of Medical Care in SDC, 2018 Regular Source of Medical Care Has a usual source of care Rate - 89.7% HP2020 Target - 100% Has no usual source of care Rate - 10.3% HP2020 Target - 0%. In 2017, there were 40,889 live births in SDC overall. The 2017 infant mortality rate was 2.3 infant deaths per 1,000 live births in the north inland region, 3.0 in the north coastal region, 3.3 in the east region, 3.6 in SDC overall, 4.0 in the central region, 4.3 in the north central region, and 4.7 in the south region. In 2017, 149 infants in SDC died before their first birthday. Infant mortality was more common among male infants (84 deaths) than female infants (64 deaths). African American/black infants had the highest mortality rate (6.9 infant deaths per 1,000 live births) when compared to infants of all other races and ethnicities. Hispanic infants had the second highest mortality rate of 4.7 deaths per 1,000 live births. In addition, 3,423 preterm births occurred in SDC during 2017. 100,101. Compared to all other races and ethnicities, Hispanic mother</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>s had the highest total number of births (16,593), of which 8.0% were preterm. Although black mothers had fewer total births (1,741), they experienced the highest rate of preterm births among all racial or ethnic groups (11.3%). Similarly, although women ages 25 to 39 had the highest total number of births among all age groups, mothers ages 40 and older were more likely to give birth preterm (15.2% preterm births among mothers ages 40 and older compared to 8.2% among mothers ages 25 to 39). In 2017, all SDC regions met the HP2020 national targets for prenatal care, preterm births, low birth weight (LBW) infants, very low birth weight (VLBW) infants and infant mortality. See Table 42 for a summary of maternal and infant health indicators in SDC in 2017 and Table 43 for a summary of maternal and infant health indicators by region.</p> <p>Table 42: Maternal and Infant Health Indicators in SDC, 2017</p> <p>Maternal and Infant Health Indicator: Early Prenatal Care Rate - 85.6% HP2020 - 77.9% Preterm Births Rate - 8.4% HP2020 - 9.4% VLBW Infants Rate - 1.0% LBW Infants Rate - 6.5% HP2020 - 7.8% Infant Mortality Rate - 3.6% HP2020 - 6.0%</p> <p>Table 43: Maternal and Infant Health Indicators by Region in SDC, 2017</p> <p>Prenatal Care: Central - 81.2% East - 82.5% North Central - 89.9% North Coastal - 86.9% North Inland - 87.2% South - 85.6%</p> <p>Preterm Births: Central - 8.6% East - 8.6% North Central - 8.7% North Coastal - 7.4% North Inland - 7.9% South - 9.0%</p> <p>VLBW Infants: Central - 1.3% East - 1.1% North Central - 1.1% North Coastal - 0.8% North Inland - 0.9% South - 1.1%</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>LBW Infants Central - 6.9% East - 6.1% North Central - 6.8% North Coastal - 5.9% North Inland - 6.4% South - 6.8% Infant Mortality Central - 4.0% East - 3.3% North Central - 4.3% North Coastal - 3.0% North Inland - 2.3% South - 4.7% For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2019 CHNA at <a href="http://www.sharp.com/about/community/community-health-needs-assessments">http://www.sharp.com/about/community/community-health-needs-assessments</a> cfm Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMBHWN * Incorporates community priorities and community relations into its strategic plan and develops service line-specific goals * Estimates an annual budget for community programs and services based on community needs, the previous years' experience and current funding levels * Participates in programs and workgroups to review and implement services that improve the health status and emotional well-being of women and infants Priority Community Needs Addressed in Community Benefit Report - SMH 2019 Community Health Needs Assessment SMH completed its most recent CHNA in September 2019 SMH's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) 2019 CHNA process and findings Please refer to Section 3 Community Benefit Planning Process for a detailed description of Sharp's 2019 CHNA process and findings In accordance with federal regulations, the SMH 2019 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD) In addition, this year SMH completed its most current implementation strategy - a description of programs designed to address the priority health needs identified in the 2019 CHNA Again, in alignment with federal regulations, the SMH 2019 implementation strategy includes programs and services provided by SMBHWN The SMH 2019 CHNA and implementation strategy are available at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm Through the SMH 2019 CHNA, the following priority health needs were identified for the communities served by SMH and SMBHWN (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence SMBHWN is a specialty hospital providing care for expectant mothers and newborns as well as women's services Therefore, in alignment with these identified needs, the following pages detail programs that specifically address maternal and prenatal care, inclu</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ding high-risk pregnancy This section also describes programs that address access to health care, community and social support, economic security and education Please refer to Section 1 (Overview) Patient Access to Care Programs for additional entity and systemwide programs designed to address access to health care As a specialty hospital, SMBHWN lacks the resources to comprehensively address the elements of community education and support for the remaining identified needs Consequently, the programs and services that address the se health issues are provided through SMH Please refer to Section 6 of this report for details on those programs The community education and support elements of behavioral health (including substance use) are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and substance use services in SDC Please refer to Section 6 of this report for details on those programs For additional details on SMBHWN programs that specifically address the needs identified in the 2019 CHNA, please refer to SMH's implementation strategy available at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s) and FY 2020 Plan Identified Community Need Maternal and Prenatal Care, Including High-Risk Pregnancy Rationale references the findings of the SMH 2019 CHNA, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The SMH 2019 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health needs affecting members of the communities served by SMH * According to data presented in the SMH 2019 CHNA, among women admitted to SMBHWN in 2017 with a high-risk pregnancy, the top three diagnoses were classified as pregnancy in a mother over the age of 35 (80.0%), pregnancy resulting from assistive reproductive technology (8.4%) and pregnancy with insufficient prenatal care (4.8%) * This data analysis also indicated that, while babies identified as Hispanic or Latino represented 33.5% of all inpatient discharges for infants (under one year) at SMBHWN in 2017, they accounted for 37.9% of LBW discharges * In addition, in 2017, 38.7% of inpatient discharges related to prematurity at SMBHWN were paid for by Medi-Cal * As part of Sharp's 2019 CHNAs, facilitated discussions with SMBHWN case managers, social workers and a nurse educator identified the following health conditions that impact Sharp's maternal and prenatal patients: diabetes, preterm pregnancies, short interval pregnancies, substance use, and mood disorders, including postpartum depression and anxiety Discussions also identified the following social determinants</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ts of health (SDOH) affecting their patients limited access to behavioral health services , even for the insured, lack of access to transportation, and economic stress related to childcare and maternity leave * Participants also identified the following strategies to improve women's health build awareness of the importance of preconception and prenatal care, establish more options for home health care for postpartum women, increase lactation consulting and services, increase availability of translation services, create an interdisciplinary care team, provide inpatient and outpatient behavioral health services, and improve communication between physicians and pharmacists * In 2017, SDC had 2,658 LBW births, which accounted for 6.5% of all live births When compared to all other racial groups, the proportion of LBW births in SDC was highest among black infants (10.1%) * In 2017, 149 infants in SDC died before their first birthday The infant mortality rate was 3.6 infant deaths per 1,000 live births * There were 28,147 hospitalizations due to maternal complications in SDC in 2017, a 2.1% decrease from 2016 The age-adjusted rate was 1,843.0 per 100,000 population * In 2017, 34,946 live births received early prenatal care in SDC, which translates to 85.6% of all live births in the region * According to the National Center for Health Statistics (NCHS), prenatal care has been shown to improve pregnancy outcomes, and is among the most frequently used health care services in the U.S. Experts recommend prenatal care with early and ongoing risk assessment for all women, with content and timing tied to the needs and risk status of the woman and her fetus (NCHS, 2018) * A 2017 report from the Children's Initiative titled San Diego County Report Card on Children and Families identified the following barriers to utilization of prenatal care financial barriers, such as a lack of health insurance, the context of care, such as biased treatment from providers or low cultural competence, and access issues, such as transportation, difficulty obtaining an appointment or inconvenient hours * In 2016, 77.1% of pregnant women in the U.S. initiated prenatal care in their first trimester (NCHS, 2018)</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* According to the Centers for Disease Control and Prevention (CDC), health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, obesity and heart disease, smoking during pregnancy and high blood pressure (CDC, 2018) * According to 2018 CHIS data, 24.7% of women ages 18 to 65 years in SDC were obese (Body Mass Index &gt; 30), lower than the state of California overall (27.2%) * According to the CDC, being overweight increases the risk of pregnancy complications, including preeclampsia, gestational diabetes, stillbirth and cesarean delivery (CDC, 2018) * Factors associated with preterm birth include maternal age, race, socioeconomic status, tobacco use, substance use, stress, prior preterm births, carrying more than one baby, and infection (CDC, 2019) * According to March of Dimes data, the rate of preterm births - the largest contributor to infant death in the U.S. - increased for the fourth consecutive year in 2018 to 10.0% Racial disparities related to early labor persist - 11.3% of American Indian/Alaska Native babies and 13.6% of black babies were born preterm Black women are 49% more likely to deliver preterm compared to women of all other racial/ethnic groups (March of Dimes, 2019) * In 2018, the average societal cost of a preterm birth in California was \$75,000, including medical care for premature children, maternal delivery costs, early intervention services, special education services and lost productivity (March of Dimes, 2019) * Strategies for reducing preterm birth and maternal death include protecting comprehensive health care coverage for moms and children, providing women with affordable, quality public health insurance programs, extending Medicaid coverage to postpartum women, expanding group prenatal care, researching the causes of maternal death, addressing racial disparities in health outcomes for moms and babies, removing barriers to care in underserved communities, and investing in public health promotion programs that focus on moms and babies (March of Dimes, 2019) Objectives * Develop, coordinate and provide educational programs for the community on maternal and prenatal care topics, including preterm labor and births * Provide education as needed to community members who are susceptible to high-risk pregnancy * Educate community members about available hospital resources through participation in community events * Identify and disseminate evidence-based best practices to improve outcomes of at-risk newborns through the Sharp Mary Birch Neonatal Research Institute (NRI) FY 2019 Report of Activities In FY 2019, SMBHWN conducted a variety of efforts to support healthy pregnancies for expectant mothers, including teenagers and other high-risk populations, and improve outcomes for at-risk newborns The hospital offered a free, monthly Preterm Birth Prevention class, which taught approximately 80 expecting parents about the warning signs of preterm labor and</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>how to help prevent a premature birth Through Sharp's health and wellness partnership with the City of San Diego, SMBHWN's perinatal educator led three sessions of the Preterm Birth Prevention class at community sites in SDC, including the Mission Valley Branch Library in April, the Valencia Park/Malcolm X Branch Library in June, and the Otay Mesa - Nestor Branch Library in September In addition, in April, SMBHWN taught a free, four-class Child Birth Preparation series for community members at the North Park Branch Library Additional prenatal education was offered throughout the year on the Sharp Metropolitan Medical Campus as well as at the Sharp Mary Birch Education Center in Carlsbad New in FY 2019, this included six free Planning for Pregnancy events, which provided pre-pregnancy education to more than 100 community members Topics included preparing for pregnancy, tips for conceiving, and becoming pregnant following a previous pregnancy loss, as well as when to see a specialist, natural fertility, and other reproductive options Other educational classes provided at both locations in FY 2019 covered topics including, but not limited to sibling preparation, preparing families with dogs for a baby, how the body prepares for birth and delivery, hospital procedures, medication choices, caesarean delivery, labor comfort and relaxation skills, basic infant care, breastfeeding, preparing for multiple births, and prenatal yoga In FY 2019, SMBHWN provided financial support to March of Dimes, a nonprofit organization dedicated to preventing birth defects, premature birth and infant mortality through community and global outreach programs and research SMBHWN also provided fundraising support for the AHA 2019 San Diego Heart &amp; Stroke Walk, while hospital leadership helped organize the annual AHA Go Red for Women Luncheon to support greater research and action to address women's heart health In addition, in April, team members provided information about the hospital's community programs and services at the annual Sharp Women's Health Conference, held at the Sheraton San Diego Hotel &amp; Marina In 2013, the Sharp Mary Birch NRI was launched to discover new, leading-edge treatments and practices in newborn care, and disseminate its research findings to improve outcomes for at-risk newborns throughout the world Led by a multidisciplinary team of physicians, nurses, respiratory therapists, researchers and data analysts, the NRI has participated in more than 40 clinical trials with over 2,000 newborns enrolled The NRI values the community's perspective in shaping the future of care provided in the neonatal intensive care unit (NICU) Through the NRI Parent Advisory Board (NRI-PAB), parents and grandparents of infants who have been in the NICU offer the NRI their unique point of view as parents of a NICU baby, including feedback on proposed and current clinical trials to help ensure that other parents understand and feel comfortable participating in it</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>hem In addition, NRI-PAB members may participate on Sharp's Institutional Review Board when a new trial involving babies is presented and may be involved in the decision to either approve, change or disapprove of a trial. The NRI shares its expertise and groundbreaking research developments throughout the greater health care and research communities. In February, the NRI presented on umbilical cord management for newborns who may need additional support at birth at the Society for Maternal-Fetal Medicine Annual Pregnancy Meeting in Las Vegas, Nevada. The NRI also presented at multiple international conferences throughout the year, including International Neonatology Association Conference in Tijuana, Mexico, Neonatal Cardiology &amp; Hemodynamics Conference in Durham, England, and the Conference on Neonatology, Gynecology and Obstetrics in Panama City, Panama. In addition, the NRI continued to offer a Bedside Ultrasound Training for Neonatologists course - a multi-week training that consists of hands-on, one-on-one training sessions and expert lectures on theoretical and practical ultrasound technique for neonatologists. Open to local, regional, national and international neonatologists, the course is one of only a few similar training programs in the country. The NRI's medical discoveries have been featured by multiple news networks and publications, including ABC, CBS, CNN, FOX 5 San Diego, KNSD, KPBS, KSWB, The San Diego Union-Tribune, Del Mar Times, American Association for Respiratory Care, and National Institutes of Health (NIH). In addition, its research findings have been shared in several distinguished medical journals. In FY 2019, this included the Journal of the American Medical Association, American Journal of Perinatology, The Journal of Pediatrics and Frontiers in Pediatrics.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The NRI has received funding support from personal donations as well as from various foundations and organizations, including Gerber Foundation, Thrasher Research Fund, Little Giraffe Foundation, Alexander and Eva Nemeth Foundation, Cushman Foundation, and Will Rogers Institute. In addition, the NRI has received four grants from the NIH, including most recently in July 2018 to support its leadership of an international, multi-hospital (including Sharp Grossmont Hospital) study on umbilical cord milking and its benefits to the long-term health of infants who need resuscitation at birth. This is the largest and most comprehensive study of its kind with the potential to improve how babies are cared for worldwide. In addition to its groundbreaking research, the NRI works closely with SMBHWN's Nemeth NICU Follow-Up Clinic, which provides neurodevelopmental assessments, testing and early interventions to promote optimal growth and success for babies born preterm or with other conditions that place them at risk for developmental delay. The services and interventions provided by the Nemeth NICU Follow-Up Clinic help validate the results of the NRI's innovative research studies.</p> <p>FY 2020 Plan SMBHWN will do the following:</p> <ul style="list-style-type: none"><li>* Continue to offer monthly Preterm Birth Prevention classes at the hospital</li><li>* Provide at least one Preterm Birth Prevention class at a community site in SDC</li><li>* Continue to provide fundraising support for March of Dimes</li><li>* Provide education and outreach at community health fairs and events</li><li>* Continue the work of the NRI to identify and disseminate evidence-based best practices for newborn care to the health care community</li></ul> <p>Identified Community Need: Maternal Care - Meeting the Needs of New Mothers and their Families. Rationale references the findings of the SMH 2019 CHNA, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale:</p> <ul style="list-style-type: none"><li>* The SMH 2019 CHNA identified maternal and prenatal care, including high-risk pregnancy, as one of the priority health needs affecting members of the communities served by SMH</li><li>* As part of Sharp's 2019 CHNAs, facilitated discussions with SMBHWN case managers, social workers and a nurse educator identified the following health conditions that impact Sharp's maternal and prenatal patients: diabetes, preterm pregnancies, short interval pregnancies, substance use, and mood disorders, including postpartum depression and anxiety. Discussions also identified the following SDOH affecting their patients: limited access to behavioral health services, even for the insured, lack of access to transportation, and economic stress related to childcare and maternity leave</li><li>* Participants also identified the following strategies to improve women's health: build awareness of the importance of preconception and prenatal care, establish more options for home health care for postpartum women, increase lactation consulting and services, increase availability of translation services, create</li></ul>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>an interdisciplinary care team, provide inpatient and outpatient behavioral health services, and improve communication between physicians and pharmacists * Further, participants in the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs provided the following suggestions specific to maternal and infant care to improve community health offer fun preventative care opportunities, such as outdoor activities to promote healthy diets or mother/mother-to-be informational events with a socializing component, provide prenatal care and delivery for mothers who cannot afford it, and advocate for improved access for the underserved, such as insurance coverage, particularly for stigmatized services like behavioral or sexual health * In 2017, SDC ranked 18th out of 50 California counties for in-hospital exclusive breastfeeding at 78.9% (California Women, Infants, Children (WIC) Association and University of California (UC) Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, San Diego County 2017 Data, 2019) * According to data presented by the California Department of Public Health (CDPH), in 2018, 95.9% of SDC mothers began breastfeeding in the hospital, higher than the state of California overall (93.8%) Mothers in SDC were also more likely to exclusively breastfeed in the hospital (79.3%) when compared to all California mothers (70.4%) * According to the 2017 San Diego County Report Card on Children and Families, breastfeeding enhances immunity to disease, decreases the rate and severity of infections in children, is associated with improved development and decreased risk of childhood obesity, and reduces lifelong risks for chronic health problems Mothers who breastfeed may have a reduced risk of breast, ovarian, and uterine cancers, quicker postpartum recovery time, and less work missed due to child illness (Children's Initiative, 2017) * The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first six months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2017) * According to a report titled Sustaining Change in Challenging Times, while breastfeeding is a natural process, most mothers need support during their hospital stay to overcome common challenges Mothers who experience supportive practices during their hospital stay are more likely to breastfeed exclusively than those who do not (California WIC Association and UC Davis Human Lactation Center, 2019) * Findings from the CDPH's 2018 Maternal and Infant Health Assessment indicated that in 2015, 20.5% of California mothers experienced depressive symptoms during pregnancy or postpartum Black and Latina women, women with low socioeconomic status, and Medi-Cal insured women are all at higher risk for depressive symptoms during pregnancy and the postpartum period (CDPH, 2018) * Maternal depression is the most common pregnancy</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>FY 2019 Report of Activities In November 2015, SMBHWN received Baby-Friendly USA Designation through the Baby-Friendly Hospital Initiative - a global program launched by the World Health Organization and the United Nations Children's Fund to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother-baby bonding. The hospital earned the five-year designation through participation in the NICHQ Best Fed Beginnings Learning Collaborative, supported by the CDC, and through implementation of the 10 Steps to Successful Breastfeeding and the International Code of Marketing of Breast-milk Substitutes. SMBHWN received this designation in partnership with First 5 San Diego, which provided grant funding needed to fulfill the staff training hours required for the designation. The Baby-Friendly USA Designation requires specific competency training for registered nurses (RNs) who work with both mothers and babies. At the close of FY 2019, 97% of the RNs currently employed by SMBHWN had completed this training who were required to do so, while the remaining 3% were in progress with their training. In total, more than 430 SMBHWN RNs have completed Baby-Friendly USA competency training from the time the hospital was designated. Since SMBHWN started its Baby-Friendly journey in 2011, the rate of exclusive breastfeeding at discharge has increased from a baseline average of 47% to a current rate of 60%. In FY 2019, SMBHWN served nearly 1,700 new mothers through a free breastfeeding support group. Facilitated by an experienced lactation educator, the group was offered three times per week to teach participants techniques to improve breastfeeding and allow participants to share their personal breastfeeding joys and challenges. SMBHWN continued to offer the Baby and Me Time support group to ensure new parents safely transition from giving birth at the hospital to returning home. Understanding that it can be difficult to retain information received at the hospital, this free, weekly support group provides valuable resources to help new parents adjust once leaving the hospital. The group provides an opportunity to share the experiences and responsibilities of new parenthood as well as develop new friendships. All parents from the community are invited to participate in Baby and Me Time, which includes a mix of working moms, military families with a parent stationed overseas, single parents and stay-at-home parents. Serving more than 180 new parents in FY 2019, this unique group has evolved into a community-centered place of support during an often-challenging time. SMBHWN provided specialized education and support during the year through free postpartum support groups led by licensed clinical social workers. A weekly group provided emotional support to mothers in the community with babies of newborn age up to 12 months who were dealing with feelings of anxiety or depression related to the challenges associated.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>with new motherhood. A range of topics were addressed during the groups, including feelings of isolation, parenting struggles, postpartum mood disorders, how to seek support, professional referrals, and coping strategies. Understanding that postpartum depression and anxiety can also affect fathers, SMBHWN offered a monthly postpartum support group for couples. Together, the hospital's postpartum support groups engaged nearly 470 parents in FY 2019. Throughout the year, SMBHWN offered a variety of educational classes for new mothers and their families covering numerous aspects of postpartum care, including infant sleep patterns and strategies, infant massage, mom and baby yoga and Pilates, and the body's recovery process following pregnancy and birth. Additionally, SMBHWN staff devoted approximately 500 hours to daily Family Home Care classes that provided critical information and support to nearly 4,000 new mothers and family members. Topics included car seat safety, sudden infant death syndrome, shaken baby syndrome, breastfeeding, jaundice, and signs and symptoms of illness among mothers and babies. Free NICU cardiopulmonary resuscitation education was also provided to nearly 700 family and friends of the hospital's NICU babies. In October, SMBHWN hosted its 23rd annual NICU Little Graduate Reunion at the Naval Training Center in Liberty Station. The hospital hosts the special event for families to reunite with the team members who cared for their child during their stay in the NICU, and celebrate the health of their child. The same families often return to the reunion year after year, with many of the graduates now in their teens. In FY 2019, approximately 800 parents, grandparents, siblings and NICU graduates attended the reunion where they enjoyed food, games and activities while reuniting with SMBHWN team members. Scientific evidence shows that exclusive breastfeeding provides the healthiest start for a newborn's life, especially very premature babies. However, exclusive breastfeeding is not possible for mothers who experience challenges with breastmilk supply and feeding. Pasteurized donor human milk can make breastfeeding possible for these mothers. For more than 13 years, SMBHWN has been a donor breastmilk depot, regularly shipping donated breastmilk to the Mother's Milk Bank in San Jose, CA, where it is screened, pasteurized and distributed to community hospitals for infants whose mothers have an insufficient breastmilk supply. In 2015, SMBHWN started SDC's first Donor Breastmilk Drive to help increase the supply of breastmilk for the Mother's Milk Bank. During the FY 2019 milk drive in August, nearly 130 community members donated approximately 45 gallons of breastmilk, which is expected to provide more than 22,600 feedings to premature infants and others with specialized health needs. To date, the annual drive has collected approximately 330 gallons of breastmilk from nearly 180 donors. SMBHWN expands its support for community mo</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>thers and families through the New Beginnings Boutique &amp; Gift Shop Located within the hos pital, the boutique provides easy access to needed supplies, such as nursing bras and brea stfeeding pumps The boutique's lactation educators are available to answer questions and provide breastfeeding resources and support to anyone who calls or visits the shop New in FY 2019, SMBHWN collaborated with the San Diego Food Bank's (Food Bank's) Diaper Bank Pro gram to help solve a critical challenge - namely, the expense of diapers, which are often required to enroll a child in daycare - for families facing economic hardship Since becom ing a Diaper Bank Program distributor in July, SMBHWN has provided nearly 1,000 free diape rs for patients in need In summer 2015, SMBHWN launched a program to evaluate eligibility for SSI for newborns who have been diagnosed with a disabling medical condition or extrem ely low birth weight This benefit is offered to both unfunded patients as well as insured families to assist with the cost of care for their newborn within and outside of the hosp ital Since the inception of the program, Sharp's Public Resource Specialists have assiste d more than 280 families through the SSI application process In addition, Sharp's Patient Access Services team provides robust services to assist with access to care and health in surance coverage for patients at all Sharp hospitals, including patients of SMBHWN Please refer to Section 1 (Overview) Patient Access to Care Programs for more information on th ese programs and services</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>SDOH affecting members of the communities served by SMH * According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on their community * According to participants in a focus group conducted during the HASD&amp;IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways limited or low-wage employment opportunities for those with low educational attainment, constant stress related to housing or food among families who are not economically secure, which contributes to poor health, and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages * The San Diego Work force Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019) * According to a 2017 report from the SDWP titled San Diego's Priority Sectors An Update on Labor Force and Training Needs, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 - considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017) * The report also found that health care employers identified RNs, physicians and surgeons, and health technologists and technicians as the most difficult positions to fill The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools and insufficient non-technical skills (SDWP, 2017) * According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017) * Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department, 2018) * In its Employment Projections - 2018-2028 report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019) * As of 2018, SDC wa</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>s one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD Registered Nurse Shortage Areas Up date, 2019) * The U S Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018) * According to forecasting performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12% to 17% by 2030 These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing workforce, and leverage workforce data (UCSF, 2017-2018) * According to a report from the California Health Care Foundation (CHCF) titled California Physician Supply Headed for a Drought?, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician workforce In SDC, nearly a quarter of practicing physicians were ages 60 and older in 2015 (CHCF, 2018) * The same report found that 32% of California's active patient care physicians were primary care physicians In SDC, there were 112.3 specialty physicians practicing per 100,000 residents in 2015, compared to 49.8 primary care physicians per 100,000 residents (CHCF, 2018) * According to a report from PolicyLink, a national research institute dedicated to advancing economic and social equity, building a diverse health care workforce in California - one that reflects the state's racial, ethnic and linguistic diversity - is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (Building an Inclusive Health Workforce in California A Statewide Policy Agenda, 2018) * A report by the California Future Health Workforce Commission (CFHWC) titled Meeting the Demand for Health identified several strategies to recruit and maintain California's health care workforce, including offer health career pipeline programs for students from low-income backgrounds, provide academic, advising and health career development support to underrepresented college students, expand educational programs that train students to provide health care in underserved communities and provide scholarships for low-income students (CFHWC, 2019) Objectives * Collaborate with local schools, colleges and universities to provide opportunities for students to explore and train for a variety of he</p>

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Form 990, Part III, Line 4a Community Benefit Report	alth care professions * Provide education and training for students interested in health care careers * Provide obstetrical, gynecological and neonatal education and training for health care professionals * Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community FY 2019 Report of Activities In FY 2019, SMBHWN served as a training site for more than 170 nursing students and seven ancillary students who spent approximately 19,300 hours on the SMBHWN campus. Academic institution partners included California College San Diego, Concorde Career College, Grand Canyon University, Grossmont College, Keck Graduate Institute, Pima Medical Institute, Point Loma Nazarene University, San Diego State University, University of San Diego, University of Victoria, U.S. Department of Veterans Affairs Dietetic Internship Program and Western Governors University. In FY 2019, SMBHWN completed its 13th year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experience, including job requirements and career ladder development, to ninth through 12th grade students. During the school year, 24 HSHMC students devoted nearly 5,200 hours to rotations with maternal infant services, the NICU and the transport team. In September, SMBHWN collaborated with SMH to provide the annual Nursing Career Development Fair to support the professional development of students who are interested in pursuing a career in nursing as well as nurses within the community. Held at the SMH Outpatient Pavilion, the fair provided approximately 100 attendees with advice and coaching from professional nurses as well as information on financial aid and scholarships, student loan forgiveness and medical library services. In addition, representatives from California and State universities offered information about their nursing and allied health programs.

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Form 990, Part III, Line 4a Community Benefit Report	<p>In FY 2019, SMBHWN continued to share its expertise in women's and newborn care with local and national health professionals. In September, a nurse from SMBHWN represented the hospital at the annual CWISH Conference in Denver, Colorado through participation on a panel discussion focused on best practices in leadership rounding. In addition, SMBHWN team members participated in organizations such as March of Dimes, AWHONN, Perinatal Social Work Cluster and the NICHQ Best Bed Beginnings Learning Collaborative. FY 2020 Plan SMBHWN will do the following:</p> <ul style="list-style-type: none"> <li>* Continue to collaborate with colleges and universities on internships, externships and other professional training opportunities for students</li> <li>* Continue to participate in the HSHMC program</li> <li>* Provide a career development fair for current and future nurses</li> <li>* Continue to participate in local and national collaboratives and share specialty expertise at professional conferences</li> <li>SMBHWN Program and Service Highlights</li> <li>* Breastmilk donor program in collaboration with the Mother's Milk Bank</li> <li>* Classes, events and physician referral through 1-800-82-SHARP</li> <li>* Cord blood banking (private and public)</li> <li>* Doula program</li> <li>* FollowMyHealth(r), a secure online patient website that gives patients convenient, 24-hour access to their personal health information</li> <li>* Gynecologic oncology</li> <li>* High-risk pregnancy care (Perinatal Special Care Unit)</li> <li>* Hearing screening program (inpatient and outpatient)</li> <li>* Lactation services (inpatient and outpatient)</li> <li>* Labor and delivery</li> <li>* Level III NICU</li> <li>* Maternal Infant Services Unit</li> <li>* Nemeth NICU Follow-Up Clinic</li> <li>* NRI</li> <li>* Newborn critical congenital heart disease screenings</li> <li>* New Beginnings Boutique &amp; Gift Shop</li> <li>* Obstetrical and women's triage services</li> <li>* Postpartum support groups</li> <li>* Pregnancy, childbirth and parent education programs</li> <li>* Prenatal/Antenatal Diagnostic Center</li> <li>* Sharp Baby mobile pregnancy tracking app and education platform</li> <li>* Spiritual care services, including Arts for Healing program</li> <li>* Women's and infants' pathology services</li> <li>* Women's surgery, including minimally invasive robotic gynecology surgery</li> </ul> <p>Section 6 Sharp Memorial Hospital To me, being an exceptional community citizen means that no one is a stranger. Each patient receives equal care, respect, and consideration because our community thrives when we flourish together. - Tim Smith, Chief Executive Officer, Sharp Memorial Hospital</p> <p>Fiscal Year (FY) 2019 Community Benefit Program Highlights Sharp Memorial Hospital (SMH) provided a total of \$173,689,097 in community benefit in FY 2019. See Table 44 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697), for the distribution of SMH's community benefit among those categories. Table 44 Economic Value of Community Benefit Provided, Sharp Memorial Hospital - FY 2019 by SB 697 Category, Estimated FY 2019 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibili</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ty forms (Note 1) - \$44,673,377 Shortfall in Medicare (Note 1) - \$110,728,941 Shortfall in County Medical Services (CMS) (Note 1) - \$189,544 Shortfall in CHAMPVA/TRICARE (Note 1) - \$2,927,795 Charity Care (Note 2) - \$8,293,817 Bad Debt (Note 2) - \$3,496,283 Other Benefits for Vulnerable Populations (Note 3) Patient transportation, Project HELP and other assistance for the vulnerable (Note 4) - \$1,119,056 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events (Note 4) - \$586,135 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals (Note 4) - \$1,674,149 TOTAL - \$ 173,689,097 NOTES NOTE 1- 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 NOTE 2 - 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 NOTE 3 - "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs <a href="https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submitt/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf">https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submitt/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf</a> NOTE 4 - 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 Key highlights * Medical Care Services included uncompensated care for patients who are unable to pay for services and unreimbursed costs of public programs, such as Medi-Cal, Medicare, CMS and CHAMPVA/TRICARE In FY 2018, 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, 2017, through June 30, 2019 This resulted in recognition of net supplemental revenues for SMH totaling \$13.9 million in FY 2019 This reimbursement helped offset prior years' unreimbursed medical care services, however, the additional funds recorded in FY 2019 understate the true unreimbursed medical care services performed for the past fiscal year * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical ap</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>pointments, flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Sharp Senior Health Centers, Project HELP, which provides funding for specific needs (e.g., medications, etc.) to assist lower-income patients, contribution of time to Stand Down for Homeless Veterans, Feeding San Diego and the San Diego Food Bank (Food Bank), the Sharp Humanitarian Service Program and other assistance for vulnerable community members * Other Benefits for the Broader Community included education and resources on a variety of health topics, participation in community health fairs and events, support groups, health screenings for stroke, osteoporosis, blood pressure, mental health, body composition, hearing, hand health and musculoskeletal health, and community education and resources provided by the SMH Laurel Amtower Cancer Institute patient navigator program In addition, SMH donated meeting room space to community groups as well as collaborated with local schools to promote student interest in health care careers SMH staff actively participated in community boards, committees and other civic organizations, including the Serra Mesa Planning Group Board, San Diego Blood Bank Board of Directors, American College of Healthcare Executives, San Diego Organization of Healthcare Leaders, Association of California Nurse Leaders, San Diego Chapter of the American Association of Critical-Care Nurses, Emergency Nurses Association - San Diego Chapter, County of San Diego Emergency Medical Care Committee, Trauma Center Association of America Board of Directors, Association for Clinical Pastoral Education, National Association of Catholic Chaplains, San Diego County Stroke Consortium, Adult Protective Services, San Diego County Regional Human Trafficking And Commercial Sexual Exploitation of Children Advisory Council, Serving Seniors, Community Center for the Blind and Visually Impaired, San Diego Brain Injury Foundation (SDBIF) Board of Directors, Caregiver Coalition of San Diego (Caregiver Coalition) and San Diego County Council on Aging (SDCCOA) See Appendix A for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2019 The category also incorporated costs associated with community benefit planning and administration, including community health needs assessment (CHNA) development and participation * Health Research, Education and Training Programs included time devoted to education and training of health care professionals, student and intern supervision, and time devoted to generalizable health-related research projects that were made available to the broader health care community</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Definition of Community * SMH is located at 7901 Frost Street in San Diego, ZIP code 92123 * Sharp Memorial Outpatient Pavilion (OPP) is located at 3075 Health Center Drive in San Diego, ZIP code 92123 * Claremont Senior Health Center is located at 4320 Genesee Ave , Suite 104 in San Diego, ZIP code 92117 * Downtown Senior Health Center is located at 956 10th Ave in San Diego, ZIP code 92101 SMH serves all of San Diego County (SDC), however, the primary communities served by the hospital include the City of San Diego, Chula Vista, SDC's east region and the North Inland communities surrounding Rancho Bernardo See Appen dix B for a map of community and region boundaries in SDC For SMH's 2019 CHNA process, th e Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communi ties with greater health disparity within the county The CNI identifies the severity of h ealth disparity for every ZIP code in the United States (U S ) based on specific barriers to health care access, including education, income, culture/language, insurance and housin g As such, the CNI demonstrates the link between community need, access to care, and prev entable hospitalizations According to the CNI, communities served by SMH with especially high need include, but are not limited to, East San Diego, Crty Heights, Linda Vista, the College Area and Downtown San Diego Description of Community Health In 2019, there were 5 04,267 residents ages 65 and older in SDC, representing 15 1% of the population Between 2 019 and 2024, it is anticipated that SDC's senior population will grow by 22 4% In 2017, 13 3% of the SDC population reported living below 100% of the federal poverty level (FPL) The county's unemployment rate was 6 8% and 5 0% of households received Supplemental Secu rity Income According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of SDC' s population experienced food insecurity in 2017 An additional 1 in 5 San Diegans were fo od secure but relied on supplemental nutrition assistance to support their food budget In 2017, 7 2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19 9% of the population lived at or below 138% FPL and were eligib le for the program Please refer to Table 45 for SNAP participation and eligibility in SDC Table 45 Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017 Food Stamps/SNAP Benefits Households - 7 2% Families with Children - 6 9% Eligibility by FPL Population =130% FPL - 18 5% Population =138% FPL - 19 9% Population 139% - 350% FPL - 32 2% In SDC in 2017, 94 6% of children ages 0 to 18, 82 7% of young adults ages 19 to 25, 84 0% of adults ages 26 to 44, 89 1% of adults ages 45 to 64, and 98 5% of seniors age s 65 and older had health insurance Health insurance coverage for each age group was lowe r than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>65 See Table 46 for health insurance coverage in SDC in 2017 Table 46 Health Insurance Coverage in SDC, 2017 Children 0 to 18 years Rate - 94 6% HP2020 Target - 100% Young adults 19 to 25 years Rate - 82 7% HP2020 Target - 100% Adults 26 to 44 years Rate - 84 0% HP2020 Target - 100% Adults 45 to 64 years Rate - 89 1% HP2020 Target - 100% Seniors 65+ years Rate - 98 5% HP2020 Target - 100% According to the California Health Interview Survey (CHIS), in 2018, 28 9% of SDC's population was covered by Medi-Cal See Table 47 for details Table 47 Medi-Cal (Medicaid) Coverage in SDC, 2018 Covered by Medi-Cal - 28 9% Not covered by Medi-Cal - 71 1% CHIS data also revealed that 10 3% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see Table 48) Table 48 Regular Source of Medical Care in SDC, 2018 Has a usual source of care Rate - 89 7% HP2020 Target - 100% Has no usual source of care Rate - 10 3% HP2020 Target - 0% Cancer and diseases of the heart were the top two leading causes of death in SDC in 2017 See Table 4 9 for a summary of leading causes of death in SDC For additional demographic and health data for communities served by SMH, please refer to the SMH 2019 CHNA at <a href="http://www.sharp.com/about/community/community-health-needs-assessments">http://www.sharp.com/about/community/community-health-needs-assessments</a> cfm Table 49 Leading Causes of Death in SDC, 2017 Malignant Neoplasms (Overall Cancer) Number of Deaths - 5,033 Percent of Total Deaths - 23 2% Diseases of the Heart Number of Deaths - 4,764 Percent of Total Deaths - 21 9% Alzheimer's Disease Number of Deaths - 1,450 Percent of Total Deaths - 6 7% Cerebrovascular Diseases Number of Deaths - 1,376 Percent of Total Deaths - 6 3% Accidents/Unintentional Injuries Number of Deaths - 1,188 Percent of Total Deaths - 5 5% Chronic Lower Respiratory Diseases Number of Deaths - 1,025 Percent of Total Deaths - 4 7% Diabetes Mellitus Number of Deaths - 799 Percent of Total Deaths - 3 7% Essential Hypertension and Hypertensive Renal Disease Number of Deaths - 469 Percent of Total Deaths - 2 2% Intentional Self-Harm (Suicide) Number of Deaths - 428 Percent of Total Deaths - 2 0% Influenza and Pneumonia Number of Deaths - 393 Percent of Total Deaths - 1 8% All Other Causes Number of Deaths - 4,807 Percent of Total Deaths - 21 1% Total Deaths Number of Deaths - 21,732 Percent of Total Deaths - 100 0% Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMH * Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals * Estimates an annual budget for community programs and services, based on community needs, previous years' experience and current funding levels * Consults with representatives from a variety of departments to discuss, plan and implement community activities Priority Community Needs Addressed in Community Benefit Report - SMH 2019 Community Heal</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>th Needs Assessment SMH completed its most recent CHNA in September 2019. SMH's 2019 CHNA was significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) 2019 CHNA process and findings. Please refer to Section 3 Community Benefit Planning Process for a detailed description of Sharp's 2019 CHNA process and findings. In accordance with federal regulations, the SMH 2019 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). In addition, this year SMH completed its most current implementation strategy - a description of SMH programs designed to address the priority health needs identified in the 2019 CHNA. The most recent CHNA and implementation strategy for SMH are available at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a>. Through the SMH 2019 CHNA, the following priority health needs were identified for the communities served by SMH (listed in alphabetical order):</p> <ul style="list-style-type: none"><li>* Access to Health Care</li><li>* Aging Concerns</li><li>* Behavioral Health (including Substance Use)</li><li>* Cancer</li><li>* Chronic Health Conditions (e.g., Cardiovascular Disease (CVD), Diabetes and Obesity)</li><li>* Community and Social Support</li><li>* Economic Security</li><li>* Education</li><li>* Homelessness and Housing Instability</li><li>* Maternal and Prenatal Care, including High-Risk Pregnancy</li><li>* Unintentional Injury and Violence</li></ul>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>The following pages detail SMH programs, activities and services that specifically address aging concerns, cancer, chronic health conditions, community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), education and unintentional injury Please refer to Section 1 (Overview ) Patient Access to Care Programs for additional entity and systemwide programs designed to address access to health care SMH does not have the resources to comprehensively address the identified need of behavioral health (including substance use) Consequently, this identified need is addressed through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center, which are the major providers of behavioral health and substance use services in SDC Please refer to Section 11 of this report for details on those programs SMH and SMV are conveniently located on the Sharp Metropolitan Medical Campus (SMMC) The identified need of maternal and prenatal care, including high- risk pregnancy, is addressed at SMBHWN, a specialty hospital providing care for women, new borns and expectant mothers in SDC, also located on the SMMC campus Please see Section 5 of this report for details on SMBHWN's services that address this identified community need Obesity is addressed through general nutrition and exercise education and resources provided at SMH as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise Sharp Rees-Stealy Medical Group (SRSMG) clinics throughout SDC provide community members structured weight management and health education programs such as smoking cessation and stress management, long-term support for weight management and fat loss, and personalized weight-loss programs For additional details on SMH programs that specifically address the needs identified in the 2019 CHNA, please refer to SMH's implementation strategy available at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s), and FY 2020 Plan Identified Community Need Diabetes Education, Prevention and Support Rationale references the findings of the SMH 2019 CHNA, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&amp;IC and SMH 2019 CHNAs identified chronic conditions, including diabetes, as one of the priority health needs affecting members of the communities served by SMH * Data analysis in the SMH 2019 CHNA revealed a higher volume of hospital discharges due to Type 2 diabetes in communities within SDC facing greater socioeconomic challenges * According to data presented in the HASD</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>&amp;IC 2019 CHNA, rates of emergency department (ED) visits for diabetes in SDC increased 7.2% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (13.9%) and those identified as black/African American (15.1%) * According to data presented in the SMH 2019 CHNA, in 2017, the top three ED and inpatient Type 2 diabetes diagnoses at SMH included Type 2 diabetes (uncomplicated), Type 2 diabetes with Chronic Kidney Disease, and Type 2 diabetes with hyperglycemia (high blood sugar) * According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 51.0% of respondents ranked diabetes (Types 1 and 2) among the top five health conditions with the greatest impact on overall community health in SDC * Focus groups and key informant interviews conducted as part of the HASD&amp;IC and SMH 2019 CHNAs identified numerous barriers to care for chronic conditions such as diabetes, including lack of access to healthy food, lack of transportation, physical limitations or limited mobility, high health care costs, economic insecurity, low health literacy, poor health behaviors, such as unhealthy diet or lack of physical activity, medication management, unsafe neighborhoods and unstable or complete lack of housing * Participants in the Sharp diabetes educator focus group conducted as part of the SMH 2019 CHNA process identified several barriers to effective diabetes management, including challenges associated with pharmacies, insurance policies and finances (including co-pays, loss of income due to time off work and the cost of transportation to medical appointments), fear related to job loss or immigration status, and lack of knowledge or cultural beliefs about food and illness * The Sharp diabetes educator focus group also identified the following barriers associated with diabetes management: isolation and loneliness, stigma, particularly when it is reinforced by physicians, lack of support from family members, and difficulty managing co-morbidities including cardiovascular issues, kidney issues, neuropathy and vision issues * In 2017, diabetes was the seventh leading cause of death in SDC * In 2017, there were 799 deaths due to diabetes in SDC overall, an 8.9% increase when compared to 2016 (734 deaths) The age-adjusted death rate due to diabetes was 21.5 per 100,000 population * In 2017, there were 4,292 hospitalizations due to diabetes in SDC The age-adjusted rate of hospitalization was 122.9 per 100,000 population in 2017, which was slightly higher than the age-adjusted rate in 2016 (120.9 per 100,000 population) * In 2017, there were 5,717 diabetes-related ED visits in SDC, a 10.6% increase from 2016 (5,168 ED visits) The age-adjusted rate of diabetes-related ED visits was 165.0 per 100,000 population in 2017, which was higher than the age-adjusted rate in 2016 (151.9 per 100,000 population) * According to 2018 CHIS data, 9.8% of adults living in SDC indicated that they had ever been diagnosed</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ed with diabetes, which was slightly lower than the state of California (10.1%). Diabetes rates among seniors were particularly high, with 20.5% of SDC adults over 65 reporting that they had ever been diagnosed with diabetes. * According to 2018 CHIS data, 17.3% of SDC residents had been told by their doctor that they have pre- or borderline diabetes. * A study by the University of California, Los Angeles (UCLA) Center for Health Policy Research estimated that 13 million adults in California (46%) have prediabetes or undiagnosed diabetes, while another 2.5 million (9%) have already been diagnosed with diabetes (UCLA Center for Health Policy Research, 2016). * Data presented by the United Health Foundation (UHF) indicates that, in 2017, diabetes prevalence in California was highest among American Indian/Alaska Natives (24.8%), followed by individuals of other race (16.4%), non-Hispanic blacks (14.8%) and Hispanics (12.1%) (UHF, 2018). * According to the Centers for Disease Control and Prevention (CDC), diabetes is the seventh leading cause of death in the U.S. In addition, the number of adults diagnosed with diabetes in the U.S. has more than tripled in the last 20 years (CDC, 2019). * According to the CDC's 2017 National Diabetes Statistics Report, 87.5% of adults diagnosed with diabetes were overweight or obese. To prevent or delay the onset of diabetes, the CDC recommends lifestyle changes such as losing weight, eating healthier and getting regular physical activity. * The CDC estimates that 30.3 million people in the U.S. have diabetes. Of those individuals, 1 in 4 is not aware they have the disease (CDC, National Diabetes Statistics Report, 2017). * The CDC identifies diabetes as the leading cause of kidney failure, non-traumatic lower-limb amputations and new cases of blindness among adults (CDC, 2017). Objectives * Provide diabetes education, prevention and support in the central and north central regions of SDC. * Collaborate with community organizations and projects to provide diabetes education to SDC's vulnerable populations. * Participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>FY 2019 Report of Activities The SMH Diabetes Education Program is recognized by the American Diabetes Association (ADA) for meeting national standards for excellence and quality in diabetes education covering blood sugar monitoring, medication and nutritional counseling as well as insulin pump and other device training. The program is led by certified diabetes educators who provide individuals and their support systems with the skills needed to successfully self-manage various conditions, including prediabetes, gestational diabetes (diabetes developed during pregnancy), and Type 1 and Type 2 diabetes. Small group and one-on-one education options are offered in English and Spanish. In FY 2019, the Sharp Diabetes Education Program (Sharp's systemwide diabetes program) offered diabetes education and support to approximately 1,000 attendees at the Sharp Women's Health Conference. This included diabetes risk assessments using the ADA's Diabetes Risk Test questionnaire as well as resources on the different types of diabetes, diabetes prevention, signs, symptoms and complications of diabetes, the connection between diabetes and CVD, nutrition and reading food labels, exercise, medication, and diabetes self-management. Also during the conference, a Sharp diabetes expert presented on the prevention and management of Type 2 diabetes, including helpful diets, physical activity and the power of lifestyle change. In addition, the Sharp Diabetes Education Program provided fundraising and team participation for the San Diego Heart &amp; Stroke Walk at Balboa Park in September. The SMH Diabetes Education Program provided education and lectures to a variety of community groups in FY 2019. In November, the SMH Diabetes Education Program educated nearly 15 seniors on diabetes and the power of lifestyle change at the Peninsula Family YMCA in Point Loma. At Point Loma Nazarene University's (PLNU's) Festival of Health event, the SMH Diabetes Education Program provided health education in English and Spanish, as well as diabetes risk assessments using ADA's Diabetes Risk Test questionnaire to 20 community members. Through Sharp's partnership with the City of San Diego, the SMH Diabetes Education Program discussed exercise and diabetes as well as navigating the road to health with 10 community members at the Lopez Ridge Recreation Center in March. In addition, the SMH Diabetes Education Program presented on how to check blood sugar levels as well as the latest in diabetes medication and nutrition to more than 20 seniors at Balboa Park in April. Also in April, the SMH Diabetes Education Program educated 10 community members at OPP's Cushman Wellness Center on using a holistic approach to manage diabetes, diabetes risk factors and ways to reduce risk. The SMH Diabetes Education Program is actively involved with San Diego's renal health community. In FY 2019, the program collaborated with the Balboa Institute of Transplantation and the Sharp Kidney and Pancreas Transplant Pro</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>gram to provide ongoing diabetes education and support to more than 150 community members who are either anticipating or have undergone kidney transplant or have experienced kidney disease In addition, the Sharp Diabetes Education Program continued to collaborate with Family Health Centers of San Diego (FHCS D) to provide education to patients with diabetes at multiple FHCS D sites throughout the region on SSI program similar to NICU navigators in next section of vulnerable populations, including those in the central region of SDC, through the organization's Diabetes Management Care Coordination Project (DMCCP) Through DMCCP, Sharp's diabetes educators provide weekly group health and nutrition education, healthy cooking demonstrations, physical activity classes, and one-on-one support from a nurse practitioner to the clinics' diabetes patients Further, project "graduates" offer peer support and education to current enrollees in both English and Spanish The project monitors participants' physical activity as well as their A1C and blood glucose levels, which it has proven to successfully maintain and lower At FHCS D's Logan Heights, City Heights and Diamond Neighborhoods locations, the Sharp Diabetes Education Program provided more than 20 lectures in English and Spanish to more than 180 community members Topics included creating an active lifestyle, nutrition, including the effect of food groups and serving sizes on blood sugar levels, and diabetes risk factors, symptoms, treatment, self-management and goal setting In 2019, 32.5% of those enrolled in DMCCP saw a decrease in their overall A1C results The Sharp Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes As an affiliate, the Sharp Diabetes Education Program teaches underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes how to manage their blood sugar levels In collaboration with community clinics, in FY 2019, the team provided these patients with a variety of education and resources to support a healthy pregnancy Education covered the following topics: gestational diabetes statistics, new diagnostic criteria, treatment and management of blood glucose levels, goals for blood sugar levels before and after a meal, insulin requirements, self-care practices, nutrition and meal planning, exercise and weight management, monitoring fetal movement, and the risks and complications of uncontrolled diabetes Clinic patients also received logbooks to track and manage their blood sugar levels In addition, the Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician-gynecologists to prevent complications At SMH, the Sharp Diabetes Education P</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>rogram provided services and education to nearly 400 underserved pregnant and breastfeeding women with diabetes. Throughout the year, the Sharp Diabetes Education Program continued to provide services and resources to meet the needs of culturally diverse populations within SDC. Educational resources included How to Live Healthy With Diabetes, What You Need to Know About Diabetes, All About Blood Glucose for People With Type 2 Diabetes, All About Carbohydrate Counting, Getting the Very Best Care for Your Diabetes, All About Insulin Resistance, All About Physical Activity With Diabetes, Gestational Diabetes Mellitus Seven-Day Menu Plan, and Food Groups. Resources were provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks were distributed for community members to track their blood sugar levels. In addition, live interpreter services were available in more than 200 languages via the Stratus Video Interpreting iPad application. Further, Sharp team members received education regarding the different cultural needs of diverse communities to improve the delivery of inclusive and culturally competent care. In FY 2019, the Sharp Diabetes Education Program supported the professional health care community through participation in various conferences and meetings. At the Liberty Station Conference Center in May, team members gave a presentation titled Obesity, Diabetes and Cardiovascular Disease to approximately 250 health professionals during Sharp's Obesity Crisis Conference. The Sharp Diabetes Education Program's presentation covered multiple topics, including the history and prevalence of diabetes and prediabetes in the U.S., testing for diabetes, the link between diabetes, CVD and obesity, decreasing risks, and weight management. In June, the Sharp Diabetes Education Program attended the ADA's 79th Scientific Sessions conference in San Francisco, California. The conference shared research advances to improve the lives of people with and affected by diabetes with more than 15,000 international attendees. In addition, in August, the Sharp Diabetes Education Program presented on the Use of Outcomes Data and Marketing Strategies to Sustain Diabetes Programs to approximately 200 health professionals at the American Association of Diabetes Educators' 2019 Annual Conference in Houston, Texas.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In November, the Sharp Diabetes Education Program hosted a diabetes conference for physicians, nurses, pharmacists, laboratorians, clinical and managerial leaders and other community health professionals interested in optimizing inpatient diabetes care. The conference provided 150 participants with specific tools and strategies for creating a culture that supports and encourages emerging therapeutic trends in glycemic management in a hospital setting. Topics included treating patients with Type 2 diabetes, cardiovascular risk for patients with Type 1 or Type 2 diabetes, new insulin products and their potential benefits, metabolism and weight loss in those using insulin, automated insulin infusion algorithms, and insulin pumps and continuous glucose monitoring. In addition, in FY 2019 the Sharp Diabetes Education Program provided diabetes education - including the different types of diabetes, diagnoses, current technology and medication, and careers in diabetes education - to more than 20 nurse practitioner students at San Diego State University (SDSU), as well as mentored two dietetic interns from the San Diego Women, Infants, and Children program. Lastly, the Sharp Diabetes Education Program presented on diabetes and exercise to approximately 10 students at the PLNU School of Nursing's Health Promotion Center at the Church of the Nazarene in Mid-City, as well as provided diabetes education to approximately 10 Azusa Pacific University (APU) nursing students. FY 2020 Plan The SMH and Sharp Diabetes Education Programs will do the following:</p> <ul style="list-style-type: none"> <li>* Provide community members with prediabetes and diabetes information at various community venues in the central and north central regions of SDC</li> <li>* Explore collaborations to assist and educate food insecure community members</li> <li>* Participate in Sharp's partnership with the City of San Diego to provide diabetes education and resources to residents in the city's nine districts</li> <li>* Explore additional opportunities to provide community-based diabetes education classes</li> <li>* Continue to collaborate with FHCS to provide education and resources to their patients with diabetes</li> <li>* Continue to provide gestational diabetes services and resources to underserved pregnant and breastfeeding women, both at the hospital and in collaboration with community clinics</li> <li>* Participate in Tour de Cure - the ADA's signature fundraising event to fight diabetes - as well as the San Diego Heart &amp; Stroke Walk</li> <li>* Maintain up-to-date resources to provide community members support with diabetes treatment and prevention, particularly foreign language and culturally appropriate resources for diverse populations</li> <li>* Continue to participate in local and national professional conferences to share best practices in diabetes treatment and control with the broader health care community</li> <li>* Conduct educational symposiums for health care professionals focused on improving outpatient and inpatient diabetes care</li> <li>* Continue to host a diabetes conference for health care pr</li> </ul>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>professionals * Explore collaboration with SMH's Cardiac Rehab and Cardiac transplant teams to offer quarterly diabetes education to community members * Explore collaborations with community service organizations that focus on diabetes prevention and care * Partner with community physicians to help them improve patient outcomes using technology, including insulin pumps and blood glucose monitors Identified Community Need Education, Support and Screening for Stroke Rationale references the findings of the SMH 2019 CHNA, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&amp;IC and SMH 2019 CHNAs identified chronic conditions (including CVD and cerebrovascular diseases/stroke) as one of the priority health needs affecting members of the communities served by SMH * According to data presented in the HASD&amp;IC 2019 CHNA, rates of ED visits for stroke in SDC increased 11.0% from 2014 to 2016, with the most significant increases in individuals ages 27 to 44 (20.0%) and those identified as "other" race (28.9%) * Focus groups and key informant interviews conducted as part of the HASD&amp;IC and SMH 2019 CHNA identified numerous barriers to care for chronic conditions, including limited access to healthy food, lack of transportation, physical limitations or limited mobility, high health care costs, economic insecurity, low health literacy, poor health behaviors, such as unhealthy diet or lack of physical activity, medication management, unsafe neighborhoods, and unstable or complete lack of housing * Participants in the Sharp Case Management Leadership focus group conducted as part of the Sharp 2019 CHNAs identified the following hospital discharge challenges and barriers for patients, including those with chronic conditions transportation support, a shortage of recuperative or respite care options, a lack of short-term caregivers and in-home support services, and a need for a streamlined process from the hospital to the County of San Diego Health and Human Services Agency (HHSA) for those who qualify for wraparound support * In 2017, cerebrovascular diseases including stroke were the fourth leading cause of death for SDC overall * In 2017, there were 1,376 deaths due to stroke in SDC The age-adjusted death rate due to stroke was 37.0 per 100,000 population, which was higher than the HP2020 target of 34.8 deaths per 100,000 * In 2017, there were 6,078 hospitalizations for stroke in SDC The age-adjusted rate of hospitalizations for stroke was 166.9 per 100,000 population, a 7.4% decline from 2016 * In 2017, there were 2,603 stroke-related ED visits in SDC The age-adjusted rate of ED visits was 71.4 per 100,000 population * According to 2018 CHS data, an estimated 26.3% of SDC adults were obese, 11.0% were current smokers, 9.8% reported that they were not physically active at all, and 17.7% reported that fresh fruits and vegetables were only sometimes affordable in their neighborhood * A</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>According to the CDC, more than 795,000 people in the U S have a stroke each year, and strokes are responsible for approximately one out of every 20 deaths (CDC, 2017) * The National Institute of Neurological Disorders and Stroke (NINDS) reports that 25% of people who recover from their first stroke will have another stroke within five years (NINDS, 2019) * The CDC estimates that up to 80% of strokes are preventable through the recognition of early signs/symptoms and the elimination of stroke risk factors Behaviors that can mitigate the risk of stroke include choosing a healthy diet full of fruits and vegetables, maintaining a healthy weight, engaging in at least 2 5 hours of moderate-intensity aerobic physical activity each week, refraining from or quitting smoking, and limiting alcohol intake ( CDC, 2018) Objective * Provide stroke education, support and screening services for the central region of SDC FY 2019 Report of Activities SMH is certified by the Joint Commission and the American Heart Association (AHA)/ American Stroke Association (ASA) as a Primary Stroke Center (recertified in 2017) The program is nationally recognized for its outreach , education and thorough screening procedures, as well as documentation of its success rate SMH is also a recipient of AHA/ ASA's Get With The Guidelines(r) (GWTG) - Stroke Gold Plus Quality Achievement Award for excellence in stroke care as well as the Target Stroke Elite Honor Roll designation The AHA/ASA's GWTG is a national effort focused on ensuring the use of evidence-based therapies to improve outcomes for stroke patients The AHA/ASA's Target Stroke Elite Honor Roll designation focuses on improving the timeliness of intravenous tissue plasminogen activator (IV t-PA) administration to eligible patients</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>During Stroke Awareness Month in May, Sharp's systemwide stroke program participated in Stroke Awareness Day at the Padres, held at Petco Park. This annual event is organized by the San Diego County Stroke Consortium, the County of San Diego HHS, the San Diego Padres and other key partners to promote stroke prevention, awareness and recovery, as well as celebrate stroke survivors. During the baseball game, Sharp offered stroke and blood pressure screenings, education about the warning signs of stroke and how to respond using B E F A S T (Balance, Eyes, Face, Arms, Speech, Time) - an easy technique to detect and enhance responsiveness to a stroke. Giveaways were provided throughout the evening, while stroke education was displayed on the Jumbotron to the entire stadium of nearly 30,000 community members. In FY 2019, SMH participated in Sharp's partnership with the City of San Diego to provide stroke education and resources to residents in the city's nine districts. In March and July, three classes led by a stroke program nurse provided 50 community members with education on risk factors, treatment options, and preventing and recognizing the signs of a stroke. Lecture locations included Logan Heights Branch Library, Balboa Park Senior Lounge and Serra Mesa-Kearny Mesa Branch Library. In addition, in October, SMH provided more than 110 community members with stroke education, including the warning signs and symptoms and what to do in the event of a stroke, at a senior health and resource fair at Point Loma Community Presbyterian Church. At the event, approximately 25 attendees were screened according to their personal risk factors. The SMH Stroke Program also collaborated with the Sharp Grossmont Hospital (SGH) Senior Resource Center to provide stroke education and resources to seniors in February. Through this collaboration, the SMH Stroke Program and a Sharp-affiliated vascular neurologist delivered a presentation on emergency treatment for stroke and strategies to prevent a stroke, as well as provided stroke resources to approximately 30 community members at Point Loma Community Presbyterian Church in May. The SMH Stroke Program also conducted personal health interviews as well as blood pressure and pulse checks for 11 seniors at the event. The SMH Rehabilitation Center continued to provide meeting space for Young Enthusiastic Stroke Survivors (YESS), a free monthly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Educational topics included brain function, coping skills, adjustment, disaster preparedness, driving, health and wellness, medications, stress management, family and intimacy, work and school re-entry, and support. More than 20 community members attended the YESS support group each month in FY 2019. In addition, SMH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>discuss issues impacting stroke care in SDC SMH also continued its 14-year collaboration with the County of San Diego Emergency Medical Services (EMS) to provide data for the SDC's stroke registry FY 2020 Plan SMH Stroke Program will do the following * Provided stroke screening and education at events in SDC, including those targeting seniors and high-risk adults * Continue to provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician * Provide education for individuals with identified stroke risk factors * Continue to participate in Stroke Awareness Day at the Padres * Continue to participate in Sharp's partnership with the City of San Diego to provide stroke education and resources to residents in the city's nine districts * Continue to offer stroke support groups through the SMH Rehabilitation Center * Continue to participate in the San Diego County Stroke Consortium * Continue to provide data to the SDC stroke registry</p> <p>Identified Community Need Health Education, Screening and Support for Aging Concerns Rationale references the findings of the SMH 2019 CHNA, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&amp;IC and SMH 2019 CHNAs identified aging concerns as one of the priority health needs affecting members of the communities served by SMH Aging concerns are defined as those conditions that predominantly affect seniors - people who are 65 and older - such as Alzheimer's disease, Parkinson's disease, dementia, falls and limited mobility * According to data presented in the HASD&amp;IC 2019 CHNA, rates of inpatient discharge in SDC increased for Alzheimer's disease (35.1%) and dementia (16.3%) from 2014 to 2016 * According to data presented in the SMH 2019 CHNA, in 2017, seniors represented 54.1% of inpatient discharges for unintentional injury at SMH, with fall-related injuries occurring in 85.3% of those discharges * Data analyzed as part of the SMH 2019 CHNA indicated that seniors admitted to SMH with a behavioral health diagnosis were more likely to have dementia (31.4%) when compared to all behavioral health inpatient discharges (14.8%) * Focus groups conducted as part of the HASD&amp;IC and SMH 2019 CHNAs identified the following health conditions that impact older adults: Alzheimer's and Parkinson's diseases, dementia, arthritis, loss of mobility, opioid misuse, diabetes, heart disease, anxiety, depression, lung disease, obesity, and poor oral health * In addition, the focus groups identified the following social determinants of health (SDOH) that impact seniors: lack of accessible or reliable transportation options, difficulty accessing fresh food, social isolation and inadequate family support, economic insecurity, and environmental pollutants * According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns among the top five conditions with t</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>he greatest impact on overall community health in SDC * As part of the SMH 2019 CHNA, focus groups comprised of Sharp Senior Health Center staff and patients, as well as community members, identified the following SDOH that impact seniors: few transportation options, lack of access to fresh food, social isolation and inadequate family support, economic insecurity, housing issues, and environmental pollutants, including sound. Participants indicated that these issues contribute to a loss of independence, leading to increased stress, isolation, loneliness and poor mental health. * Sharp senior health focus group participants suggested the following strategies for increasing health care access for seniors: establishing a centralized communication database so that patient information can be shared across health care systems, creating and promoting programs to assist seniors with transportation to medical appointments and grocery stores, expanding meal delivery services, expanding behavioral health care options for Medi-Cal and Medicare patients, and increasing the availability of translators. * In 2017, Alzheimer's disease was the third leading cause of death in SDC for all age groups. * In 2017, the top 10 leading causes of death among adults ages 65 and older in SDC were (in rank order) diseases of the heart, cancer, Alzheimer's disease, cerebrovascular diseases (including stroke), chronic lower respiratory diseases, diabetes, accidents or unintentional injuries, essential hypertension and hypertensive renal disease, Parkinson's disease and flu/pneumonia. * In 2017, hospitalization rates among seniors were higher than the general population due to coronary heart disease, stroke, chronic obstructive pulmonary disease (COPD), nonfatal unintentional injuries (including falls), cancer and arthritis. * The top three causes of ED utilization among SDC residents ages 65 and older in 2017 were unintentional injuries, falls and COPD/chronic lower respiratory diseases.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* According to the CDC, 2.8 million older adults are treated in the ED for falls every year. One in five falls causes a serious injury, such as broken bones or a head injury, and each fall doubles the chance of falling again. These injuries may result in serious mobility issues and difficulty with everyday tasks or living independently. The direct medical costs for fall injuries are estimated at \$31 billion annually (CDC, 2018). * In 2015, more than 84,400 San Diegans ages 55 and older were living with Alzheimer's disease and related dementias (ADRD), which accounted for 10.7% of this age group. Assuming current trends continue, by 2030, nearly 115,000 residents 55 years and older will be living with ADRD, representing a 36.5% increase from 2015 (Alzheimer's Disease and Related Dementias in San Diego County, 2018). * In 2017, 69.4% of the influenza hospitalizations and 75 of the 90 influenza deaths in SDC occurred among residents ages 65 and older. The age-adjusted rate of influenza death among this group was 16.2 per 100,000 population. * According to the California Department of Aging (CDA), in 2019, 11.1% of SDC residents ages 60 and older were considered low income, and 17.1% were eligible for Medi-Cal coverage. In addition, 17.5% of SDC seniors were identified as living alone (CDA, 2019). * According to research published in Health Affairs, an estimated 15 million family caregivers in the U.S. provide unpaid care for a loved one with dementia. Caregiver burden and fatigue can result in increased use of hospital and emergency services for dementia patients (Slaboda et al, 2018). * The same study identified the following as the biggest challenges facing family caregivers of individuals with dementia: dealing with memory loss and the disease's impact, handling the stress and emotional toll, having patience with their loved one, handling mood swings or behavior changes, and managing daily activities, including bathing, bathroom, dressing and meals (Slaboda et al, 2018). * According to AARP, more than 40 million people in the U.S. act as unpaid caregivers to people ages 65 and older. More than 10 million of these caregivers are Millennials with separate full- or part-time jobs, and 1 in 3 employed Millennial caregivers earns less than \$30,000 per year (AARP, 2018). Objectives: * Provide a variety of senior health education and screening programs. * Produce and mail quarterly activity calendars to community members. * In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations. * Provide education and community resources to family caregivers. * Maintain and grow partnerships with community organizations to expand community outreach and provide seniors and caregivers with updated information on available services and resources. FY 2019 Report of Activities Sharp Senior Resource Centers meet the unique needs of seniors and their caregivers by connecting them to a variety of free and low-cost programs.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>ms and services through phone and in-person consultations The Sharp Senior Resource Centers' compassionate staff and volunteers provide personalized support and clear, accurate information regarding health education and screenings, community referrals and caregiver resources In FY 2019, the SMH Senior Resource Center developed and mailed quarterly calendars of its programs and services to more than 3,300 households in San Diego, as well as distributed 2,700 Vials of Life, which are small vinyl sleeves that can be magnetically placed on a refrigerator to provide emergency personnel with critical medical information for seniors and people with disabilities In FY 2019, the SMH Senior Resource Center provided approximately 30 free health education programs to more than 500 community seniors, caregivers and loved ones of the elderly Programs were presented by experts from community organizations as well as Sharp professionals with expertise in clinical nutrition, exercise physiology, diabetes, physical therapy, law, hospice, bereavement, finance and rehabilitation Educational topics included diabetes, senior services, Vials of Life, aging, Medicare, memory loss, memory care, estate planning, wills and trusts, bereavement and coping with grief, hospice and palliative care, lower back pain and self-treatment strategies, nutrition and healthy eating, women's pelvic floor health, tools and resources for caregivers, depression and caregiving, heart health and fitness, age-related eye conditions, fall prevention and balance, safety at home, home and day care options, maintaining a healthy voice, heart health, brain health, and back strengthening Programs were offered at Sharp System Offices, Peninsula Family YMCA, Point Loma/Hervey Branch Library, Clairemont Lutheran Church, Point Loma Community Presbyterian Church, Alzheimer's San Diego, St Peter's by the Sea Lutheran Church, Harmony Home Medical, All Souls Episcopal Church, Jewish Family Service of San Diego (JFS), Lutheran Social Services of San Diego and St Agnes Catholic Church In addition, the SMH Senior Resource Center reached approximately 30 community members through a physician lecture covering stroke prevention and emergency treatment The SMH Senior Resource Center provided health screenings to more than 70 community seniors at six health fairs and events during the year Screenings included hearing, depression, stroke, and hand health (arthritis, carpal tunnel syndrome, trigger finger, etc ) In addition, free monthly blood pressure screenings were provided to approximately 350 members of the senior community As a result of these screenings, more than 30 seniors were referred to physicians for follow-up care Screenings took place at the Point Loma Community Presbyterian Church and the Sharp Senior Health Center Clairemont In FY 2019, the SMH Senior Resource Center reached nearly 2,300 individuals through participation in nine community health fairs, conferences and seminars In Oct</p>

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Form 990, Part III, Line 4a Community Benefit Report	ober, the SMH Senior Resource Center hosted its annual Senior Health & Information Fair at Point Loma Community Presbyterian Church. The event offered free flu shots, health screenings, health and advance care planning (ACP) information, Vials of Life and community resources to approximately 125 seniors and family caregivers. In April and August, the SMH Senior Resource Centers collaborated with Sharp HospiceCare to host three Health and Wellness in Aging: Know Your Options conferences. The conferences educated more than 320 community members on staying healthy, improving emotional wellness, end-of-life options and estate planning tips, as well as provided valuable resources to help manage and promote healthy aging. The SMH Senior Resource Center presented and provided senior resources at the events, which were held at Point Loma Community Presbyterian Church, La Mesa Community Center and the Elks Lodge in Chula Vista. In addition, the SMH Senior Resource Center provided more than 50 caregivers with community and health resources, including Vials of Life, health screening events and programs for seniors and caregivers at the Caregiver Coalition's Navigating Caregiving for Veterans and Military Families conference held at First United Methodist Church of San Diego in October and The Pathway to Mindful Caregiving conference held at Chinese Community Church in May.

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In October, the SMH Senior Resource Center participated in the San Diego Community Action Network's (SanDi-CAN's) End of Life Decisions Planning Ahead Learn How to Ensure Your Decision Will be Honored conference at Balboa Park. Nearly 50 seniors and their family members attended the free conference and resource fair where they learned how to identify their end-of-life values and goals of care and acquire the communication skills necessary to make informed health care decisions. In July, the SMH Senior Resource Center offered health, wellness and community resources to more than 100 community members at SanDi-CAN and South County Community Action Network's Interactive Technology and Health Fair at the Jackie Robinson YMCA. The event featured informational presentations, an interactive resource fair, health screenings and new technology. In September, the SMH Senior Resource Center provided senior resources to nearly 90 community members at the (SDCCOA's) Healthy Aging in a Changing World event, held at First United Methodist Church. Further, seniors, caregivers, individuals who are homeless or at risk of homelessness, individuals with chronic illnesses, and vulnerable adults with limited access to care, including those without transportation, were notified about flu vaccine events through activity calendars, collaborative outreach conducted by the flu clinic site, sharp.com, and paper and electronic newspaper notices. In FY 2019, the SMH Senior Resource Center and the Sharp Senior Health Centers sponsored five community seasonal flu clinics, serving more than 210 seniors and other vulnerable community members. Flu clinics were held at the Senior Health &amp; Information Fair at Point Loma Community Presbyterian Church, Orchard Apartments low-income senior housing, Holy Trinity Catholic Church (homeless outreach), and Serving Seniors sites, including the Potiker Family Senior Residence and the Gary and Mary West Senior Wellness Center. At many of these sites, the SMH Senior Resource Center and Sharp Senior Health Centers provided Vials of Life, information on advance health care directives (advance directives) and depression, and activity calendars detailing upcoming blood pressure screenings, flu clinics and other community events and programs for seniors. In FY 2019, the Sharp Senior Health Centers collaborated with SMV to provide a physician-led presentation on medications and memory loss as well as two memory loss screenings, serving approximately 20 community members. The Sharp Senior Health Centers also collaborated with the SMH Senior Resource Center throughout the year to provide hearing screenings to more than 20 seniors. Throughout the year, the Sharp Senior Health Centers presented at Sharp's Aging in America events at multiple Sharp locations, including SMH, OPP, Sharp Coronado Hospital and Healthcare Center, SGH and Sharp Chula Vista Medical Center (SCVMC). Topics included signs and symptoms that an older adult may need help, aging stat</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* According to the National Institutes of Health (NIH), more than 53 million people in the U S either already have osteoporosis or are at high risk due to low bone mass Along with the financial costs, osteoporosis can reduce quality of life for many people who suffer from fractures It can also affect the lives of family members and friends who serve as caregivers Preventable risk factors for osteoporosis include smoking, alcohol consumption, and medication and vitamin intake (NIH, 2018) * According to research published in the Internet Journal of Allied Health Sciences and Practice, approximately 80 million adults in the U S have limited health literacy Limited health literacy is associated with poor health outcomes, including more hospitalizations, greater use of emergency care, lower receipt of mammography screening and influenza vaccine, poorer ability to demonstrate taking medications properly, poorer ability to interpret drug labels and health messages, and poorer overall health status among the elderly, including higher mortality rates (McDonald &amp; She nkman, 2018) Objectives * Host educational classes and support groups for the community on a variety of health and wellness topics * Offer health literacy resources through the Cushman Wellness Center Community Health Library and outreach at community events * Participate in community-sponsored events and support nonprofit health organizations FY 2019 Report of Activities In FY 2019, the OPP and various departments at SMH reached more than 3,400 patients and community members through free health education classes and support groups This included approximately 1,200 program hours booked on-site at the SMMC campus as well as several opportunities provided at community sites On-site classes covered various aspects of health and wellness, including diabetes, cancer, integrative medicine topics (e g , yoga, meditation, food as medicine), and parenting and childbirth Support groups provided an outlet for community members to share their personal experiences and advice for coping with various challenges, including cancer, stroke, heart transplantation, heart failure, breastfeeding, postpartum mood disorders, and nutrition and support following bariatric surgery At the Sharp Allison deRose Rehabilitation Center, Sharp Rehabilitation Services ( Sharp Rehab) offered weekly rehabilitative tai chi and adaptive yoga classes for individuals with physical limitations Sharp Rehab also hosted free support groups, including Women on Wheels (WOW) - the only support group in SDC for women with mobility impairments - as well as the Sharp Players and Men's Spinal Cord Injury (SCI) support groups Twenty-five individuals participated in the Sharp Players weekly support group in FY 2019, which uses music and drama to facilitate emotional healing and support for individuals with a range of conditions, including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputatio</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>SMH also supported a variety of Sharp-sponsored community events in FY 2019. At the Sharp Senior Resource Centers' Senior Health &amp; Information Fair in October, Sharp Rehab occupational therapists provided screenings to detect medical conditions of the hands, wrists, elbows and fingers (e.g., carpal tunnel syndrome, arthritis, dislocations). In April, the employee safety team participated in Sharp's Drug Take Back, Document Shredding and E-Waste Event at SCVMC, which provided a safe and confidential opportunity for community members to dispose of unwanted prescription drugs, paperwork and electronics. In May, various hospital departments provided community members with a range of health education and screenings during the annual Sharp Women's Health Conference. Offerings included cancer-related education and resources, osteoporosis education and screenings, wellness services, including acupuncture, chair massage and body composition testing, sports medicine and physical therapy services, including musculoskeletal screenings, posture education and walking and footwear analysis, and obstructive sleep apnea assessments. Further, in August, SMH phlebotomists supported SMBHWN's efforts to collect breastmilk for infants in need during the 2019 Donor Breastmilk Drive. Team members drew blood from breast milk donors that would be shipped to the San Jose Mother's Milk Bank and screened for safety. FY 2020 Plan SMH will do the following: * Continue to offer educational classes at the SMMC on a variety of health and wellness topics for community members. * As part of Sharp's wellness partnership with the City of San Diego, provide educational classes at community sites throughout SDC. * Continue to provide support groups for community members on issues such as cancer, rehabilitation, stroke, heart transplantation and heart failure. * Develop and distribute quarterly newsletters to inform the community of health education and screening opportunities. * Continue to partner with local and national organizations to provide health literacy education and resources at a variety of community sites, and share health literacy best practices with industry professionals. * Continue to increase awareness of the Cushman Wellness Center Community Health Library and its resources. * Provide health education, screenings and first-aid services at community events. * Provide coordination, support and fundraising activities for local nonprofit organizations. Identified Community Need: Cancer Education and Patient Navigator Services. Rationale references the findings of the SMH 2019 CHNA, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale: * The HASD&amp;IC and SMH 2019 CHNAs identified cancer as one of the priority health needs affecting members of the communities served by SMH. * According to data presented in the HASD&amp;IC 2019 CHNA, cancer was the leading cause of death in SDC in 2016. * Focus groups conducted as part of the HASD&amp;IC 20</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>The Laurel Amtower Cancer Institute includes the Breast Health Center and the Neuro-Oncology Center, with designated LCSWs, nurse patient navigators, genetic counselors and dietitians who support and guide cancer patients and their families from the time of diagnosis through the course of treatment. In FY 2019, the LCSWs provided free psychosocial counseling and support as well as referrals to community organizations to more than 3,000 patients and family members. Nurse navigators provided ongoing guidance for patients and families impacted by all cancer diagnoses, including breast, brain and spinal tumors, lymphomas and myeloma, melanoma, sarcoma, head and neck, lung, pancreas, stomach, bladder, colorectal, renal, prostate, testicular and gynecological. This included the facilitation of appointment scheduling, explanation of procedures and test results, provision of educational resources and supportive services, assistance with financial resources, and referrals to multiple community agencies, including but not limited to San Diego Homecare, Mama's Kitchen, Meals on Wheels San Diego County, JFS, Cancer Angels of San Diego, Nine Girls Ask, Support for People with Oral and Head and Neck Cancer, Informed Prostate Cancer Support Group, Pancreatic Cancer Action Network, Wigs by Patti Joyce, Hair Unlimited, Women's Health Boutique, My Brighter Side boutique, Free to Breathe, San Diego Brain Tumor Foundation, American Brain Tumor Association, Shades of Pink Foundation California, Head and Neck Cancer Alliance, Oral Cancer Foundation, Leukemia and Lymphoma Society, ACS, National Cancer Institute, Breast Cancer Angels and the Cancer Project. Throughout the year, the Laurel Amtower Cancer Institute provided a dedicated oncology transport van to assist cancer patients in need of transportation to and from their treatment appointments during afternoon hours. More than 300 patient trips were provided in FY 2019. The Cancer Centers of Sharp conduct oncology clinical trials to support the discovery of new and improved treatments to help individuals overcome cancer and to enhance scientific knowledge for the larger health and research communities. In FY 2019, the Cancer Centers of Sharp approached and evaluated 480 patients for participation in oncology clinical trials, of which were enrolled in cancer research studies. In FY 2019, clinical trials focused on multiple types of cancer, including but not limited to brain, breast, colon, head and neck, spinal cord, lung, lymphoma, melanoma, ovarian and prostate. FY 2020 Plan: The Laurel Amtower Cancer Institute at SMH will do the following: * Continue to provide classes on topics including nutrition, exercise, anxiety and stress management for patients and community members impacted by cancer. * Provide monthly lymphedema classes for patients and community members. * Provide monthly ACP classes for patients and community members. * Provide a brain tumor workshop for patients and community members. * Continue to provid</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* According to HP2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking, physical environment both at home and in the community, access to health services and systems for injury-related care, and social environment, including individual social experiences (e.g., social norms, education and victimization history), social relationships (e.g., parental monitoring and supervision of youth, peer group associations and family interactions), community environment (e.g., cohesion in schools, neighborhoods and communities) and societal factors (e.g., cultural beliefs, attitudes, incentives and disincentives, laws and regulations).</p> <p>* Traumatic injury is the leading cause of death among children, with many survivors enduring the consequences of brain injury and SCI. The physical, emotional, psychological and learning problems that affect injured children, along with the associated costs, make reducing traumatic injuries a high priority for health and safety advocates throughout the nation. Educational programs like ThinkFirst increase knowledge and awareness of the causes and risk factors of brain injury and SCI, injury prevention measures, and the use of safety habits at an early age (<a href="http://www.thinkfirst.org/kids">www.thinkfirst.org/kids</a>, 2019).</p> <p>Objectives * Offer an injury and violence prevention program for children, adolescents and young adults throughout SDC * Provide presentations and opportunities to Health and Science Pipeline Initiative (HASPI) high school students around injury and violence prevention and health care career readiness.</p> <p>FY 2019 Report of Activities Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord, and other traumatic injuries through education, research and advocacy. HASPI is a network of educators, community organizations and health care industry representatives who collaborate to increase awareness of health and medical career opportunities, improve science proficiency in schools and prepare students for future health care careers. With the partnership and financial support of HASPI, in FY 2019 ThinkFirst/Sharp on Survival provided injury prevention education to nearly 750 students from schools throughout SDC, including San Ysidro High School, Bayfront Charter High School, Castle Park High School, Mar Vista High School, San Diego High School of Science and Technology, e3 Civic High School, Rancho Buena Vista High School and Oceanside High School. Education was provided through classroom presentations, assemblies and off-site learning expos. HASPI school-site programs consisted of one- to two-hour classes that covered topics such as the modes of injury (i.e., automobile accidents, violence and sports/recreation), disability awareness, and the anatomy.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>and physiology of the brain and spinal cord. These programs were enhanced by powerful personal testimonies from individuals with traumatic brain injury (TBI) or SCI, known as Voice s for Injury Prevention (VIPs). In addition, 12 HASPI students from Sweetwater High School with an interest in pursuing careers in physical rehabilitation participated in a half-da y, interactive tour of the SMH Rehabilitation Center. Students rotated through three stati ons that provided hands-on practice in adaptive dressing techniques, wheelchair mobility, and various memory and problem-solving activities used in therapy. The experience provided students with a better understanding of physical rehabilitation and the challenges that p atients might face following an injury. In October, ThinkFirst/Sharp on Survival participa ted in the Walk &amp; Roll Abilities Festival at the Marina View Park in Chula Vista. Organize d by a former ThinkFirst/Sharp on Survival VIP, the annual event benefits the Gurmilan Fou ndation which provides scholarship and grant programs to support and empower people with d isabilities. During the event, ThinkFirst/Sharp on Survival hosted a booth featuring model s of the brain and spinal cord, opportunities to speak with VIPs and educational activitie s for children. In April, ThinkFirst/Sharp on Survival provided planning support and guest speakers for the 2019 ThinkFirst Conference on Injury Prevention at the Wyndham San Diego Bayside hotel. The annual conference aims to reduce injury among all age groups by improv ing knowledge of the impact of injury and the need for prevention education, increasing aw areness of injury prevention programs, and disseminating information to injury prevention specialists through presentations, networking and the sharing of program methodologies. Sh arp Rehab provided presentations during the conference, including Mindfulness in Rehabilit ation and Vestibular Therapy for Improving Balance. On the day preceding the conference, T hinkFirst/Sharp on Survival assisted in the fitting and dissemination of 100 bicycle helme ts for community children, teens and adults at the San Diego Waterfront Park. The event co ncluded a day of training for eight new ThinkFirst Chapter Directors, extending their educ ation to include how to fit a helmet and how to conduct an impromptu helmet fitting event in their own communities. FY 2020 Plan ThinkFirst/Sharp on Survival will do the following:</p> <ul style="list-style-type: none"> <li>* With grant funding, provide and expand educational program offerings to schools and org anizations in SDC</li> <li>* With grant funding, increase community awareness of ThinkFirst/Sharp o n Survival through attendance and participation at community health fairs and events</li> <li>* Con tinue to evolve program curricula to meet the needs of health career pathway classes as pa rt of the HASPI partnership</li> <li>* Grow partnership with HASPI through participation in confere nces and roundtable events</li> <li>* As appropriate and with funding, explore opportunities to inc orporate concussion education</li> </ul>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>into school and community-based presentations * As grant funding allows, continue to build HASPI partnerships and expand educational presentations to schools in North County, Coronado, and SDC's south region * Explore further opportunities to provide education to health care professionals and college students interested in health care careers * With grant funding, continue to link injury prevention with career readiness and career paths * With grant funding from the Grossmont Healthcare District, collaborate with SDBIF to recruit and train a VIP speaker with a TBI to speak to audiences throughout SDC Identified Community Need Health Professions Education and Training, and Collaboration with Local Schools to Promote Interest in Health Care Careers Rationale references the findings of the SMH 2019 CHNA, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&amp;IC and SMH 2019 CHNAs identified education as one of 10 priority health conditions and SDOH affecting members of the communities served by SMH * According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development and economic mobility, among the top five SDOH with the greatest impact on the ir community * According to participants in a focus group conducted during the HASD&amp;IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways limited or low-wage employment opportunities for those with low educational attainment, constant stress related to housing or food among families who are not economically secure, which contributes to poor health, and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages * The San Diego Workforce Partnership (SDWP) reported that, in 2018, there were 157,756 people employed in the health care sector in SDC, accounting for 9% of all jobs countywide (SDWP, 2019) * According to a 2017 report from the SDWP titled San Diego's Priority Sectors An Update on Labor Force and Training Needs, the health care industry in SDC experienced net employment growth of 40.4% between 2006 and 2016 - considerably higher than the growth rate in the state of California (27%) and the nation (21%) (SDWP, 2017)</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* The report also found that health care employers identified RNs, physicians and surgeons , and health technologists and technicians as the most difficult positions to fill The most frequently cited reasons for hiring difficulties were lack of experience, small applicant pools, and insufficient non-technical skills (SDWP, 2017) * According to SDWP, a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017) * Total employment in California is projected to grow 10.7% between 2016 and 2026, reflecting an increase of 1.9 million jobs statewide over the decade The health care and social assistance sector is expected to be the fastest growing industry in California, with 24.9% growth anticipated (California Employment Development Department (EDD), 2018) * In its Employment Projections - 2018-2028 report, the U.S. Bureau of Labor Statistics (BLS) projects that health care support occupations and health care practitioners/ technical occupations will contribute about 30% of all new jobs and account for 18 of the 30 fastest growing occupations Increased demand for health care services for an aging population and people with chronic conditions will drive much of the expected employment growth (BLS, 2019) * As of 2018, SDC was one of 28 counties in California designated as a Registered Nurse Shortage Area by the California Healthcare Workforce Policy Commission (OSHPD Registered Nurse Shortage Areas Update, 2019) * The U.S. Department of Health and Human Services Bureau of Health Workforce (BHW) projects that the demand for RNs in California will increase 71% by 2030 if current levels of health care are maintained The report projects that California will need to hire an additional 26,270 nurses to meet the demand (BHW, 2018) * According to forecasting performed by the Healthforce Center at University of California, San Francisco (UCSF), the demand for primary care clinicians in California will increase 12% to 17% by 2030 These forecasts predict that the southern border region will experience some of the highest levels of clinician shortages in the state UCSF recommends a comprehensive and holistic targeted strategy to enhance the education pipeline, improve recruitment and retention, maximize the existing work force and leverage workforce data (UCSF, 2017-2018) * According to a report from the California Health Care Foundation (CHCF) titled California Physician Supply Headed for a Drought?, the total supply of active patient care physicians in California declined slightly between 2013 and 2015, a trend that appears to be driven by the aging of the physician work force In SDC, nearly a quarter</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>the Pacific, University of Utah, Western Governors University, and Western University of Health Sciences The SMH Clinical Pastoral Education program continued to train community clergy members interested in health care chaplaincy, training 12 chaplain students in FY 2019 In addition, the Spiritual Care and Education Department hosted three educational events for professional chaplains during the year Events included Healing Stories from Traditions of World Religions Buddhist Stories, Praying for Miracles, and Sharing our Spiritual Practices The events shared best practices in chaplaincy with more than 100 community chaplains, including graduates of SMH's chaplaincy program as well as chaplains from various hospitals and hospices in SDC Through affiliations with EMSTA College, Palomar Community College, SWC and the San Diego Fire-Rescue Department's paramedic training program, SMH provided both clinical training and observation hours for nearly 40 community paramedic interns in FY 2019 Each student completed 147 hours of clinical training primarily in the ED, with scheduled rotations in the trauma bay, catheterization lab, operating room, labor and delivery, and pulmonary services ED staff contributed more than 5,600 hours of clinical training and supervision to these specialized community programs in FY 2019 SMH continued to provide several mobile intensive care nurse (MICN) training programs in SDC The MICN program is an extensive, six-week classroom course for any San Diego base station in need of new MICN nurses Participants receive certification through the County of San Diego EMS upon meeting the following criteria successful completion of the 36-hour classroom component, a passing score of 85% or higher on the County of San Diego EMS protocol examination, and completion of mandatory ride-along hours with a paramedic unit As a radio base station, the SMH prehospital/EMS department continued to provide field care conferences in FY 2019, including two six-hour Joint Base Regional Care Conferences for local EMS personnel and MICN nurses throughout SDC</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In September, SMH collaborated with SMBHWN and SMV to provide the SMMC Nursing Career Development Fair Held at the OPP, the annual event supports the professional development of students who are interested in pursuing a career in nursing as well as nurses within the community The fair provided approximately 100 attendees with advice and coaching from professional nurses as well as information on financial aid and scholarships, clinical certifications, student loan forgiveness and medical library services In addition, representatives from California and other state universities offered information about their nursing and allied health programs SMH continued to participate in the Health Sciences High and Middle College (HSHMC) program to provide early professional development for high school students During the school year, 51 students in ninth through 12th grade were supervised for a approximately 11,000 hours between SMH and the OPP Students shadowed staff in a variety of hospital departments, including radiology, laboratory, endoscopy, cardiac rehabilitation, case management, patient transport, administration, ED, pharmacy and the cafeteria Students also learned about the hospital's commitment to person-centered care and the culture of a professional work environment In addition to placement at SMH, seven HSHMC students devoted 1,500 hours to shadowing team members at SRSMG's San Diego facility located adjacent to SMMC Sharp Rehab provided free professional development opportunities for community and Sharp professionals in FY 2019, including a Compassion Cultivation Training (CCT) course and Mindful Self-Compassion (MSC) course Developed by the Center for Compassion and Altruism Research and Education at the Stanford University School of Medicine, CCT is a nine-week course designed to help professionals develop compassion for themselves and others Through lectures, guided exercises and group discussions, CCT can improve communication, increase resilience to stress and enhance feelings of well-being Designed by professionals at the University of Texas and Harvard Medical School - Cambridge Health Alliance, MSC is an eight-week course that teaches mindfulness, self-kindness and self-compassion skills to help health professionals recognize difficult situations and respond with greater stress resilience In addition, Sharp Rehab led Compassion-Based Training Promoting Well-Being and Preventing Burnout, a six-week course to help health professionals develop skills to cope with the challenging demands of today's health care environment Approximately 30 health professionals received training through these courses in FY 2019 In FY 2019, SMH provided planning support and speakers for Sharp's annual Obesity Crisis Conference Held in May at Liberty Station, the 2019 conference focused on practical approaches to the care of patients with obesity and attracted more than 200 community health professionals Three SMH nurses provided expertise during</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* According to a report from the CHCF titled Mental Health in California For Too Many, Ca re Not There, the prevalence of serious mental illness varies by income level, with lower- income individuals experiencing higher rates of mental illness Although the number of adu lts with mental health coverage in California increased nearly 50% between 2012 and 2015 b ecause of Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018) * According to the same report, ED visits resulting in inpatient p sychiatric admissions increased 30% from 2010 to 2015 More robust community behavioral he alth services for low-income and uninsured patients may decrease unnecessary ED use (CHCF, 2018) Objectives * Collaborate with community organizations to provide follow-up medical care, financial assistance, and psychiatric and social services to chronically homeless i ndividuals * Assist economically disadvantaged individuals through transportation and phar maceutical assistance FY 2019 Report of Activities SMH provides post-acute care facilitati on for vulnerable patients, including individuals who experience homelessness or lack a sa fe home environment Advocacy for safe discharge from the hospital is a top priority, rega rdless of funding In FY 2019, SMH provided assessments for those at risk for psychiatric and developmental disorders and substance use issues, as well as referrals for housing, me dication management and supportive community services as needed In addition, SMH continue d to participate in the County of San Diego's Whole Person Wellness pilot program to help provide comprehensive care management for homeless Medi-Cal beneficiaries who experience h igh utilization of medical services SMH assists high-risk, underserved patients with tran sportation home from the hospital as well as with connections to community resources for f ood, clothing and housing Each year the SMH Auxiliary provides approximately 200 new item s of clothing to patients who lack usable clothing at discharge, including homeless indivi duals, trauma patients from the ED and any other patient who lacks clothing when leaving t he hospital The hospital may also provide uninsured patients with financial assistance fo r medication and medical equipment In FY 2019, SMMC assisted economically disadvantaged i ndividuals through the provision of approximately \$105,000 in free medications and transpo rtation through its Project HELP program Further, Sharp's Patient Access Services team pr ovides robust services to assist with access to care and health insurance coverage for pat ients at all Sharp hospitals, including patients of SMH Please refer to Section 1 (Overvi ew) Patient Access to Care Programs for more information on these programs and services New in FY 2019, SMH joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's CIE to better understand and addr</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Address the SDOH that influence the health and well-being of their patients. Research continues to underscore that SDOH - the conditions where people live, learn, work and play - have a significant impact on the ability for community members to access care and maintain their health. SMH joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs. More than 70 CIE community partners - including health care, food banks, housing and other social service agencies - use an integrated technology platform to support proactive, holistic, person-centered care. Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources. Beginning in fall 2019, SMH's case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those patients experiencing food insecurity and homelessness. Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020.</p> <p>FY 2020 Plan SMH will do the following:</p> <ul style="list-style-type: none"> <li>* Continue to collaborate with community organizations that provide medical care and case management services to the homeless</li> <li>* Continue to partner with the Whole Person Wellness program to provide care management to homeless Medi-Cal patients who are high users of medical services</li> <li>* Continue to administer funds to those in need of transportation assistance or financial support for medications</li> <li>* With funding from the SMH Auxiliary, provide 200 items of clothing to patients who lack usable clothing at discharge</li> <li>* Continue to provide financial assistance for prescription copayments and other personal items</li> <li>* Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH</li> </ul> <p>SMH Program and Service Highlights Sharp Memorial Hospital</p> <ul style="list-style-type: none"> <li>* 24-hour Emergency and Trauma Center, including heliport and base station -designated ST-Elevation Myocardial Infarction - acute heart attack (STEMI) center</li> <li>* Advanced Heart Care Center</li> <li>* Arts for Healing and Integrative Therapies</li> <li>* Medical/surgical care, including a dedicated inpatient oncology unit</li> <li>* Bioethics consultations</li> <li>* Cancer treatment including genetic counseling, diagnostic imaging, infusion services and radiation therapy</li> <li>* Cardiovascular and pulmonary rehabilitation</li> <li>* Catheterization lab, including a hybrid procedure room</li> <li>* Classes, events and physician referral through 1-800-82-SHARP</li> <li>* Clinical trials, including cancer, heart and vascular, neurology and orthopedics</li> <li>* Care Partner and CCP programs</li> <li>* Critical care</li> <li>* Fo</li> </ul>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>llowMyHealth(r), a secure on-line patient website that gives patients convenient, 24-hour access to their personal health information * Head and neck services, including cancer treatment and surgery * Health Information Ambassadors * Heart and vascular care, including mechanical circulatory support devices and heart transplantation * Heart Valve Surgery Center * Home health with home infusion services * Hospice * Imaging services, including interventional radiology * Infection Prevention services * Intensive Care Units * Interpreter services * Laboratory services * Mindful Cafe, offering healthy and nutritious food options for patients, family and staff * Neuro-Oncology Center specializing in brain and spinal cord cancer treatment * Open medical records program * Organ transplantation, including kidney, heart and pancreas * Orthopedics, including joint replacement surgery * Pain management program * Palliative care * Pathology services * Pharmacy services for inpatients * Pre-Anesthesia Evaluation services * Robotic surgery * Senior Resource Center * Senior Trauma Program * Sharp Allison deRose Rehabilitation Center, including inpatient and outpatient physical, occupational, hand, stroke, brain, spinal cord and speech therapy, balance and vestibular services, and community reentry programs * Sharp and Children's MRI Center * Sleep Disorders Center * Spiritual care services * Stroke care, nationally recognized by the AHA/ASA, dedicated stroke unit * Surgical services, including thoracic, head and neck surgery * Telehealth services * Van transportation services * Warfarin management * Weight loss (bariatric) surgery program * Wound and Ostomy Inpatient Center Sharp Memorial Outpatient Pavilion * Cancer services, including nutrition and genetic counseling, nurse navigators, LCSWs, radiation therapy, infusion services and diagnostic imaging * Elliot and Helen Cushman Wellness Center, including * Cushman Wellness Center Community Health Library * Health assessments and screenings * Executive Health Program * Holistic therapies, including acupuncture, guided imagery, Healing Touch, massage, reflexology and Reiki * Fitness assessments * Diabetes education and management accredited by the ADA * Kevin H Cook Infusion Center * Laurel Amtower Cancer Institute, including the Breast Health Center for breast cancer and other breast conditions, and Neuro-Oncology Center for brain and spinal cord cancer * Outpatient Imaging Center, including computed tomography (CT) scan, virtual CT colonoscopy, and digital and 3-D tomosynthesis mammography * Outpatient Surgery Center, including pre-anesthesia evaluation services * SRSMG Surgical Eye Consultants, including ophthalmology and optometry</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* Summerfelt Endoscopy Center * Vision Laser Center, including ophthalmology, diagnostic and laser treatment Sharp Senior Health Center Downtown * Community health education programs * Community health screening services * Primary and comprehensive physical and mental health care services for seniors Sharp Senior Health Center Clairemont * Community health education programs * Community health screening services * Outpatient pulmonary clinic * Primary and comprehensive physical and mental health care services for seniors Section 7 Sharp Mesa Vista Hospital and Sharp McDonald Center Each time we provide a free lecture, meet with community partners or sit on a new committee sharing the stories of our patients and their path to recovery, not only do we give back but we receive a true benefit as well Giving back to the larger community of San Diego is our responsibility - Dara Schwartz, Clinical Program Developer, SMV Fiscal Year (FY) 2019 Community Benefit Program Highlights Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) provided \$22,926,238 in community benefit in FY 2019 See Table 50 for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697 (SB 697) for the distribution of SMV and SMC's community benefit among those categories Table 50 Economic Value of Community Benefit Provided, Sharp Mesa Vista Hospital and Sharp McDonald Center - FY 2019 by SB 697 Category, Estimated FY 2019 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal - \$2,285,898 Shortfall in Medicare - \$10,958,082 Shortfall in County Medical Services (CMS) - \$7,376,224 Shortfall in CHAMPVA/TRICARE - \$955,177 Shortfall in Workers' Compensation - \$19,140 Charity Care - \$669,437 Bad Debt - \$(87,714) Other Benefits for Vulnerable Populations Patient transportation and other assistance for the vulnerable - \$451,050 Other Benefits for the Broader Community Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$119,155 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals - \$179,789 TOTAL -\$22,926,238 Note 1 - 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 Note 2 - 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 Note 3 - "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs <a href="https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submitt/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf">https://oshpd.ca.gov/ml/v1/resources/document?rs_path=/Data-And-Reports/Documents/Submitt/Hospital-Community-Benefit-Plans/SB697-Report-to-the-Legislature-Community-Benefit.pdf</a> Note 4 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 Key highlights * Medical Care Services included uncompensated care for patients who were unable to pay for services and unreimbursed costs of public programs such as Medi-Cal, Medicare, CMS and CHAMPVA/TRICARE * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, free psychiatric assessments and referrals, programs to address barriers to mental health services for disadvantaged, culturally diverse urban seniors, contribution of time to Stand Down for Homeless Veterans and Feeding San Diego and other assistance for vulnerable community members * Other Benefits for the Broader Community included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health and behavioral health events, and collaboration with local schools to promote interest in health care careers SMV also offered meeting room space at no charge to community groups In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as National Alliance on Mental Illness (NAMI), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, CHIP Suicide Prevention Council (SPC), San Diego Military Family Collaborative (SDMFC), San Diego Mental Health Coalition, San Diego County Older Adult Behavioral Health System of Care Council, A New PATH (Parents for Addiction Treatment and Healing), Psychiatric Emergency Response Team (PERT) and VA (United States (U.S.) Department of Veterans Affairs) San Diego Mental Health Council See Appendix A for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2019 In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessment (CHNA) development and administration * Health Research, Education and Training Programs included education and training of health care professionals, student and intern supervision, and generalizable health-related research projects that were made available to the broader health care community Definition of Community * SMV is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123 * SMC is located at 7989 Linda Vista Road in San Diego, ZIP code 92111 * SMV Mid-City Out</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>patient Programs are located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92105, SMV East County Outpatient Programs are located at 1460 East Main Street in El Cajon, ZIP code 92021 As specialty hospitals, SMV and SMC serve all of San Diego County (SDC) The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region, and north inland communities surrounding Rancho Bernardo See Appendix B for a map of community and region boundaries in SDC For SMV's and SMC's 2019 CHNA processes, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify communities with greater health disparity within SDC The CNI identifies the severity of the health disparity for every ZIP code in the U S based on specific barriers to health care access, including education, income, culture/language, insurance and housing As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations According to the CNI, communities served by SMV with especially high need include Southeast San Diego, the College Area, City Heights, East San Diego, and Chula Vista Description of Community Health In 2019, there were 504,267 residents ages 65 and older in SDC, representing 15.1% of the population Between 2019 and 2024, it is anticipated that SDC's senior population will grow by 22.4% In 2017, 13.3% of the SDC population reported living below 100% of the federal poverty level (FPL) The county's unemployment rate was 6.8% and 5.0% of households received Supplemental Security Income According to data from the San Diego Hunger Coalition, 1 in 7, or 14% of SDC's population experienced food insecurity in 2017 An additional 1 in 5 San Diegans were food secure but relied on supplemental nutrition assistance to support their food budget In 2017, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.9% of the population lived at or below 138% FPL and were eligible for the program Please refer to Table 51 for SNAP participation and eligibility in SDC Table 51 Food Stamps/SNAP Benefit Participation and Eligibility Estimates for SDC, 2017 Households - 7.2% Families with Children - 6.9% Eligibility by FPL Population =130% FPL - 18.5% Population =138% FPL - 19.9% Population 139% - 35.0% FPL - 32.2%</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>In SDC in 2017, 94.6% of children ages 18 and under, 82.7% of young adults ages 19 to 25, 84.0% of adults ages 26 to 44, 89.1% of adults ages 45 to 64, and 98.5% of seniors ages 65 and older had health insurance. 132 Health insurance coverage for each age group was lower than the Healthy People 2020 (HP2020) national target of 100% health insurance coverage for all individuals under age 65. 135 See Table 52 for health insurance coverage in SDC in 2017. Table 52 Health Insurance Coverage in SDC, 2017. 132 Description: Current Health Insurance Coverage. Children 0 to 17 Years: Rate - 94.6% Year 2020 Target - 100%. Young adults 18 to 24 years: Rate - 82.7% Year 2020 Target - 100%. Adults 25 to 44 years: Rate - 84.0% Year 2020 Target - 100%. Adults 45 to 64 years: Rate - 89.1% Year 2020 Target - 100%. Seniors 65+ years: Rate - 98.5% Year 2020 Target - 100%. According to the California Health Interview Survey (CHIS), in 2018, 28.9% of SDC's population was covered by Medi-Cal. 136 See Table 5.3 for details. Table 5.3 Medi-Cal (Medicaid) Coverage in SDC, 2018. Covered by Medi-Cal - 28.9%. Not covered by Medi-Cal - 71.1%. CHIS data also revealed that 10.3% of individuals in SDC did not have a usual place to go when sick or in need of health advice (see Table 5.4). 136 Table 5.4 Regular Source of Medical Care in SDC, 2018. Has a usual source of care: Rate - 89.7% HP2020 Target - 100%. Has no usual source of care: Rate - 10.3% HP2020 Target - 0%. In 2018, 26.7% of adults ages 18 to 64 reported needing help for emotional or mental health problems or use of alcohol or other substances. Of those needing help, 64.4% received treatment. Overall, 22.0% of SDC adults ages 18 to 64 reported seeing a health care provider for mental-emotional or substance use issues. Among SDC seniors, 10.0% of those surveyed in 2018 reported needing help for mental, emotional or substance use issues in the past year. 136 In 2017, 6,344 individuals in SDC visited the emergency department (ED) for a self-inflicted injury, an age-adjusted rate of 192.1 per 100,000 population. This included 188 seniors (an age-adjusted rate of 40.5 per 100,000 population), of whom 98 were hospitalized (21.1 per 100,000 population). During the same year, the age-adjusted suicide rate in SDC was 12.5 per 100,000 population, or 428 deaths. Among seniors, the rate of suicide was nearly double (24.6 deaths per 100,000 population). 132 Both rates are higher than the HP2020 target rate of no more than 10.2 deaths per 100,000 population. An analysis of 2017 mortality data for SDC revealed Alzheimer's disease and suicide to be the third and ninth leading causes of death for SDC, respectively. 137 See Table 5.5 for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMV and SMC, please refer to the 2019 CHNAs for these entities, available at <a href="http://www.sharp.com/about/community/community-health-needs-assessments">http://www.sharp.com/about/community/community-health-needs-assessments</a>. cfm Table 5.5 Leading Causes of Death in SDC, 2017. 137 Malignant N</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>eoplasms (Overall Cancer) Number of Deaths - 5,033 Percent of Total Deaths - 23 2% Diseases of the Heart Number of Deaths - 4,764 Percent of Total Deaths - 21 9% Alzheimer's Disease Number of Deaths - 1,450 Percent of Total Deaths - 6 7% Cerebrovascular Diseases Number of Deaths - 1,376 Percent of Total Deaths - 6 3% Accidents/Unintentional Injuries Number of Deaths - 1,188 Percent of Total Deaths - 5 5% Chronic Lower Respiratory Diseases Number of Deaths - 1,025 Percent of Total Deaths - 4 7% Diabetes Mellitus Number of Deaths - 799 Percent of Total Deaths - 3 7% Essential Hypertension and Hypertensive Renal Disease Number of Deaths - 469 Percent of Total Deaths - 2 2% Intentional Self-Harm (Suicide) Number of Deaths - 428 Percent of Total Deaths - 2 0% Influenza and Pneumonia Number of Deaths - 393 Percent of Total Deaths - 1 8% All Other Causes Number of Deaths - 4,807 Percent of Total Deaths - 22 1% Total Deaths Number of Deaths - 21,732 Percent of Total Deaths - 100 0%</p> <p>Community Benefit Planning Process In addition to the steps outlined in Section 3 Community Benefit Planning Process regarding community benefit planning, SMV and SMC * Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals * Estimate an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels * Engage in quarterly meetings to discuss, plan and implement community activities</p> <p>Priority Community Needs Addressed in Community Benefit Report - SMV and SMC 2019 CHNAs Both SMV and SMC completed their most recent CHNAs in September 2019 These CHNAs were significantly influenced by the collaborative Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) 2019 CHNA process and findings Please refer to Section 3 Community Benefit Planning Process for a detailed description of Sharp's 2019 CHNA process and findings In addition, this year SMV and SMC completed their most current implementation strategies - a description of programs designed to address the priority health needs identified in their 2019 CHNAs The most recent CHNAs and implementation strategies for both SMV and SMC are available at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm</p> <p>Through the SMV and SMC 2019 CHNAs, the following priority health needs were identified for the communities served by SMV and SMC (listed in alphabetical order) * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence</p> <p>SMV and SMC are specialty hospital facilities providing behavioral health and substance use programs and services Therefore, in alignment</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>ent with these identified needs, the following pages detail programs that specifically address behavioral health and substance use needs, including those that impact aging concerns. This section also describes programs that address access to care, community and social support, economic security and education. Please refer to Section 1 (Overview) Patient Access to Care Programs for additional entity and systemwide programs designed to address access to health care. As specialty hospital facilities, SMV and SMC lack the resources to comprehensively address the elements of community education and support for the remaining identified needs. These remaining identified health needs are addressed through programs and services provided by Sharp Mary Birch Hospital for Women and Newborns (SMBHWN) and Sharp Memorial Hospital (SMH). Please refer to Sections 9 and 10 (respectively) of this report for details on those programs. SMV, SMH and SMBHWN are all conveniently located on the Sharp Metropolitan Medical Campus (SMMC). For additional details on SMV and SMC programs that specifically address the needs identified in the 2019 CHNA, please refer to SMV's and SMC's respective implementation strategies available at <a href="http://www.sharp.com/about/community/health-needs-assessments.cfm">http://www.sharp.com/about/community/health-needs-assessments.cfm</a>. For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, objective(s), FY 2019 Report of Activities conducted in support of the objective(s), and FY 2020 Plan Identified Community Need Behavioral Health and Substance Use Education for the Community. Rationale references the findings of the SMV and SMC 2019 CHNAs, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated. Rationale * The HASD&amp;IC, SMV and SMC 2019 CHNAs identified behavioral health (including substance use) as one of the priority health needs affecting community members in SDC.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* The following health conditions were identified in the HASD&amp;IC 2019 CHNA as priority behavioral health issues among individuals of all age groups in SDC: mood disorders, post-traumatic stress disorder (PTSD) and trauma, substance use disorder and suicide or self-harm. * The HASD&amp;IC 2019 CHNA also identified the following priority behavioral issues for children and youth: mood disorders, specifically anxiety, alcohol and other substance use, suicide and self-harm, and trauma. * In addition, the HASD&amp;IC 2019 CHNA identified the following priority behavioral issues for seniors: Alzheimer's disease, dementia, mood disorders, particularly anxiety and depression, and schizophrenia. * Participants in the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs ranked behavioral/mental health as the second most important health condition affecting community members. * In addition, only a minority of survey respondents (6%) were very familiar with Sharp's behavioral health support groups, indicating a missed opportunity to support community members with behavioral health issues. This is of particular concern for younger adults ages 25 to 44, who were most likely to select behavioral/mental health as a priority health condition but indicated that they were 'not at all familiar' with Sharp's behavioral health support group offerings. * Further, survey respondents ages 25 to 44 were significantly more likely than other age groups to select stigma as one of the five most important social determinants of health (SDOH) impacting their community. Research illustrates that although stigma can exist in a variety of contexts, it is one of the largest barriers for individuals who may seek or engage in treatment for behavioral health conditions. * According to data presented in the SMV 2019 CHNA, in 2017, 11.2% of inpatient discharges at SMV were seniors ages 65 and older, 56.3% were adults ages 27 to 64, 15.8% were Transitional Age Youth (TAY) and 16.7% were children 17 and under. * This analysis also indicated that 48.4% of inpatient discharges for TAY at SMV in 2017 had a principal diagnosis classified as a mood disorder, 20.7% as a substance-related disorder, and 17.8% as schizophrenia or other psychotic disorders. * Further, 26.1% of children and the majority (52.0%) of TAY discharged from SMV in 2017 had co-occurring behavioral health and substance use diagnoses. * In general, data analysis in the SMV and SMC 2019 CHNAs revealed a higher volume of behavioral health hospital discharges in communities facing greater socioeconomic challenges throughout SDC. * According to 2018 CHIS data, 16.1% of adults in SDC have ever seriously thought about committing suicide, a 71.3% increase from 2014 (9.4%). * In 2017, there were 998 hospitalizations due to overdose/poisoning in SDC. The age-adjusted rate of hospitalizations due to overdose/poisoning was 28.4 per 100,000 population. * In 2017, the age-adjusted rate of overdose/poisoning-related ED visits in SD</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>C was 172.1 per 100,000 population. Age-adjusted rates for overdose/poisoning-related ED visits were higher among males, individuals of other race and individuals ages 15 to 24 years in comparison among groups. * In 2017, California's state mental health authority provided treatment to 104,410 adolescents ages 13 to 17, representing 15.1% of all individuals treated by the state (Substance Abuse and Mental Health Services Administration (SAMHSA), 2018). * In 2018, 14.4% of U.S. adolescents experienced a major depressive episode, of whom an estimated 41.4% received treatment for depression (SAMHSA, 2019). * SAMHSA estimates that, in 2018, approximately 12.4 million adults in the U.S. had co-occurring mental health and substance use disorders (SAMHSA, 2019). * According to HP2020, the effects of substance use contribute to costly social, physical, mental and public health problems, including teenage pregnancy, sexually transmitted diseases, motor vehicle accidents, physical fights, suicide, and crime - including domestic violence, child abuse and homicide. * During 2018, 19.4% of individuals ages 12 years and older reported that they had used illicit drugs or misused prescription drugs in the past year. Prevalence was highest among individuals ages 18 to 25 (38.7%) and ages 26 to 29 years (34.3%) (Centers for Disease Control and Prevention (CDC), 2019). * Approximately 8% of the population will develop PTSD during their lifetime, however, these figures are higher among veterans and active duty service members. According to the VA, each year, approximately 11% to 20% of veterans of Operations Iraq, Freedom and Enduring Freedom and 12% of Gulf War veterans have PTSD, while it is estimated that 30% of Vietnam veterans have had PTSD in their lifetime (VA, 2018). * Organizational and provider-related barriers to veterans accessing high-quality mental health care include shortages in the behavioral health workforce, inadequate availability of appointments, and variability in the use of evidence-based treatments tailored to veterans. Individual level barriers include concern that admitting a mental health problem is a sign of weakness, skepticism about the effectiveness of treatment, concerns about the negative side effects of medication and fear of job or career repercussions from seeking behavioral health care (RAND Corporation, 2018). * The National Veteran Suicide Prevention Annual Report indicated that, in 2017, the suicide rate for veterans was 1.5 times the rate among non-veterans. Research has shown suicide rates among veterans to be impacted by economic disparities, homelessness, unemployment, disability status, community connection, and personal health and well-being (VA, 2019). Objectives * Provide behavioral health and substance use education for patients, their loved ones and the community. * Support the behavioral health community through sponsorship of and participation in community events. FY 2019 Report of Activities During FY 2019, SMV and</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>SMC hosted numerous on-site community speaking engagements and workshops to increase awareness of behavioral health and substance use issues. Education addressed a variety of topics, including cognitive therapy, substance use, life transitions, domestic violence and child and geriatric psychiatry. This included SMV's monthly lecture series designed to educate participants about cognitive behavioral therapy (CBT) - a research-based treatment approach to mood disturbances and behavior problems that is used to treat depression, anxiety, bipolar disorder, panic disorder, phobias, anger, relationship problems, grief and loss, and other difficulties that bring people to therapy. Further, to support family, friends and caregivers of individuals receiving behavioral health care, SMV participates in NAMI San Diego's Friends in the Lobby program, through which trained NAMI volunteers provide behavioral health resources to visitors in the hospital's lobby. Throughout the year, SMV's Trauma and PTSD Recovery Intensive Outpatient Program (IOP) provided specialized services to active duty service members, veterans, military families and the community. This program provided a safe environment for individuals to learn effective methods for coping with and managing symptoms of PTSD, acute stress disorder and mood-related disruptions. SMV's Trauma and PTSD Recovery IOP continued to offer evidence-based therapies designed to address maladaptive coping strategies, assist with recovery from complex post-traumatic stress and decrease mood instability. Team members also provided education and resources to reduce the stigma surrounding behavioral health issues in the military and civilian communities, as well as offered an expedited referral process for IOP services to active duty service members receiving treatment at Naval Medical Center San Diego. During FY 2019, SMV's Trauma and PTSD Recovery IOP supported approximately 250 veterans and community members impacted by trauma. In addition, in August, SMV offered behavioral health resources to approximately 175 community members during a resource fair at the VA San Diego Healthcare System's seventh annual Community Mental Health Summit at Jacobs Center for Neighborhood Innovation. SMV also continued to participate in the SDMFC, which meets monthly to discuss community-based services for military service members and their families.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>In FY 2019, SMV provided a specialized TAY Program to provide community services and support for young adults, ages 18 to 26, with behavioral health issues. Through the TAY Program, SMV offered education and resources to empower and support the continued health and well-being of these young adults. In June, SMV provided behavioral health resources to approximately 100 community members and TAY during an event focused on destigmatizing mental health called Music Art Tacos at Queen Bee's Music and Cultural Center in North Park. The event was sponsored by Urban Street Angels, an organization that provides emergency overnight shelter, supportive housing and job training opportunities to homeless San Diego youth. SMV also provided education and resources to 50 TAY at the Oasis Clubhouse youth center's Ducky Awards and Community College Health Resource Fair events. SMV's TAY Program also includes the Sustainable Early Episode Clinic (SEEC), which is designed to offer early intervention and ongoing support to TAY with newly diagnosed schizophrenia or schizoaffective disorder and their families. SMV and SMC provided a variety of behavioral health educational opportunities and resources to community groups throughout the year. Through Sharp's partnership with the City of San Diego, SMV and SMC clinicians delivered five lectures on various topics, covering the following topics: the basics of behavioral health, cultural perceptions and beliefs around behavioral health, the link between opioids and mental health, and overcoming mental illness in conjunction with substance use. Lectures were delivered to approximately 40 community members at Serra Mesa Recreation Center, San Ysidro Community Activity Center, Mary Hollis Center at the San Diego Central Library and Pacific Beach/Taylor Library. In FY 2019, SMV and SMC provided behavioral health education, resources and presentations to approximately 1,100 community members through participation in health and wellness fairs, conferences and events. This included the Mental Health Resource Fair at the San Diego Central Library, Community Alliance for Healthy Minds' 12th annual Forum for Healthy Minds at California State University San Marcos (CSUSM), the Caregiver Coalition of San Diego's (Caregiver Coalition's) Caring for an Adult Loved One Living with Mental Health Challenges conference at Saint Gregory the Great Catholic Church, the Gender Odyssey San Diego conference at the San Diego Marriott Mission Valley, the Jewish Family Service of San Diego (JFS) Behavioral Health Committee's annual Behavioral Health Panel and Luncheon, County of San Diego Health and Human Services Agency's (HHSA's) 14th annual Recovery Happens event at Waterfront Park, and the fourth annual Critical Issues in Child and Adolescent Mental Health Conference at the Doubletree Hotel in Mission Valley. In addition, in February and March, SMC staff hosted educational events focused on Medication Assisted Treatment (MAT) - the combination of</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>f behavioral therapy and medication to treat substance use disorders - for approximately 50 behavioral health clinicians, including case managers and social workers, during MAT Roadshow events held at San Diego City College, Sharp Chula Vista Medical Center (SCVMC) and Alvarado Parkway Institute. A child psychologist also presented to approximately 60 members of the Sweetwater Union High School District Parent Advisory Group at Rancho Del Rey Middle School on topics including adolescent brain development and recognizing behavioral health concerns in teens and young adults. Throughout the year, SMV provided behavioral health education to the community through interviews with local news outlets, including KUSI News, KSON, CBS 8 San Diego, and KPBS. Interview topics included pathways to recovery for individuals struggling with addiction, a new blood test to predict the onset of Alzheimer's disease, bullying prevention and coping skills, "Dry January" and controlling alcohol intake, a new medication for treatment-resistant depression, behavioral health awareness in the Latino community, orthorexia, setting behavioral health resolutions for the new year, supporting a loved one who has experienced a traumatic event, discussing traumatic events with children, and the impact of racism on children's health. Professionals with expertise in disciplines such as clinical research, psychiatry, marriage and family therapy (MFT), clinical psychology and clinical child psychology shared information through these news outlets. In FY 2019, SMV sponsored and participated in several events benefitting behavioral health organizations across SDC. Events included NAMI's 15th annual Color Ball and Inspiration Awards at the San Diego Natural History Museum, Mental Health America's 21st annual Meeting of the Minds Behavioral Health Conference and Resource Fair at Marina Village Conference Center, San Diego Psychological Association's (SDPA's) 2018 Fall Conference at the Doubletree by Hilton Hotel in Mission Valley, the 12th annual Survivors of Suicide Loss (SOSL) Day event at St. Gregory the Great Catholic Church, the Behavioral Health Recognition Dinner, which recognizes individuals who work to help community members achieve recovery without stigma, and the Strut for Sobriety event benefitting A New PATH, a nonprofit organization focused on reducing stigma associated with addictive illness through education and compassionate support. Throughout the year, SMV and SMC sponsored and participated in eight walks to increase awareness and raise funds for behavioral health services, including NAMI Walks/Runs SDC and County of San Diego HHS Wellness Expo, San Diego NEDA (National Eating Disorders Association) Walk, American Foundation for Suicide Prevention's Out of the Darkness Community Walk, SOSL and Directing Change's 12th and 13th annual Walk in Remembrance with Hope events, Alzheimer's San Diego's annual Walk4ALZ, and the American Heart Association's (AHA's) 2019 San Diego</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Heart &amp; Stroke Walk With the exception of the AHA 2019 San Diego Heart &amp; Stroke Walk, SM V and SMC provided a booth with behavioral health resources during these events SMV continues to maintain a Client Advisory Board, which obtains feedback from the hospital's outpatients, former patients and employees on how to improve programs, empower patients, promote advocacy and better serve the community During FY 2019, members of the Client Advisory Board encouraged community members, staff, current and former patients, friends and family to join their walking team, the Mighty Mesa Vista Movers, in the annual NAMI Walks/Runs SDC event to raise awareness and reduce stigma around behavioral health In FY 2019, SMV continued its collaboration with CHIP and the Independent Living Association (ILA) in support of an important initiative to improve housing conditions for community members living with serious, persistent mental illness Efforts of the ILA Work Team continue to maintain quality standards and seek improvement of conditions for independent living facilities (ILFs) and the community members who reside there This includes linking residents with essential services and providers, and reducing crime and unnecessary arrest rates The ILA is an initiative of the CHIP Behavioral Health Work Team, in which SMV is an active participant, and the registry continues to expand to include new participating ILFs In addition, SMV partnered with Community Research Foundation, PERT, ILA and the CHIP Behavioral Health Work Team to improve collaboration with patients in the community, promote recovery and decrease the stigma of mental illness and co-occurring substance use problems FY 2020 Plan SM V or SMC will do the following</p> <ul style="list-style-type: none"> <li>* Continue to explore opportunities for outreach to multicultural and vulnerable groups through increased community involvement and education</li> <li>* Host and provide a variety of educational events and programs for community members</li> <li>* Participate in Sharp's partnership with the City of San Diego to provide behavioral health and substance use education and resources to employees and residents in the city's nine districts</li> <li>* Continue to provide education on MAT to community members and behavioral health providers throughout SDC to address the opioid epidemic</li> <li>* Continue serving as the media's go-to experts for information on behavioral health conditions and treatment</li> <li>* Participate in community events to raise awareness and funds for behavioral health services</li> </ul>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* Participate in key behavioral health events and activities alongside patients * Explore and expand collaborations with housing planning committees to provide better outcomes for community members living with mental illness and substance use issues * Continue to collaborate with community providers and provide education to ILFs to improve living conditions for individuals with mental illness Identified Community Need Behavioral Health and Substance Use Screenings and Community and Social Support Rationale references the findings of the SMV and SMC 2019 CHNAs, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&amp;IC, SMV and SMC 2019 CHNAs identified behavioral health (including substance use) as one of the priority health needs affecting community members in SDC * The following health conditions were identified in the HAS D&amp;IC 2019 CHNA as priority behavioral health issues among individuals of all age groups in SDC mood disorders, PTSD and trauma, substance use disorder, and suicide and self-harm * The HASD&amp;IC, SMV and SMC 2019 CHNA processes identified the following barriers to accessing behavioral health care availability of needed services and appointments, insurance issues, logistical problems getting to appointments, and economic security, including inability to pay co-pays and deductibles * In addition, the following types of care were identified as especially difficult to access urgent care services for crisis situations, inpatient psychiatric beds and substance use facilities, and transitional programs and services following discharge from the hospital * A focus group conducted with the SMC Aftercare Support Group as part of Sharp's 2019 CHNA process identified numerous barriers to behavioral health care, including the need for more low-cost or free, easily and immediately accessible drug treatment programs, as well as issues related to cost or difficulty obtaining health insurance Participants also described challenges related to post-discharge care for all health conditions, including lack of adequate support at home, navigating denied insurance claims, and medication management * Participants in the Sharp Insight Community survey conducted as part of Sharp's 2019 CHNA process ranked behavioral health as the second most important health condition affecting community members * In addition, only 6% of survey respondents were very familiar with Sharp's behavioral health support groups, indicating a missed opportunity for Sharp to provide support to community members with behavioral health issues * Participants in community engagement activities conducted during Sharp's 2019 CHNA process identified the following strategies and resources to address behavioral health issues wider availability of substance use programs, increasing education for health care providers related to addiction, including when and how to intervene, holistic pain management alternatives, and t</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>raining focused on compassion and empathy, offering senior-focused forums led by health advocates to provide information on health issues and assistance navigating the health care system, implementing faster delivery of behavioral health care, particularly referrals for individuals in need of hospitalization, advocating for improved access and insurance coverage for the underserved, and offering a greater variety of behavioral health services, including classes tailored to specific behavioral health issues * Data presented in the HAS D&amp;IC 2019 CHNA identified steep increases in the rates of ED visits (559.3%) and inpatient discharges (195.1%) for chronic substance use in SDC between 2014 and 2016 * According to data presented in the SMV 2019 CHNA, in 2017, 11.2% of inpatient discharges at SMV were seniors ages 65 and older, 56.3% were adults ages 27 to 64, 15.8% were TAY and 16.7% were children 17 and under * In addition, 46.6% of inpatient discharges at SMV in 2017 had co-occurring behavioral health and substance abuse diagnoses * In general, data analysis in the SMV and SMC 2019 CHNAs revealed a higher volume of behavioral health hospital discharges in communities facing greater socioeconomic challenges throughout SDC 138130 * In 2017, there were 5,882 ED visits related to mood disorders in SDC, an 18.2% increase from 2013 The age-adjusted rate of ED visits for mood disorders was 177.4 per 100,000 population * There were 428 deaths due to self-inflicted injury (suicide) in SDC in 2017 The age-adjusted suicide rate was 12.5 per 100,000 population * According to 2018 CHIS data, 16.1% of adults in SDC have ever seriously thought about committing suicide, a 71.3% increase from 2014 (9.4%) * Among adults served by California's public mental health system in 2017, 83.2% of those ages 18 to 20, 76.2% of those ages 21 to 64, and 93.9% of those ages 65 or older were not in the labor force (SAMHSA, 2018) * In the U.S., approximately 26% of homeless adults staying in shelters live with serious mental illness, and an estimated 46% live with severe mental illness and/or substance use disorders (NAMI, 2016) * According to the SAMHSA, 21.2 million Americans ages 12 or older (7.8% of the population) needed treatment for a drug or alcohol problem in 2018, but just 1.4% of the population received treatment at a specialty facility (SAMHSA, 2019) * According to a report from the California Health Care Foundation (CHCF) titled Mental Health in California For Too Many, Care Not There, although the number of adults with mental health coverage in California increased nearly 50% between 2012 and 2015 due to Medi-Cal expansion, in 2015, approximately two-thirds of Californian adults with mental illness and adolescents who experienced major depressive episodes did not receive treatment (CHCF, 2018) * Further, ED visits resulting in inpatient psychiatric admissions increased 30% between 2010 and 2015 More robust community behavioral health services for low-</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Community Benefit Report	<p>Income and uninsured patients may decrease unnecessary ED use (CHCF, 2018) Objectives * Provide behavioral health and substance use screenings to the community * Provide community and social support for individuals impacted by behavioral health and substance use issues</p> <p>FY 2019 Report of Activities In FY 2019, SMV and SMC provided several behavioral health and substance use screening opportunities for the community, both on-site and in partnership with local organizations Throughout the year, SMV psychiatric evaluation and intake teams provided approximately 17,000 free psychiatric evaluations and referrals for the general community via phone calls, walk-ins and scheduled appointments In addition, SMC spent more than 1,600 hours offering free chemical dependency assessments, educational materials and community referral resources to more than 850 community members The free assessments were facilitated by a licensed mental health professional who provided individuals with recommendations for appropriate programs and levels of care</p> <p>Check Your Mood Day is an annual event held in conjunction with National Depression Screening Day in October to raise behavioral health awareness, fight stigma and encourage community members to assess their emotional well-being In FY 2019, SMV partnered with CHIP and Live Well San Diego (LWSD) to provide Check Your Mood screenings - a brief questionnaire aimed at assessing risk for depression - and behavioral health resources at San Diego City College as well as various Sharp locations In May, SMV recognized Mental Health Awareness Month by providing behavioral health resources at events around SDC This included the I Have a Story Resource Fair and Panel at San Diego City College, as well as at Petco Park during a Padres baseball game In addition, team members hosted resource tables at locations throughout the Sharp system Further, the hospital's behavioral health experts participated in a panel discussion following a film screening of the documentary Lift the Mask Portraits of Life with Mental Illness - a special event at the Ultra Star Mission Valley theater hosted by SMMC and the International Bipolar Foundation</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>SMV and SMC also provided behavioral health screenings and resources at several community events throughout the year SMV and SMC continued to assist in planning SCVMC's Changing Minds - Minds Matter South County Mental Health Fair, a free event during which more than 50 community partners gathered to educate south region community members about behavioral health challenges and raise awareness of available community services and resources During the event, SMV and SMC provided workshops on substance use and behavioral health, as well as behavioral health resources to approximately 150 community members SMV and SMC also offered Check Your Mood screenings, hourly mindfulness circles and behavioral health resources to approximately 1,000 attendees at the 2019 Sharp Women's Health Conference in May SMV clinicians also presented at the conference on multiple topics, including reducing caregiver stress, achieving balance in work, life and love, and Alzheimer's, dementia and strategies for brain health Throughout the year, SMV offered a variety of support groups for community members with behavioral health challenges A weekly Mood Disorders support group was available for individuals, family and friends impacted by depression, bipolar disorder, PTSD or anxiety A National Association of Anorexia Nervosa and Associated Disorders support group was also offered weekly for individuals and families affected by an eating disorder Further, a biweekly Dialectical Behavioral Therapy (DBT) support group helped attendees develop coping skills to manage severe emotional reactions, intense anxiety, impulsivity, self-harm, suicidal thoughts and high-conflict relationships More than 400 community members attended these support groups in FY 2019 SMV further supported the community by providing free space for a variety of self-help groups to meet each week The hospital's meeting spaces were booked for more than 2,000 hours in FY 2019 for groups including Narcotics Anonymous (NA), the NA Family group, Alcoholics Anonymous (AA), Al-Anon, AA Dual Diagnosis, Cocaine Anonymous, Pills Anonymous, Project SMILE 12 Step Recovery Workshop, SMART Recovery San Diego, Co-Dependents Anonymous, Depression and Bipolar Support Alliance, Obsessive Compulsive Disorder support group, Hoarders Working support group, Shyness and Social Anxiety group, San Diego Phobia Foundation, Concerned United Birthparents, the California Board of Registered Nursing's Nursing support group, A New PATH, and the SMV and SMC Aftercare and Lifetime Support meetings An average of 440 community members received support from these groups each week during FY 2019 For more than 50 years, the San Diego Rescue Mission (SDRM) has helped homeless individuals in San Diego create better lives for themselves through comprehensive programs, including services that address housing, hunger, behavioral health and other education and awareness programs SMV continued to donate food to the SDRM three times each week</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>to help support approximately 400 men, women and children living in the shelter Each month during FY 2019, SMV collected and donated approximately 650 pounds of food for the SDRM In addition, SMV works with Sharp's Patient Access Services team to connect patients to critical insurance and financial resources that help reduce economic barriers to behavioral health care Sharp's Patient Access Services team provides robust services to assist with access to care and health insurance coverage for patients at all Sharp hospitals, including patients of SMV Please refer to Section 1 (Overview) Patient Access to Care Programs for more information on these programs and services New in FY 2019, SMV and SMC joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the SDOH that influence the health and well-being of their patients Research continues to underscore that SDOH - the conditions where people live, learn, work and play - have a significant impact on the ability for community members to access care and maintain their health, particularly community members with behavioral health and substance use challenges SMV and SMC joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs More than 70 CIE community partners - including health care, food banks, housing and other social service agencies - use an integrated technology platform to support proactive, holistic, person-centered care Shared community member records enable CIE partners to evaluate an individual's SDOH needs and current use of community programs and services, and to make direct referrals to critical, community-based resources Beginning in fall 2019, SMV case managers and social workers received training on CIE as a tool to serve vulnerable patients in the acute care setting, including those patients experiencing food insecurity and homelessness Metrics of this partnership, including demographic and utilization data, as well as volume and successful community referrals, are currently being collected and will help to assess the impact and value of the partnership at the end of its pilot year in early summer 2020 FY 2020 Plan SMV or SMC will do the following * Provide free psychiatric assessments, substance use screenings and referrals for the community * Continue to participate in psychiatric rehabilitation programs and activities * Explore further collaborations and partnerships with community partners * Host and facilitate various support groups and provide free meeting space for use by a variety of community self-help groups * Continue to provide weekly food donations to the SDRM * Evaluate the impact of the pilot year of the Sharp-CIE partnership to inform next steps in collaboration with community organizations to address SDOH Identified Community Need Improving</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Community Benefit Report	<p>Behavioral Health Outcomes for At-Risk Seniors Rationale references the findings of the SMV and SMC 2019 CHNAs, HASD&amp;IC 2019 CHNA or the most recent SDC community health statistics unless otherwise indicated Rationale * The HASD&amp;IC, SMV and SMC 2019 CHNA processes identified behavioral health, including Alzheimer's disease and dementia, as one of the priority health needs affecting community members in SDC * The following conditions were identified in the HASD&amp;IC 2019 CHNA as priority behavioral health issues among seniors in SDC Alzheimer's disease, dementia, mood disorders, and schizophrenia * According to the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 83% of respondents ages 65 and older ranked aging concerns, including Alzheimer's disease and dementia, and 63% ranked behavioral health among the top five conditions with the greatest impact on overall community health in SDC * According to data presented in the HASD&amp;IC 2019 CHNA, the rate of ED visits for Alzheimer's increased by 35.1% between 2014 and 2016, while the inpatient discharge rate increased by 16.3% The rate of ED visits for dementia increased by 10.6%, while the inpatient discharge rate increased by 7.1% * According to data analyzed for the SMV 2019 CHNA, in 2017, half of senior inpatient discharges at SMV had a principal diagnosis that was classified as a mood disorder, while 18.4% of diagnoses were classified as an alcohol-related disorder, and 11.5% as dementia * This data analysis also revealed that, while individuals identified as white represented 63.7% of all inpatient discharges at SMV in 2017, they accounted for 74.2% of discharges among seniors * In addition, 22.9% of senior females and 33.7% of senior males admitted to SMV in 2017 had co-occurring behavioral health and substance abuse diagnoses</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* A focus group conducted with the SMC Aftercare Support Group as part of Sharp's 2019 CHN A process identified opioid misuse as a growing issue within the senior population. Participants identified a common scenario where a senior is prescribed pain medication for a chronic issue such as back pain, becomes dependent on that medication, and dependence progresses into an addiction. * These same focus group participants also identified the following health issues to be of special concern for seniors: behavioral health, arthritis, limited mobility, chronic pain, Alzheimer's disease, social isolation and food insecurity. * In 2017, Alzheimer's disease was the third leading cause of death in SDC, the fourth leading cause of death in California, and the sixth leading cause of death in the U.S. (County of San Diego HHSA, 2019, CDC, 2019). * In 2017, adults ages 65 and older experienced the highest rates of hospitalization for Alzheimer's disease, mood disorders and schizophrenia when compared to all other age groups in SDC. * In 2015, more than 84,400 San Diegans ages 55 and older were living with Alzheimer's disease and related dementias (ADRD), which accounted for 10.7% of this age group. Assuming current trends continue, by 2030, nearly 115,000 residents 55 years and older will be living with ADRD, representing a 36.5% increase from 2015 (Alzheimer's Disease and Related Dementias in San Diego County, 2018). * According to 2018 CHIS data, 8.4% of SDC adults over the age of 65 thought about committing suicide in the past year. From 2016-2018, 69.3% of SDC seniors who reported having mental/emotional or substance use issues sought help for those issues. * ED visits for alcohol-related disorders among SDC seniors increased 58.0% between 2013 and 2017. This was the largest percentage increase among all age groups over the five-year period. * The 2017 hospitalization rate for acute substance-related disorders was 8.0 per 100,000 among SDC residents over the age of 65. This is a significant decline from 2013 (42.9 per 100,000 SDC residents over the age of 65). * Certain circumstances of aging, such as loss of family and caregivers, social isolation and infirmity can be triggers for the onset of mental illnesses, including alcoholism and serious depression, among seniors. Seniors with mental illnesses also face the insufficiency of geriatric health practitioners, including mental health practitioners (NAMI, 2016). * According to a 2018 health policy brief by the University of California, Los Angeles (UCLA) Center for Health Policy Research, the state's public mental health delivery system does not meet the needs of all seniors it serves. Deficits exist in the involvement of older adults in planning processes, outreach and service delivery, as well as workforce development and the measurement and reporting of outcomes. * Recommendations to improve access and utilization of behavioral health services by California seniors include designating distinct administra</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>tive and leadership structures at county levels, enhancing older adult outreach and documentation of unmet needs, establishing standardized training for geriatric providers, standardizing data-reporting requirements, and increasing the level of integration between medical, behavioral health, aging and substance use disorder services (UCLA, 2018) * Behavioral health problems in older adults are often under-identified by health care professionals Older adults experience unique stressors (e.g., declining functional ability or socioeconomic status, and bereavement), which can result in isolation, loneliness and psychological distress that necessitate long-term care (World Health Organization, 2017) * According to research presented by the National Institute on Aging (NIA), social isolation and loneliness have been linked to a variety of physical and mental conditions, including high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death People who find themselves unexpectedly alone due to the death of a spouse or partner, separation from friends or family, retirement, loss of mobility, and lack of transportation are at particular risk (NIA, 2019) Objectives * Provide culturally competent outreach services to vulnerable seniors in SDC's disadvantaged communities * Provide education and screenings to senior community members * Collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities FY 2019 Report of Activities Throughout FY 2019, SMV clinicians collaborated with Serving Seniors to provide more than 760 hours of clinical services to senior clients at the Gary and Mary West Senior Wellness Center Seniors received a variety of early intervention services, including examination by a nurse, referrals for prescriptions or medication adjustment, referrals or counseling to reduce the risk of hospitalization or homelessness, and behavioral health screenings including Montreal Cognitive Assessments, which detect cognitive impairment SMV also continued to collaborate with the Gary and Mary West Senior Wellness Center beyond the provision of clinical services At this site, SMV provided free prevention and early intervention initiatives designed to improve the utilization and effectiveness of behavioral health services for vulnerable, culturally diverse seniors and address barriers to accessing behavioral health care, including stigma, isolation and lack of available services These services were further enhanced by case management services, free psychoeducation for staff, seniors and families, and a weekly healthy aging support group led by an SMV clinician, which focused on aging and behavioral health issues, including depression, anxiety and coping with loss SMV's Senior Intensive Outpatient Program (SIOP) is designed for older adults experiencing depression, anxiety, addiction or oth</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>er behavioral health disorders Using an educational approach, SIOP clinicians help senior s develop healthy coping strategies, maximize communication and conflict resolution skills , understand and change unhealthy thoughts, and use relaxation techniques to manage anxiet y and improve sleep Throughout the year, SMV's SIOP staff provided education and outreach to community members in an effort to debunk the myths associated with older adulthood, su ch as 'depression is a normal part of aging' and 'growing old is characterized by loss and pain ' Clinicians delivered lectures titled Mental Health for Today's Older Adult, Older Adults and Mood Disorders, Healthy Aging, and Tips and Tools for Mental Health to approxim ately 130 seniors and community members at events around SDC, including a Lunch and Learn event at North Park Senior Apartments, an in-service for staff members at Elderhelp of San Diego, a JFS Brunch Club event at a private residence and an event at Incarnation Luthera n Church in Poway In addition, SMV staff - including team members from the SIOP - offered four educational sessions addressing depression in older adults and coping with life's tr ansitions through Sharp's partnership with the City of San Diego Lectures were delivered to approximately 60 community members at City Heights Weingart Library, Mountain View Libr ary, Rancho Penasquitos Library and Balboa Park Senior Lounge Lastly, a clinician from SM V's Research team delivered a lecture on seniors and depression to 30 community members at Monarch Cottage senior living community in October In collaboration with Sharp's Senior Health Centers, clinicians from SMV's SIOP and Research teams delivered five lectures on t opics including managing the holidays, brain health, and the impact of medications on brai n function Lectures were delivered to more than 50 community seniors at Sharp Senior Heal th Center Claremont, Gary and Mary West Senior Wellness Center and Westminster Senior Apa rtments</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>Throughout the year, SMV's SIOP provided behavioral health resources, memory screenings, and information about the hospital's senior services at numerous senior health fairs and community events in SDC, including Sharp Senior Resource Centers' Senior Health and Resource Fair at Point Loma Community Presbyterian Church, SCHHC's Spring into Health event at John D Spreckels Center and Bowling Green (Spreckels Center), the JFS Health Fair and Flu Shot Event at JFS College Avenue Senior Center and San Diego LGBT (Lesbian, Gay, Bisexual and Transgender) Community Center's 13th annual Senior Resource Fair. In FY 2019, more than 300 seniors and their family members were reached through the SIOP's participation in these community events. SMV's SIOP both provided behavioral health resources and presented at senior health-focused conferences throughout SDC, serving nearly 2,100 community members in FY 2019. Events included Sharp Senior Resource Centers' and Sharp HospiceCare's annual aging conferences titled Health and Wellness in Aging: Know Your Options at La Mesa Community Center, Elks Lodge in Chula Vista and Point Loma Community Presbyterian Church, Sharp Women's Health Conference at the Sheraton San Diego Hotel &amp; Marina, and the County of San Diego Aging and Independence Services' Vital Aging 2019: Live Well to Age Well events at the San Diego Convention Center and California Center for the Arts in Escondido. At these conferences, SIOP clinicians presented on a variety of topics, including stress management, healthy, mindful aging, and dementia and brain health. SMV also participated in the Sharp-sponsored Union-Tribune PRIME Expo at Town and Country San Diego in October. At this event, SMV offered resources related to behavioral health, Alzheimer's research and enrollment in clinical trials to approximately 10,000 conference attendees. In FY 2019, SMV partnered with Alzheimer's San Diego to provide a variety of screenings, behavioral health education and resources to community members. In May, SMV provided a resource table to 150 attendees at Carlsbad Library following a panel discussion on the link between Alzheimer's and genetics that was co-sponsored by Alzheimer's San Diego and the Caregiver Coalition. In August, SMV sponsored Alzheimer's San Diego's Date with a Cure event at Irwin M Jacobs Qualcomm Hall as well as provided 500 attendees with behavioral health resources and information about participation in clinical trials. An SMV clinician also participated in a panel discussion about recent advances in Alzheimer's treatment during the event. In September, SMV partnered with Alzheimer's San Diego to present a screening of Turning Point, an award-winning documentary capturing the drama and dedication of scientists and clinical trial volunteers who are working to make Alzheimer's a distant memory. Approximately 100 community members attended the event at Sharp's corporate office location, which also included a panel discussion on Alzheimer's.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Research featuring an SMV clinician. On a monthly basis, SMV and Alzheimer's San Diego provided free memory screenings - a wellness tool that identifies possible changes in memory and cognition - to nearly 160 community members who were concerned about memory loss or interested in establishing a baseline to detect future changes. Additionally, throughout FY 2019, SMV clinicians provided educational materials and lectures on advances in Alzheimer's research and opportunities to enroll in clinical research studies to approximately 1,200 community members at locations across SDC, including Glenner Town Square, Carlsbad Tri-City Wellness Center, San Diego Convention Center, California Center for the Arts in Escondido, Spreckels Center, Poway Branch Library, Sharp Rees-Stealy Rancho Bernardo, San Diego City College, Fredericka Manor Retirement Community, Point Loma Community Presbyterian Church, La Mesa Community Center, Sharp Grossmont Hospital Senior Resource Center, and Gary and Mary West Senior Wellness Center. SMV clinicians also presented on clinical trials and Alzheimer's research throughout the year to nearly 70 attendees at Glenner Centers' Memory Cafes, which provide a safe, supportive environment that engages participants in cognitive activities designed to keep them mentally and socially active. In FY 2019, SMV participated in Memory Cafe events at Poway Senior Center, Silvercrest Residences in Chula Vista, Grace Point Church, El Cajon Library, Mission Hills-Hillcrest/Knox Library, and La Jolla Community Center. In addition, in February, an SMV clinician delivered a webinar on the benefits of Alzheimer's research through the Caregiver Coalition's website. Lastly, an SMV clinician provided training on identifying appropriate candidates for clinical trials and the benefits of clinical research to 10 social workers at Alvarado Parkway Institute in June. F Y 2020 Plan SMV will do the following: * In collaboration with Serving Seniors, provide outreach and education to seniors without stable housing * Continue to address the behavioral health needs of vulnerable, culturally diverse seniors * Through SMV's SIOP, provide education and support to community members around senior behavioral health issues * Participate in Sharp's partnership with the City of San Diego to provide senior behavioral health education and resources to employees and residents in the city's nine districts * In collaboration with Sharp Senior Health Center, provide education on senior behavioral health topics, including holiday blues and depression * Continue to collaborate with community organizations to address the behavioral health needs of SDC seniors and other community members facing inequities. Identified Community Need: Behavioral Health and Substance Use Education for Health Care Professionals and Students, and Collaboration with Local Schools to Promote Interest in Health Care Careers. Rationale references the findings of the SMV and SMC 2019 CHNAs, HASD&amp;IC 2019 CHNA.</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>From the most recent SDC community health statistics unless otherwise indicated. Rationale * The HASD&amp;IC, SMV and SMC 2019 CHNAs identified education as one of the priority health needs affecting community members in SDC. * According to the results of the Sharp Insight Community survey conducted during Sharp's 2019 CHNAs, 31% of respondents ranked education, including access, health literacy, workforce development, and mobility, among the top five SDOH with the greatest impact on their community. * According to participants in a focus group conducted during the HASD&amp;IC 2019 CHNA, when residents are unable to achieve higher levels of education, individual and community health are impacted in the following ways: limited or low wage employment opportunities for those with low educational attainment, constant stress related to housing or food among families who are not economically secure, which contributes to poor health, and limited career mobility in low-wage jobs, creating little potential for promotions or higher wages. * A key strategy for behavioral health workforce development identified by participants in the SMC Aftercare Support Group conducted as part of Sharp's 2019 CHNA process involves increasing education for health care providers related to addiction. This includes providing strategies for identifying when and how to intervene, holistic pain management alternatives, and training focused on compassion and empathy. * According to San Diego Workforce Partnership (SDWP), a major challenge faced by education and training programs in the health care sector is accommodating the number of clinical training hours required for students in California to become certified. In addition, the health care industry is facing significant changes due to uncertainty related to legislation and technology, as well as the growing demand for services to support California's aging population (SDWP, 2017). * A report from PolicyLink, a national research institute dedicated to advancing economic and social equity, suggests that building a diverse health care workforce in California - one that reflects the state's racial, ethnic and linguistic diversity - is a critical strategy for increasing access to culturally and linguistically appropriate services, eliminating racial and ethnic health inequities, improving the quality of care and reducing preventable costs (Building an Inclusive Health Workforce in California: A Statewide Policy Agenda, 2018).</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Community Benefit Report	<p>* As of September 2019, there were 544 designated Mental Health Care Health Professional Shortage Areas (HPSAs) in California, representing approximately 7.9 million residents. The Kaiser Family Foundation estimates that 405 new practitioners would need to be added to the behavioral health workforce in order to remove HPSA designation from all areas (Kaiser Family Foundation, 2019). * A report titled California's Current and Future Behavioral Health Workforce indicates that many psychiatrists statewide are aging out of the workforce, contributing to a projected 34% decline in the number of practicing psychiatrists between 2016 and 2028. Action is needed to increase diversity in the field of incoming behavioral health care workers, particularly among psychiatrists and psychologists. To ensure that California's diverse population receives culturally, racially, ethnically and linguistically appropriate behavioral health services, increased racial and ethnic diversity as well as greater female representation among providers is necessary (Healthforce Center at University of California, San Francisco (UCSF), 2018). * The same report emphasizes the following strategies for improving access to behavioral health care treatment in California: greater cultural competency in the delivery of behavioral health care, adequate geographical distribution of facilities and training programs across the state, and increased provider participation in both public and private health insurance plans (Healthforce Center at UCSF, 2018). * A report from the University of Washington's Center for Health Workforce Studies describes numerous challenges contributing to the nation's behavioral health workforce crisis, including the aging of certain occupations, low compensation and perceptions of low status for jobs requiring less formal education, and high burnout and stress due to the nature of the work (Center for Health Workforce Studies, 2016). * According to a 2017 report from the National Council for Behavioral Health, the pool of psychiatrists working with public sector and insured populations declined by 10% between 2003 and 2013, for reasons including aging of the current workforce, low reimbursement rates, burnout, burdensome documentation requirements and regulatory restrictions that make it difficult to coordinate care. In addition, the supply of psychiatrists who work in inpatient and outpatient psychiatric facilities has declined significantly, with 40% of psychiatrists now practicing in cash-only private practices. * According to the U.S. Bureau of Labor Statistics (BLS), employment of behavioral health social workers is projected to grow 11% from 2018 to 2028, much faster than the average for all occupations. Employment of substance use, behavioral disorder and mental health counselors is anticipated to increase 22%. Demand for employment in these occupations is expected to increase as greater numbers of people seek treatment for mental illness and substance use.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>disorders, and as insurance policies provide greater coverage for addiction and behavioral health services (BLS, 2019) * As the criminal justice system increasingly recognizes treatment for substance use disorders as a cost-effective alternative to incarceration, use of substance use programs is likely to increase as states opt to sentence offenders experiencing drug and substance use issues to treatment and counseling services rather than jail (BLS, 2019) Objectives * Collaborate with local schools to provide opportunities for students to explore health care professions * Collaborate with the behavioral health community - including other behavioral health educational institutions - to provide education and training for health care professionals FY 2019 Report of Activities Throughout the year, SMV participated in internship and clinical training programs for trainees and students in various health care disciplines, including clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, pharmacy, health information technology (HIT), music therapy, clinical chaplaincy, medicine and nursing Academic institution partners included, but were not limited to Alliant International University, Azusa Pacific University, California State University (CSU) Chico, CSU Long Beach, CSUSM, Fielding Graduate University, Grand Canyon University, Keck Graduate Institute, Lesley University, Mesa College, National University, Point Loma Nazarene University (PLNU), Rutgers University, Saint Xavier University, San Diego City College, San Diego State University (SDSU), Southwestern College, Touro University, University of California San Diego, and University of San Diego SMV provided clinical supervision and training for 29 psychology trainees, including 13 graduate students, nine doctoral interns, two postdoctoral fellows and five psychological assistants, as well as 25 MFT, eight Master of Social Work (MSW) and five Bachelor of Social Work student interns In addition, SMV provided a nine-month internship for a student completing a dual master's degree in Music Therapy and Professional Counseling In FY 2019, ancillary (non-nursing) students served approximately 34,000 hours on the SMV campus In addition, more than 330 nursing students spent nearly 25,000 hours working clinical rotations of six- to eight- hour shifts in all inpatient units and several of the outpatient programs at SMV and SMC SMV offers two clinical rotations in one day, including morning and evening shifts, and nursing students are on campus seven days a week Including time spent with groups and individual preceptors, nursing students served nearly 27,300 hours at SMV in FY 2019 Nursing students from various universities and colleges were also provided free meeting space as needed In FY 2019, SMV received more than 160 applications for nine doctoral intern positions available through Sharp's yearlong, American Psychological Association (APA) accredited doctor</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Community Benefit Report	<p>al internship in clinical psychology. Selected interns rotated through three, four-month rotations that included experience in SMV's adult inpatient and outpatient programs, as well as inpatient and outpatient senior behavioral health and child and adolescent programs. Interns also rotated through SMC. The hospitals offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening. With this training, psychology doctoral students provided approximately 360 detailed psycho-diagnostic assessments throughout the year. In addition, psychology trainees provided more than 5,000 hours of group therapy and approximately 2,000 hours of individual therapy. Psychology trainees were also integrally involved in clinical staff training as well as program development and evaluation efforts throughout the hospital. SMV continued to mentor or psychology assistant trainees during FY 2019, allowing the hospital to provide clinical programming on its inpatient units seven days per week. At SMV and SMC, psychologists, licensed marriage and family therapists and licensed clinical social workers provided thousands of hours of direct clinical supervision to trainees. SMV clinicians provided two hours of lectures every week for psychology doctoral interns. These lectures were also open to trainees and staff throughout the hospital. Lectures included, but were not limited to: Acceptance and Commitment Therapy (ACT) with Older Adults, Addressing Substance Use Disorders and Treatment, Assessing Psychosis in Children and Adolescents, Art Therapy, Assessment and Treatment of Behavioral Disturbance in Dementia, Assessment and Treatment of Obsessive Compulsive Disorder, Assessment and Treatment of Self-Injurious Behaviors, Child Abuse and Tarasoff Reporting, Community Health Needs Assessment, Culturally and Clinically Competent Work With Transgendered People, Discharge Planning and Utilization Review, Evaluating Complex Trauma in Children, Evaluating Personality Disorders in Adolescents, Giving and Receiving Feedback in a Professional Setting, Integrating Music Therapy with CBT and ACT, Mindfulness and Self-Care, Motivational Interview Training, Psychological Treatment of Functional Gastrointestinal Disorders, Providing Trans-affirmative Care, Rapid Case Conceptualization and Brief Intervention, Recovery Model and Aging, Sex and Aging, Speaking up for Safety, and Working with Interpreters.</p>

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<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>Throughout the year, SMV provided specialized learning opportunities for its MSW students. MSW students working with inpatients attended an intensive two-day orientation to become familiar with social work in the hospital setting. During the first semester, students spent two months shadowing SMV social workers before earning the opportunity to work under supervision. Students attended case presentations, in-services, staff meetings, treatment team meetings, staff huddles and other learning activities as part of their experience. During the second semester, MSW students rotated for one to two weeks through additional units at SMV. Students also had the opportunity to shadow social workers in various locations throughout the Sharp system. MFT and MSW students working specifically with outpatients also attended quarterly two-hour trainings. In addition, SMV continued to participate in the Health Sciences High and Middle College (HSHMC) program in FY 2019. The program provided 19 students in grades 11 and 12 with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Senior Behavioral Health, SIOP and Chemical Dependency Recovery) as well as nutrition services. In addition, students received instruction on educational and job requirements as well as career ladder development. During FY 2019, HSHMC students spent more than 4,100 hours at SMV. In FY 2019, SMV provided behavioral health resources to more than 175 students at the Mesa College Mental Health Fair and the San Diego City College Health and Wellness Expo. SMV also provided behavioral health resources to more than 100 students at Mesa College and HSHMC in recognition of Suicide Prevention Week in September. At the 2019 Agency Internship Fair hosted by SDSU, University of Southern California and CSUSM, SMV provided more than 350 behavioral health students, graduate students and clinicians with behavioral health resources and information about student internships. SMV and SMC provided continuing education classes, conferences and trainings for behavioral health care professionals in FY 2019, including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers. In November, an SMV clinician provided behavioral health resources to 500 attendees at the San Diego In-Home Supportive Services Public Authority's Provider Appreciation Day event at the Balboa Park Club. Behavioral health resources were also provided to more than 400 attendees of the annual Early Childhood Mental Health We Can't Wait Conference in September, which was held at the Crowne Plaza San Diego. SMV clinicians shared knowledge and best practices with the larger professional health care community through the development of educational materials on behavioral health and patient care as well as participation in student research. In FY 2019, SMV continued to assist with the development of geriatric behavioral health a</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>nd dementia care curricula for SDSU's Responsive Integrated Health Solutions, a County of San Diego Behavioral Health contracted program within SDSU's Academy for Professional Excellence In addition, clinicians and patients from SMV's SIOIP continued to participate in research to help graduate psychology students from SDSU better understand the needs of people with serious mental illness, as well as barriers preventing this population from accessing cancer screenings Throughout FY 2019, staff at SMV and SMC regularly led or attended various community and professional health boards, committees, and advisory and work groups, including A New PATH, Alzheimer's San Diego Client Advisory Board, American Psychiatric Nurses Association, Association for Ambulatory Behavioral Healthcare, Association of California Nurse Leaders, Association for Contextual Behavioral Science - Aging Special Interest Group, Behavioral Health Recognition Dinner Planning Team, California Association of Marriage and Family Therapists San Diego Chapter, LWSD Check Your Mood Committee, CHIP Behavioral Health Work Team, CHIP ILA Work Team, CHIP SPC, HASD&amp;IC, JFS Behavioral Health Committee, JFS Public Affairs Committee, NAMI, PERT, PLNU, San Diego County Older Adult Behavioral Health System of Care Council, San Diego Dementia Consortium, San Diego Coalition for Mental Health, SDMFC, SDPA Supervision Committee, SPC Media Subcommittee, Special Needs Trust Foundation, TAY Behavioral Health Services Council and VA San Diego Mental Health Council FY 2020 Plan SMV or SMC will do the following *</p> <ul style="list-style-type: none"> <li>* Offer internship and clinical training programs and/or placement for clinical dietary/nutrition, psychology, clinical social work, social work administration, MFT, medicine, music therapy, HIT, clinical chaplains and pharmacy students</li> <li>* Provide lectures on behavioral health issues to the local academic community</li> <li>* Continue the behavioral health careers curriculum within the HSHMC program and provide students with experience in a broad range of programs including therapeutic activities services, environmental services and health information services</li> <li>* Provide educational offerings for behavioral health care professionals, community groups and community members</li> <li>* Attain re-accreditation by the APA for the doctoral internship in clinical psychology S MV and SMC Program and Service Highlights Sharp Mesa Vista Hospital</li> <li>* Child, adolescent, adult and older adult inpatient, partial hospitalization, and outpatient psychiatric and chemical dependency services</li> <li>* On- and off-campus specialty outpatient programs treating seniors, eating disorders, trauma, chronic pain, opiate and prescription drug dependence and dual diagnosis</li> <li>* CBT, DBT and electroconvulsive therapy programs</li> <li>* Outreach to individuals impacted by trauma, including active duty military, veterans, family and community members, through the Trauma and PTSD Recovery IOP</li> <li>* Services for veterans supported by the VA's Veterans Choice Program</li> <li>* Tra</li> </ul>

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Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>nsportation services and complimentary lunches * Practicum programs for graduate MSW and M FT interns * Clinical supervision site for graduate psychology doctoral interns * Medicati on research studies and clinical trials * FollowMyHealth(r), a secure online patient websi te that gives patients convenient, 24-hour access to their personal health information * C lasses, events and physician referral through 1-800-82-SHARP Sharp McDonald Center at Shar p HealthCare * Chemical dependency and substance abuse inpatient and outpatient treatment services for children, teens, adults and seniors * Residential treatment services for adu lts and seniors * Inpatient detoxification services * Dual-diagnosis outpatient treatment services for teens, adults and seniors * Continuing care and alumni support programs * Fam ily counseling programs * Sober living and substance abuse education programs Sharp Mesa V ista Mid-City Outpatient Programs * Care for adults with severe and persistent behavioral health issues * Individualized treatment planning and medication management * Group, fami ly and expressive therapies * Psychiatric rehabilitation services * TAY Program, including the SEEC Sharp Mesa Vista East County Outpatient Programs * Care for adults with severe and persistent behavioral health issues * Individualized treatment planning and medication management * Group and expressive therapies * Psychiatric rehabilitation services * Adult , senior and adolescent programs Appendix A Sharp HealthCare Involvement in Community Orga nizationsThe list below shows the involvement of Sharp executive leadership and other staf f in community organizations and coalitions in Fiscal Year 2019 Community organizations a re listed alphabetically * 2-1-1 San Diego Board * 2-1-1 Community Information Exchange * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Protective Services * A lliance for African Assistance * Altrusa International Club of San Diego * Alzheimer's San Diego * Alzheimer's San Diego Client Advisory Board * American Association of Critical-Ca re Nurses * American Cancer Society * American Case Management Association * American Coll ege of Healthcare Executives * American College of Surgeons - San Diego Chapter * American Diabetes Association American Foundation for Suicide Prevention * American Heart Associat ion * American Hospital Association * American Hospital Association American Organization of Nurse Executives * American Hospital Association Committee on Clinical Leadership * Ame rican Hospital Association Health Research &amp; Educational Trust Board of Trustees * America n Hospital Association Regional Policy Board * American Liver Foundation * American Lung A ssociation * America's Physician Groups (APG) Board of Directors * APG California Policy C ommittee * APG Executive Committee * American Psychiatric Nurses Association * American Re d Cross</p>

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Return Reference	Explanation
<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>* Angels Foster Family Network * ArtWalk * Asian Business Association of San Diego * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Education * Association for Community Health Improvement * Association for Contextual Behavioral Science - Aging Special Interest Group * Association of Black Psychologists * Association of California Nurse Leaders * Association of Fundraising Professionals - San Diego Chapter * Association of Women's Health, Obstetric and Neonatal Nurses * Azusa Pacific University * Balboa Institute of Transplantation * Barney &amp; Barney Foundation * Bayside Community Center * Beacon Council's Patient Safety Collaborative * Behavioral Health Recognition Dinner Planning Team * Borrego Health * Boys and Girls Club of South County * Cabrillo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * Cal Hospital Compare Board of Directors * Cal Hospital Compare Safe Opioid Hospital Work Group * California Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Hospitals and Health Systems (CAHHS) * CAHHS Committee on Volunteer Services and Directors' Coordinating Council * California Association of Marriage and Family Therapists San Diego Chapter * California Association of Physician Groups * California Board of Behavioral Health Sciences * California Department of Public Health ( CDPH) * CDPH Clinical Laboratory Technology Advisory Committee * CDPH Healthcare Associated Infections/Antimicrobial Stewardship Program subcommittee * CDPH Healthcare Associated Infection Advisory Committee * CDPH Joint Advisory Committee * California Emergency Medical Services Authority * California Health Care Foundation (CHCF) California Health Information Association * CHCF California POLST eRegistry Evaluation Team * California Hospice and Palliative Care Association * California Hospital Association (CHA) * CHA Emergency Management Advisory Committee * CHA Hospital Quality Institute Regional Quality Leaders Network * CHA Managed Care Committee * CHA San Diego Association of Directors of Volunteer Services * CHA Workforce Committee * California Immunization Coalition * California Library Association * California Maternal Quality Care Collaborative * California Nursing Students' Association * California Perinatal Quality Care Collaborative * California School-Age Families Education * California Society of Health-System Pharmacists * California Society for Clinical Social Work Professionals * California State University San Marcos * California Teratogen Information Service * Cameron Family YMCA * Caregiver Coalition of San Diego * Case Management Society of America * Celebrando Latinas * Center for Community Solutions * Central San Diego Black Chamber of Commerce * Champions for Health * Chicano Federation of San Diego County * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Police Foundation *</p>

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Return Reference	Explanation
<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>City of Chula Vista * City of San Diego * City of San Diego Park &amp; Recreation * Clairemont Lutheran Church * Coalition for Compassionate Care of California * Commission on Collegiate Nursing Education * Community Center for the Blind and Visually Impaired * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP ILA Work Team * CHIP Suicide Prevention Council * Consortium for Nursing Excellence, San Diego * Coronado Chamber of Commerce * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Council of Women's and Infants' Specialty Hospitals * County of San Diego Aging and Independence Services * County Service Area - 69 Advisory Board * Downtown San Diego Partnership * Downtown San Diego Silvercrest Residence * East County Action Network * East County Elder Abuse Council * East County Senior Service Providers * Emergency Nurses Association - San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Father Joe's Villages * Feeding San Diego * Friends of Scott Foundation * Gary and Mary West Senior Wellness Center * Gender Odyssey * George G. Glenner Alzheimer's Family Centers, Inc * Girl Scouts San Diego * Girls Inc. of San Diego County * Grossmont-Cuyamaca Community College District * Grossmont College Occupational Therapy Assistant Advisory Board * Grossmont College Respiratory Advisory Committee * Grossmont Healthcare District (GHD) Community Grants and Sponsorships Committee * GHD Independent Citizens' Bond Oversight Committee * Grossmont Imaging LLC Board * Grossmont Union High School District * Hands United for Children * Health and Science Pipeline Initiative * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Health Services Advisory Group * Healthcare Information and Management Systems Society Nursing Informatics Work Group * Healthy Chula Vista Advisory Commission * Home Start, Inc * Hospice and Palliative Nurses Association - San Diego Chapter * Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) * HASD&amp;IC Board of Directors * HASD&amp;IC Community Health Needs Assessment Advisory Group * HASD&amp;IC Contracts Committee * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Institute for Public Health, San Diego State University * Integrated Healthcare Association * Integrative Therapies Collaborative * International Association of Eating Disorders Professionals * International Bipolar Foundation * Jacobs &amp; Cushman San Diego Food Bank * Japanese American Citizens League * Jewish Family Service of San Diego (JFS) * JFS Behavioral Health Committee * JFS Public Affairs Committee * John Brockington Foundation * Kiwanis Club of Bonita * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Parks and Recreation Foundation * Lantern Crest Senior Living Advisory Board * Las Da</p>

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Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>mas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On * Lions Tigers &amp; Bears * Living it Up LLC * Live Well San Diego Check Your Mood Committee * Live Well San Diego - South Region * Lightbridge Hospice * Logan Heights Community Development Corporation * MANA de San Diego * 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 * Metro San Diego Community Development Corporation * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Catholic Chaplains * National Association of Hispanic Nurses, San Diego Chapter * National Association of Orthopedic Nurses * National Association of Neonatal Nurses * National Association of Perinatal Social Workers * National Eating Disorders Association * National Hospice and Palliative Care Organization * National Hospice Foundation * National Institute for Children's Health Quality (NICHQ) * National Hospice and Palliative Care Organization * National Hospice Foundation * National Institute for Children's Health Quality (NICHQ) * NICHQ Best Fed Beginnings Learning Collaborative * National University * Neighborhood Healthcare * Neighborhood House Association * North San Diego Business Chamber * Pacific Arts Movement * Palomar Community College * Paradise Village * Partnership for Smoke-Free Families * Peninsula Family YMC A * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Philippine Nurses Association of San Diego County, Inc * Planetree Board of Directors * Point Loma/Hervey Library * Point Loma Nazarene University * Practice Greenhealth * Press Ganey * Promises2Kids * Psychiatric Emergency Response Team * Public Health Emergency Hospital Preparedness Program * Regional Care Committee * Regional Perinatal System * Ronald McDonald House Operations Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * San Diegans for Healthcare Coverage * San Diego Adolescent Pregnancy and Parenting Program * San Diego Association of Diabetes Educators * San Diego Association of Governments * San Diego Association of Health Underwriters * San Diego Black Nurses Association, Inc * San Diego Blood Bank</p>

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Form 990, Part III, Line 4a Community Benefit Report	<p>* San Diego Blood Bank Board of Directors * San Diego Brain Injury Foundation Board of Directors * San Diego Coalition for Compassionate Care/San Diego Physician Orders for Life-Sustaining Treatment (POLST) Coalition * San Diego Coalition for Mental Health * San Diego Committee on Employment for People with disabilities * San Diego Community Action Network * San Diego Community College District * San Diego Council on Literacy * San Diego County * San Diego County Breastfeeding Coalition * San Diego County Civilian/Military Liaison Work Group * San Diego County Coalition for Improving End-of-Life Care * San Diego County Community Emergency Response Team * San Diego County Council on Aging (SDCCOA) * San Diego County Emergency Medical Care Committee * 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 Public Health Nursing Advisory Board * San Diego County Regional Human Trafficking And Commercial Sexual Exploitation of Children Advisory Council * San Diego County Stroke Consortium * San Diego Dementia Consortium * San Diego East County Chamber of Commerce * San Diego Eye Bank Nurses' Advisory Board * San Diego Family Care * San Diego Fire-Rescue Department * San Diego Food System Alliance * San Diego Freedom Ranch * San Diego Habitat for Humanity * San Diego Health Connect * San Diego Health Connect POLST e-registry workgroup * San Diego Health Information Association * San Diego Housing Commission * San Diego Human Dignity Foundation * San Diego Humane Society * San Diego Hunger Coalition * San Diego Imaging - Chula Vista * San Diego Immunization Coalition * San Diego-Imperial County Council of Hospital Volunteers * San Diego-Imperial County Firefighters Advisory Council * San Diego LGBT Pride * San Diego Magazine * San Diego Mental Health Coalition * San Diego Military Family Collaborative (SDMFC) * San Diego National Association of Hispanic Nurses * San Diego North Chamber of Commerce * San Diego Organization of Healthcare Leaders * San Diego Psychological Association Supervision Committee * San Diego Regional Chamber of Commerce * San Diego Regional Home Care Council * San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego Second Chance * San Diego Silvercrest Residence * San Diego Square * San Diego State University * San Diego Unified School District * San Diego Workforce Partnership (SDWP) * San Ysidro Health * Santee-Lakeside Rotary Club * SAY San Diego * Sepsis Alliance * Serra Mesa Planning Group Board * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Diego Health's Joint Venture * Soroptimist International of Coronado * South Bay Community Services * Southern Caregiver Resource Center * Southwestern College * Special Needs Trust Foundation * Special Olympics * S</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, Line 4a Community Benefit Report	subi is Hope * St Paul's PACE * St Paul's Retirement Home Foundation * St Peter's by th e Sea Lutheran Church * Statewide Medical Health Exercise Program * Suicide Prevention Cou ncil Media Subcommittee * Susan G Komen(r) San Diego * Surfrider Foundation * Survivors o f Suicide Loss * The Academy * The Arc of San Diego * The Salvation Army Ray & Joan Kroc C orps Community Center Advisory Council * Transitional Age Youth Behavioral Health Services Council * Trauma Center Association of America Board of Directors * UC San Diego * Union of Pan Asian Communities * University of San Diego * University of Southern California * U niversity of St Augustine for Health Sciences * USS Midway Museum * VA San Diego Healthca re System * VA San Diego Mental Health Council * Veterans Home of California - Chula Vista * Veterans Village of San Diego * Vista Hill Foundation * Vista Hill ParentCare * We Hono r Veterans * Westminster Manor * Women, Infants and Children Program * Wreaths Across Amer ica - San Diego * YMCA of San Diego County * YWCA Becky's House(r) * YWCA Board of Directo rs * YWCA In the Company of Women Event

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

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

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

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

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

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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, the governing body is notified, prior to the filing date, where it is viewable for comment from all members of the governing body. The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Accounting & Tax, Vice President of Finance, Senior Vice President and Chief Financial Officer, and entity Chief Financial Officer. Additionally, the organization contracts with Ernst & Young, an independent accounting firm, for review of the Form 990.

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

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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 2019.</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 2017.</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	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> ).

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section B, Line 1 PART VII, SECTION B	Independent Contractors are paid under Sharp HealthCare's tax identification number (95-6077327) and are reported on Sharp HealthCare's tax return

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 2f Other Program Service Revenue	- Total Revenue 418654, Related or Exempt Function Revenue 418654, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All other revenue - Total Revenue 426836, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 426836,

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in minimum pension liability - -20854249, Prior period restatement of Medi-Cal Hospital Fee Program due to adoption of ASC 606 - 44017430,

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

**Related Organizations and Unrelated Partnerships**  
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

Name of the organization  
Sharp Memorial Hospital

**Employer identification number**  
95-3782169

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

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

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

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

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

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

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

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

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

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

	Yes	No
<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>	No
<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>	No
<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)

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

## Additional Data

**Software ID:** 18007697  
**Software Version:** 2018v3.1  
**EIN:** 95-3782169  
**Name:** Sharp Memorial Hospital

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Sharp Coronado Hospital	L	509,087	Accrual Method
(1) Sharp Coronado Hospital	S	85,503	Accrual Method
(2) Grossmont Hospital Corporation	M	4,217,262	Accrual Method
(3) Grossmont Hospital Corporation	L	2,400,824	Accrual Method
(4) Grossmont Hospital Corporation	Q	203,887	Accrual Method
(5) Grossmont Hospital Corporation	P	255,286	Accrual Method
(6) Grossmont Hospital Corporation	R	2,121,824	Accrual Method
(7) Sharp Health Plan	L	218,087,318	Accrual Method
(8) Sharp HealthCare Foundation	C	5,734,277	Accrual Method
(9) Sharp Chula Vista Medical Center	L	1,334,173	Accrual Method
(10) Sharp Chula Vista Medical Center	R	1,947,190	Accrual Method