

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 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 Healthcare
Doing business as:
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 8695 Spectrum Center Blvd
City or town, state or province, country, and ZIP or foreign postal code: San Diego, CA 921231489

D Employer identification number: 95-6077327
E Telephone number: (858) 499-5150

F Name and address of principal officer: CHRIS HOWARD, 8695 Spectrum Center Blvd, San Diego, CA 921231489

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

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

J Website: WWW SHARP COM

H(c) Group exemption number

K Form of organization: Corporation Trust Association Other

L Year of formation: 1946

M State of legal domicile: CA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	18
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	13,772
6 Total number of volunteers (estimate if necessary)	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	649,401
7b Net unrelated business taxable income from Form 990-T, line 34	157,296

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,239,733	1,028,821
9 Program service revenue (Part VIII, line 2g)	1,459,813,886	1,563,973,148
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,445,741	62,509,802
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	58,499,328	52,947,869
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,588,998,688	1,680,459,640
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	260,260	282,277
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	485,641,582	514,617,481
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶4,159,040		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,113,157,970	1,192,620,955
18 Total expenses—Add lines 13–17 (must equal Part IX, column (A), line 25)	1,599,059,812	1,707,520,713
19 Revenue less expenses—Subtract line 18 from line 12	-10,061,124	-27,061,073

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,699,480,680	3,891,858,061
21 Total liabilities (Part X, line 26)	3,592,195,577	3,801,293,210
22 Net assets or fund balances—Subtract line 21 from line 20	107,285,103	90,564,851

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
Type or print name and title: STACI DICKERSON SVP AND CFO

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$	627,642,107	including grants of \$) (Revenue \$	699,469,559)
	See Additional Data					

4b	(Code)	(Expenses \$	599,603,948	including grants of \$	282,277)	(Revenue \$	864,503,589)
	See Additional Data						

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

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

4e	Total program service expenses ▶		1,227,246,055			
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Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,003
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a</p>	<p>13,772</p>			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	<p>2b</p>	<p>Yes</p>			
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	<p>3a</p>	<p>Yes</p>			
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	<p>3b</p>	<p>Yes</p>			
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	<p>4a</p>	<p>Yes</p>			
<p>b If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	<p>5a</p>		<p>No</p>		
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	<p>5b</p>		<p>No</p>		
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	<p>5c</p>				
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	<p>6a</p>		<p>No</p>		
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	<p>6b</p>				
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	<p>7a</p>				
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	<p>7b</p>				
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	<p>7c</p>				
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	<p>7d</p>				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	<p>7e</p>				
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>				
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	<p>7g</p>				
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	<p>7h</p>				
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>					
<p>8</p>					
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>	<p>9a</p>				
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	<p>9b</p>				
<p>10 Section 501(c)(7) organizations. Enter</p>					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	<p>10a</p>				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	<p>10b</p>				
<p>11 Section 501(c)(12) organizations. Enter</p>					
<p>a Gross income from members or shareholders</p>	<p>11a</p>				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	<p>11b</p>				
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	<p>12b</p>				
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	<p>13a</p>				
<p>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</p>	<p>13b</p>				
<p>c Enter the amount of reserves on hand</p>	<p>13c</p>				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	<p>14a</p>		<p>No</p>		
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	<p>14b</p>				
<p>15 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</p>	<p>15</p>		<p>No</p>		
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	<p>16</p>		<p>No</p>		

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 (25); 1b Enter the number of voting members included in line 1a, above, who are independent (18); 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? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 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? (Yes); 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. 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 (checked), 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) 499-5152

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 Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and Total.

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 Outpatient care, Capitation revenue, Revenue from affiliated entities, Medicare/Medicaid payments, Rental income, All other program service revenue, and Total.

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 Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income (Real/Personal), Gain from sales of assets other than inventory, Fundraising events, Gaming activities, Sales of inventory, and Miscellaneous Revenue.

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
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	282,277	282,277		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,460,532		9,460,532	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	396,466,600	162,467,096	233,999,504	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	13,490,770	4,924,719	8,566,051	
9 Other employee benefits	66,095,197	29,198,485	36,896,712	
10 Payroll taxes	29,104,382	12,098,995	17,005,387	
11 Fees for services (non-employees)				
a Management				
b Legal	650,499		650,499	
c Accounting	5,777,561		5,777,561	
d Lobbying	16,200		16,200	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	1,613,658		1,613,658	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	511,484,748	484,665,255	26,819,493	0
12 Advertising and promotion	5,501,896	255,245	5,246,651	
13 Office expenses	28,326,858	14,548,940	13,777,918	
14 Information technology	74,737,096	578,520	74,158,576	
15 Royalties				
16 Occupancy	33,881,919	23,868,879	10,013,040	
17 Travel	832,685	157,267	675,418	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	102,076		102,076	
20 Interest	3,180,459	-217,106	3,397,565	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,655,450	14,999,570	21,655,880	
23 Insurance	4,538,659	4,179,985	358,674	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Purchased Medical Services from Affiliates	406,171,067	406,171,067		
b Medical Supplies	62,854,467	62,116,149	738,318	
c Equipment Maintenance/Repair	5,912,453	3,125,643	2,786,810	
d Fundraising	4,159,040			4,159,040
e All other expenses	6,224,164	3,825,069	2,399,095	0
25 Total functional expenses. Add lines 1 through 24e	1,707,520,713	1,227,246,055	476,115,618	4,159,040
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	530,896	1	313,971
	2 Savings and temporary cash investments	346,881,889	2	280,737,934
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	31,680,163	4	40,510,850
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	4,353,234	7	2,253,234
	8 Inventories for sale or use	7,930,907	8	9,171,659
	9 Prepaid expenses and deferred charges	42,691,491	9	40,287,450
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 779,529,142		
	b Less accumulated depreciation	10b 399,315,961	384,315,196	10c 380,213,181
	11 Investments—publicly traded securities	2,037,437,165	11	2,310,393,385
	12 Investments—other securities See Part IV, line 11	11,627,684	12	10,959,807
	13 Investments—program-related See Part IV, line 11	77,148,088	13	79,990,493
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	754,883,967	15	737,026,097
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,699,480,680	16	3,891,858,061	
Liabilities	17 Accounts payable and accrued expenses	256,051,312	17	227,885,135
	18 Grants payable	0	18	0
	19 Deferred revenue	2,187,870	19	1,439,237
	20 Tax-exempt bond liabilities	741,542,505	20	727,779,531
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	2,592,413,890	25	2,844,189,307
	26 Total liabilities. Add lines 17 through 25	3,592,195,577	26	3,801,293,210
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	43,392,861	27	24,474,434
	28 Temporarily restricted net assets	56,017,823	28	58,173,079
	29 Permanently restricted net assets	7,874,419	29	7,917,338
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	107,285,103	33	90,564,851	
34 Total liabilities and net assets/fund balances	3,699,480,680	34	3,891,858,061	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,680,459,640
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,707,520,713
3	Revenue less expenses Subtract line 2 from line 1	3	-27,061,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	107,285,103
5	Net unrealized gains (losses) on investments	5	27,598,631
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-17,257,810
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,564,851

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
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 95-6077327

Name: Sharp Healthcare

Form 990 (2018)

Form 990, Part III, Line 4a:

Sharp HealthCare operates a number of outpatient clinics throughout San Diego County which provide outpatient and urgent care services to the community. Total patient visits were 1,982,492 for the twelve months ended 9/30/2019.

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

See Community Benefit Report on Schedule O

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michael W Murphy PRESIDENT & CEO SHC thru 3/1/2019	40 0	X	X					1,920,418	0	115,266
Christopher A Howard PRESIDENT & CEO SHC as of 1/31/2019	30 0	X	X					155,984	0	0
James Smith III TREASURER	05 0	X	X					0	0	0
Lori Moore RN CHAIR	15 0	X	X					0	0	0
Deirdre Alpert VICE CHAIR	6 0	X	X					0	0	0
Regina Petty SECRETARY	4 0	X	X					0	0	0
Jerry Fazio DIRECTOR	1 0	X						0	0	0
John Stanly Videen MD DIRECTOR	5 0	X						0	29,400	0
Dan Gensler DIRECTOR	1 0	X						0	0	0
Richard Freeman DIRECTOR	6 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Julie Meier Wright DIRECTOR	10 0	X						0	0	0
Hugo Barrera MD DIRECTOR	2 0	X						0	10,080	0
Alan Bier MD DIRECTOR	10 2 0	X						0	0	0
Marilyn Brown DIRECTOR	2 0	X						0	0	0
Gary Cady DIRECTOR	2 0	X						0	0	0
Carol Gallagher DIRECTOR	1 0	X						0	0	0
William Geppert DIRECTOR	2 0	X						0	0	0
David Grundstrom DIRECTOR	2 0	X						0	0	0
Tom Karlo DIRECTOR	2 0	X						0	0	0
Eugene Mitchell DIRECTOR	0 8 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Derek Quackenbush DIRECTOR	2 0 0	X						0	0	0
Kenneth Roth MD DIRECTOR	4 0 0	X						0	12,000	0
Faye Wilson DIRECTOR	3 0 0	X						0	0	0
John Dunn DIRECTOR	1 5 0	X						0	0	0
Guillermo Cabrera DIRECTOR	2 0 0	X						0	0	0
Mark Holmlund DIRECTOR	1 0 0	X						0	0	0
Craig Saffer MD DIRECTOR	2 0 0	X						0	10,250	0
Elizabeth Gildred DIRECTOR	1 0 1 0	X						0	0	0
Staci L Dickerson SVP & CFO SHC	50 0 10 0			X				822,083	0	24,164
Carlisle C Lewis III SVP LEGAL	35 0 14 0			X				902,844	0	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			
Alison Fleury SVP BUSINESS DEV SHC	40 0					X		589,821	0	48,371
Lynne Milgram CMO SCMG	45 0					X		550,526	0	39,216
Paul Durr CEO-SCMG	60 0					X		625,832	0	31,424
Christopher McGlone COO-SCMG	55 0					X		471,029	0	49,247
Amy Adome SVP CLINICAL EFFECTIVENESS	40 0					X		463,076	0	15,383

SCHEDULE A
(Form 990 or 990-EZ)

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 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Healthcare

Employer identification number
95-6077327

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

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

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

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

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
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc (see instructions)					12	

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

Section C. Computation of Public Support Percentage

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

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 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			
6 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			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 95-6077327

Name: Sharp Healthcare

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 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 Healthcare	Employer identification number 95-6077327
----------------------------------------------	----------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (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-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?	Yes		16,200
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		27,433
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		246,895
i Other activities?		No	
j Total Add lines 1c through 1i			290,528
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	LOBBYING ACTIVITIES SHARP HEALTHCARE ATTEMPTS TO INFLUENCE LOCAL, STATE, AND NATIONAL LEGISLATION RELATED TO REIMBURSEMENT, REGULATORY REQUIREMENTS, AND ANY OTHER ISSUES THAT COULD POTENTIALLY AFFECT THE QUALITY AND/OR ABILITY TO EFFECTIVELY PROVIDE HEALTHCARE TO THE SAN DIEGO COMMUNITY

SCHEDULE D
(Form 990)

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 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Sharp Healthcare

Employer identification number
95-6077327

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|----------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	11,347,634	9,770,340	9,164,189	7,170,232	7,120,085
b Contributions	94,636	900,884	228,329	1,061,713	278,671
c Net investment earnings, gains, and losses	399,658	688,695	897,349	973,347	-207,524
d Grants or scholarships	29,750	12,285	13,500	11,103	21,000
e Other expenditures for facilities and programs	33,636		506,027	30,000	
f Administrative expenses					
g End of year balance	11,778,542	11,347,634	9,770,340	9,164,189	7,170,232

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 38 %
 - b** Permanent endowment ▶ 62 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--------------------------------------------------------------------------------------------------------|-----|----|
| (i) unrelated organizations | Yes | No |
| 3a(i) | | No |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
| 3b | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		63,987,718		63,987,718
b Buildings		264,945,463	83,200,899	181,744,564
c Leasehold improvements		70,230,688	58,160,887	12,069,801
d Equipment		289,652,867	257,954,175	31,698,692
e Other		90,712,406	0	90,712,406
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				380,213,181

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

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

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

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

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

(a) Description	(b) Book value
(1) Rec fm Related Org for Alloc Tax Exempt Bond Balance	696,451,698
(2) CQI Premium Receivable	22,829,220
(3) Long-Term Assets	16,123,735
(4) Miscellaneous Receivables	1,621,444
(5) Basis Swap	0
(6) Synthetic Fixed Rate Swap	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	737,026,097

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
Intercompany Payables	2,690,732,563
Capital Leases	33,791,863
Long-Term Workers Compensation	44,916,466
CQI Retrospective Premium Payable	27,520,753
Deferred Rent Expense	19,172,766
Long-Term Pension Liability	17,026,430
Reserve for Malpractice	6,000,000
Swap mark to market liability	4,787,611
Other miscellaneous	240,855
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,844,189,307

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,706,738,773
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	27,598,631
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,015,140
e	Add lines 2a through 2d	2e	29,613,771
3	Subtract line 2e from line 1	3	1,677,125,002
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,613,658
b	Other (Describe in Part XIII)	4b	1,720,980
c	Add lines 4a and 4b	4c	3,334,638
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,680,459,640

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

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

1	Total expenses and losses per audited financial statements	1	1,707,922,195
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,707,922,195
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1,613,658
b	Other (Describe in Part XIII)	4b	-2,015,140
c	Add lines 4a and 4b	4c	-401,482
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	1,707,520,713

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 95-6077327
Name: Sharp Healthcare

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

1 (a) Description of Liability	(b) Book Value
Intercompany Payables	2,690,732,563
Capital Leases	33,791,863
Long-Term Workers Compensation	44,916,466
CQI Retrospective Premium Payable	27,520,753
Deferred Rent Expense	19,172,766
Long-Term Pension Liability	17,026,430
Reserve for Malpractice	6,000,000
Swap mark to market liability	4,787,611
Other miscellaneous	240,855

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	SHARP HEALTHCARE FOUNDATION HOLDS 11 BOARD DESIGNATED AND PERMANENT ENDOWMENTS FOR SHARP HEALTHCARE THAT ARE RESTRICTED FOR A VARIETY OF PURPOSES, SUCH AS REHABILITATION, NURSING EDUCATION AND SCHOLARSHIPS, CLINICAL EQUIPMENT AND TECHNOLOGY, AND MORE

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely or 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	Non-operating component of pension expense - 2015140

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Book/tax difference Sharp UCSD Transplant - 774810 Book/tax difference MRI - 197351 Book/tax difference Sharp ACO LLC - 680918 Capital contributions - 67901

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Non-operating component of pension expense - -2015140

**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 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
Sharp Healthcare

Employer identification number
95-6077327

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

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** 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					
3a Sub-total	0	1			25,299,076
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	1			25,299,076

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)	Payments for management of insurance captive services and insurance premium payments to captive Sharp HealthCare employees volunteered for humanitarian missions

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 95-6077327

Name: Sharp Healthcare

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	1	Program Services	Part V	12,139,788
Central America and the Caribbean	0	0	Investments	Part V	13,061,998

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	See Part V	26,293
North America (Canada & Mexico only)	0	0	Program Services	See Part V	43,216

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
East Asia and the Pacific	0	0	Program Services	See Part V	13,172
Middle East and North Africa	0	0	Program Services	See Part V	3,571

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Program Services	SHARP HEALTHCARE EMPLOYEES VOLUNTEER FOR HUMANITARIAN MISSIONS	8,697
Sub-Saharan Africa	0	0	Program Services	SHARP HEALTHCARE EMPLOYEES VOLUNTEER FOR HUMANITARIAN MISSIONS	2,341

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 Healthcare

Employer identification number

95-6077327

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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 3
3 Enter total number of other organizations listed in the line 1 table 4

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 FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION NO OUTSIDE MONITORING IS DONE AFTER GRANTS ARE MADE

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 95-6077327
Name: Sharp Healthcare

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of San Diego 5998 Alcalá Park San Diego, CA 92110	95-2544535	501(c)(3)	66,667				Future of Nursing Scholarships
San Diego Regional Chamber of Commerce 402 West Broadway Suite 1000 San Diego, CA 92101	95-1184680	501(c)(6)	50,000				Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Diego Regional Economic Development Corp 530 S Street Suite 700 San Diego, CA 92101	95-2406199	501(c)(6)	15,000				Sponsorship
YWCA of San Diego 1012 C Street San Diego, CA 921015544	95-1661119	501(c)(3)	15,000				In the Company of Woman 2019 Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAHHSCHA 1215 K Street Suite 800 Volunteer Services Department Sacramento, CA 95814	94-1205908	501(c)(6)	10,000				California Hospital Volunteer Conference Sponsorship
American Heart Association 9404 Genesee Avenue Suite 240 San Diego, CA 92037	13-5613797	501(c)(3)	10,000				2019 Heart Ball Sponsor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Corporate Directors Forum 4350 Executive Drive Suite 308 San Diego, CA 92121	33-0459645	501(c)(6)	6,000				2019 Director of the Year Sponsor

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 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Sharp Healthcare

Employer identification number
95-6077327

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 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>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Christopher A Howard, new President & CEO of Sharp HealthCare, was provided a net cash payment of \$100,000 to cover all aspects of relocation for him and his family to San Diego, including moving of household goods and temporary housing. This benefit was taxable to him. Therefore, the amount was grossed up and is reported in Part VII and Schedule J including a gross up to cover withholding for taxes.

Return Reference	Explanation
Schedule J, Part I, Line 1a Health or social club dues or initiation fees	MONTHLY DUES PAID TO THE UNIVERSITY CLUB FOR MICHAEL MURPHY, PRESIDENT/CEO, CHRIS HOWARD, PRESIDENT/CEO, AND DANIEL GROSS, EVP HOSPITAL OPERATIONS THE UNIVERSITY CLUB MEMBERSHIPS ARE USED FOR BUSINESS PURPOSES

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	<p>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:</p> <ul style="list-style-type: none"> - 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. <p>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, Carlisle Lewis III, Alison Fleury, and William Littlejohn received distributions from the plan of \$23,224, \$23,223, \$23,224, \$22,932, and \$23,224 respectively.</p>



Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 95-6077327
Name: Sharp Healthcare

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Michael W Murphy	(i)	1,506,274	329,108	85,036	93,492	21,774	2,035,684	0
PRESIDENT & CEO SHC thru 3/1/2019	(ii)	0	0	0	0	0	0	0
Christopher A Howard	(i)	0	0	155,984	0	0	155,984	0
PRESIDENT & CEO SHC as of 1/31/2019	(ii)	0	0	0	0	0	0	0
Staci L Dickerson	(i)	709,332	69,073	43,678	8,377	15,787	846,247	0
SVP & CFO SHC	(ii)	0	0	0	0	0	0	0
Carlisle C Lewis III	(i)	726,519	142,650	33,675	44,160	16,542	963,546	0
SVP LEGAL	(ii)	0	0	0	0	0	0	0
Daniel L Gross	(i)	1,190,289	247,877	78,973	57,853	16,587	1,591,579	0
EVP HOSPITAL OPS SHC	(ii)	0	0	0	0	0	0	0
Timothy B Smith	(i)	723,354	88,057	44,225	0	16,411	872,047	0
CEO SMH	(ii)	0	0	0	0	0	0	0
Patricia Khaleghi	(i)	490,268	102,358	36,991	8,818	20,448	658,883	0
CEO SHC SPECIALTY HOSP	(ii)	0	0	0	0	0	0	0
Susan Stone	(i)	432,554	61,256	12,086	8,799	9,522	524,217	0
CEO SCHHC	(ii)	0	0	0	0	0	0	0
William S Evans	(i)	693,779	42,405	21,573	0	21,537	779,294	0
CEO GHC	(ii)	0	0	0	0	0	0	0
Pablo Velez-Carrillo	(i)	605,492	98,411	45,450	5,720	9,948	765,021	0
CEO SCVMC	(ii)	0	0	0	0	0	0	0
Kenneth Lawonn	(i)	574,603	82,637	29,612	0	16,070	702,922	0
SVP INFO SYSTEMS	(ii)	0	0	0	0	0	0	0
Anastasia Baini	(i)	561,420	94,131	33,912	12,268	20,451	722,182	0
CEO SRS	(ii)	0	0	0	0	0	0	0
Lisa Allen	(i)	478,243	30,000	41,199	0	15,468	564,910	0
SVP HR & TALENT MGMT	(ii)	0	0	0	0	0	0	0
William Littlejohn	(i)	394,094	84,875	47,982	18,421	20,906	566,278	0
SVP CEO FOUNDATIONS	(ii)	0	0	0	0	0	0	0
Alison Fleury	(i)	450,682	94,365	44,774	27,323	21,048	638,192	0
SVP BUSINESS DEV SHC	(ii)	0	0	0	0	0	0	0
Lynne Milgram	(i)	418,901	81,624	50,001	29,838	9,378	589,742	0
CMO SCMG	(ii)	0	0	0	0	0	0	0
Paul Durr	(i)	491,141	106,431	28,260	10,374	21,050	657,256	0
CEO-SCMG	(ii)	0	0	0	0	0	0	0
Christopher McGlone	(i)	385,422	70,259	15,348	28,613	20,634	520,276	0
COO-SCMG	(ii)	0	0	0	0	0	0	0
Amy Adome	(i)	386,020	57,413	19,643	0	15,383	478,459	0
SVP CLINICAL EFFECTIVENESS	(ii)	0	0	0	0	0	0	0

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

Open to Public Inspection

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Healthcare

Employer identification number

95-6077327

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CNR7	02-12-2009	60,000,000	SEE PART VI		X		X		X
B	California Public Finance Authority	47-4447476	13057EBE3	12-28-2017	306,856,245	SEE PART VI		X		X		X
C	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CPN4	09-02-2009	99,880,000	SEE PART VI		X		X		X
D	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	000000000	12-16-2010	30,000,000	SEE PART VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	34,280,000	0	0	0	6,830,000			
2	Amount of bonds legally defeased	0	0	0	0	0			
3	Total proceeds of issue	60,000,000	309,448,443	99,880,000	30,305,092				
4	Gross proceeds in reserve funds	0	0	0	0				
5	Capitalized interest from proceeds	0	0	0	0				
6	Proceeds in refunding escrows	0	0	0	0				
7	Issuance costs from proceeds	0	0	0	0				
8	Credit enhancement from proceeds	0	0	0	0				
9	Working capital expenditures from proceeds	0	0	0	0				
10	Capital expenditures from proceeds	0	189,468,812	0	30,305,092				
11	Other spent proceeds	60,000,000	94,860,214	99,880,000	0				
12	Other unspent proceeds	0	25,119,417	0	0				
13	Year of substantial completion	2009				2009		2012	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X			X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16	Has the final allocation of proceeds been made?	X			X	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

Return Reference	Explanation
Schedule K, Part I PART I, ENTITY 1, LINE B	The purpose of this bond issuance is to provide funds for capital improvements, capacity expansion, and building renovations at four hospital entities, to purchase major equipment, and to advance refund outstanding 2009B bonds

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

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

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

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

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

Return Reference	Explanation
Schedule K, Part II, Line 3 Tax Exempt Bond Issue 2010A, 2014A, & 2017 A,B,C	Total proceeds are different than issue price due to investment earnings

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

Return Reference	Explanation
Schedule K, Part III, Line 4 Tax Exempt Bond Issue 2014A	Project not substantially complete as of 9/30/2018

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

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

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

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

▶ 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 Healthcare

Employer identification number

95-6077327

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037CRG7	02-10-2011	78,140,374	SEE PART VI		X		X		X
B	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037GSJO	01-24-2012	51,889,934	SEE PART VI		X		X		X
C	ABAG FINANCE AUTHORITY FOR NONPROFIT CORPORATIONS	94-3130123	00037GVN7	02-12-2014	166,110,472	SEE PART VI		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		22,815,000		3,730,000		5,300,000		
2 Amount of bonds legally defeased		0		0		0		
3 Total proceeds of issue		78,140,374		51,889,934		168,698,674		
4 Gross proceeds in reserve funds		0		0		0		
5 Capitalized interest from proceeds		0		0		0		
6 Proceeds in refunding escrows		0		0		0		
7 Issuance costs from proceeds		3,642		0		0		
8 Credit enhancement from proceeds		0		0		0		
9 Working capital expenditures from proceeds		0		0		0		
10 Capital expenditures from proceeds		0		0		128,152,365		
11 Other spent proceeds		78,136,732		51,889,934		22,445,769		
12 Other unspent proceeds		0		0		18,100,541		
13 Year of substantial completion	2011		2012					
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X		X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X			X		
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

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 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Sharp Healthcare

Employer identification number
95-6077327

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefit Report	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2019 Section 1 An Overview of Sharp HealthCare The people of San Diego County place tremendous trust in Sharp HealthC are 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 commun ity benefit programs that improve health outcomes for our entire region This is the commi tment 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 i ntegrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated med ical groups, 28 medical centers, five urgent care centers, three skilled nursing facilitie s (SNF), two inpatient rehabilitation centers, home health, hospice, and home infusion pro grams, numerous outpatient facilities and programs, and a variety of other community healt h education programs and related services Sharp also offers individual and group Health M aintenance 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 li censed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,00 0 employees</p> <p>FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed bed s) 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 ho me 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 cent er in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronad o Hospital and Healthcare Center (SCHHC) provides services that include acute, subacute an d long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emerg ency 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, or thopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 li censed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides speci alized care in cancer treatment, orthopedics, organ transplantation, bariatric surgery, he art care and rehabilitation SMH also houses the county's largest emergency and trauma cen ter</p> <p>THREE SPECIALTY CARE HOSP</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefit Report	<p>ITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding w omen's hospital specializing in labor and delivery services, high-risk pregnancy, obstetri cs, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospita l for Women & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive behavioral healt h hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides services to treat anxiet y, depression, substance abuse, eating disorders, bipolar disorder and more for patients o f all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the on ly medically supervised substance abuse recovery center in SDC Offering the most comprehe nsive hospital-based treatment program in San Diego, SMC provides services such as addicti on treatment, medically supervised detoxification and rehabilitation, day treatment, outpa tient 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 Sh arp Rees-Stealy Medical Centers (SRSMC) are included under the not-for-profit public benef it 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 oper ations of Sharp HospiceCare are reported under SGH Mission Statement It is Sharp's missio n 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, exc eed patients' expectations and are provided in a caring, convenient, cost-effective and ac cessible 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 cul ture of caring, quality, safety, service, innovation and excellence Sharp will be recogni zed by employees, physicians, patients and families, volunteers and the community as the b est 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 Organizat ional Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicat ed to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Div ersity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Soun d Decision Maker * Innovation - Creative, Drives for Continuous Improvement, Initiates Bre akthroughs, Develops Self, Wil</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefit Report</p>	<p>ling to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture 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 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefit Report</p>	<p>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. Becker's Hospital Review recognized Sharp as one of "150 Top Places to Work in Healthcare" in 2017 and 2018. The list recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees. In 2019, Sharp ranked No. 33 in the large employer category as</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefit Report</p>	<p>one of the "Best Places to Work" for information technology (IT) professionals by the International Data Group's Computerworld survey Sharp was also ranked in the top 10 on this list from 2013 to 2018 The list is compiled by evaluating a company's benefits, training, retention, 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 ranking, SMH was ranked No 89 and SCVMC was ranked No 137 In 2015 and 2017 to 2019, Sharp was ranked "San Diego's Best Hospital Group" in the annual San Diego Union-Tribune Readers Poll In 2017 and 2019, SMH was ranked "San Diego's Best Hospital," and in 2018, Sharp's Weight 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 year 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 Diego'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 standards of patient safety, care quality and efficiency In 2016, SMH was also recognized as 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 nursing excellence SGH first received the designation in 2006, and was most recently re-designated 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 nation's "Most Wired" health care systems from 2012 to 2019 by the College of Healthcare Information Management Executives' annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective SCHHC became a Designated Planetree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth consecutive time SMH became a Planetree Person-Centered Hospital in 2012 and was re-designated in 2015 SCVMC joined SCHHC and 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 S</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefit Report</p>	<p>MH 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 SC HHC 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 & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving techniques to the community 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 Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives As the oldest and one of the largest nonprofit recycling organizations in the country, CRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting Sharp was one of 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 SRSMG 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 70% of its adult patients with hypertension</p>

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Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	<p>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, SRSMG, 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 Set and Consumer Assessment of Healthcare Providers and Systems measures Covered California is 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 Barnha</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>rt Cancer Center at SCVMC was also recognized as one of America's Best Breast Centers in 2 019, 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 Hospita ls for Patient Experience from 2012 to 2018 Powered by the San Diego Association of Gover nments (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 emiss ions 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 recei ving this distinction are recognized for their work in improving operational performance a nd driving down costs through supply chain automation The SGH landscaping team received t he 2016 Spirit of Sodexo Award for North America for its Heart 2 Heart project, through wh ich 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 - t he 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 Shar p provides financial assistance and a variety of support services to improve access to car e for uninsured, underinsured and other patients without the ability to pay as well as insured patients with inadequate coverage In accordance with federal law, Sharp does not ref use any patient requiring emergency medical care Sharp provides services to help every un insured patient receiving care in the ED find opportunities for health coverage through Po intCare - a quick, web-based screening, enrollment and reporting technology designed by he alth coverage experts to provide community members with financial assistance options At S harp, patients use PointCare's simple online questionnaire to generate personalized covera ge options that are filed in their account for future reference and accessibility The res ults 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 2 015 to September 2019, Sharp helped nearly 63,700 self-pay patients through PointCare, whi le maintaining each patient's dignity throughout the process In 2014, Sharp hospitals imp lemented 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 f iscal year (FY) 2019, Sharp se</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 performed 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 consultations 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 2015, a pilot program was launched to evaluate eligibility for financial assistance among both insured and unfunded families 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 include 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</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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. Students came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC), local and national universities such as 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. Augustin for Health Sciences, and vocational schools such as Concorde Career College. Table 1 presents the total number of students and student hours at each Sharp entity in FY 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 - 141 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 - 82.8 Ancillary Students - 225 Hours - 63,572 Total Students - 811 Hours - 127,389</p> <p>Sharp Mary Birch Hospital for Women & 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 Ancillary Students - 238 Hours - 66,927 Total Students - 576 Hours - 112,853</p> <p>Sharp Mesa Vista Hospital Nursing Students - 335 Group Hours - 24,796 Precepted Hours - 2,582 Midlevel Practitioner</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>Students - 1 Hours - 160 Ancillary Students - 48 Hours - 33,975 Total Students - 384 Hours - 61,513 Sharp HospiceCare Nursing Students - 4 Group Hours - 0 Precepted Hours - 332 Midlevel Practitioner Students - 0 Hours - 0 Ancillary Students - 1 Hours - 200 Total Students - 5 Hours - 532 Sharp HealthCare Total Nursing Students - 2,712 Group Hours - 213,468 Precepted Hours - 101,929 Midlevel Practitioner Students - 20 Hours - 2,666 Ancillary Students - 914 Hours - 261,846 Total Students - 3,646 Hours - 579,909 In addition, Sharp offers a graduate-level Clinical Pastoral Education program, which teaches students clinical theories and skills to provide spiritual care to patients and their families. In FY 2019, the program supervised six chaplain residents and five chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services. In addition, more than 100 Sharp Clinical Pastoral Education program graduates attended three professional chaplain s' educational events hosted by Sharp's Spiritual Care and Education Department as part of their continued education and development. These events were held throughout the year and included Healing Stories from Traditions of World Religions Buddhist Stories, Praying for Miracles and Sharing our Spiritual Practices. Further, these graduates of Sharp's Clinical Pastoral Education program now serve various health care institutions and hospices within San Diego. Sharp also provides specialized classes to prepare future preceptors for their mentoring role. Through the Precepting With Pride Class, nurses and respiratory care practitioners who are new to the role of precepting learn about the essential components of role modeling and educating. Sharp's Advanced Preceptor Class for Nursing supports the continued development of more experienced nurse preceptors. In addition, new nurse mentors and mentees attend an orientation program designed to describe their unique roles and promote a successful precepting experience. Health Sciences High and Middle College Health Sciences High and Middle College (HSHMC) - a partnership between Sharp, a group of SDSU professors and the Grossmont-Cuyamaca Community College District - is a tuition-free, public charter high school that provides students with broad exposure to health care careers. HSHMC students are given the opportunity to connect with Sharp team members through job shadowing to explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services.</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>Health Sciences High and Middle College Health Sciences High and Middle College (HSHMC) - a partnership between Sharp, a group of SDSU professors and the Grossmont-Cuyamaca Community College District - is a tuition-free, public charter high school that provides students with broad exposure to health care careers. HSHMC students are given the opportunity to connect with Sharp team members through job shadowing to explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services. The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRSMG sites. Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotations and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences and take additional health-related coursework at a community college, including Health 101, Public Health, Psychology and Abnormal Psychology, Realities of Nutrition, Intro to Health Professions and Organizations, and Health and Social Justice, among other courses. In FY 2019, 266 HSHMC students - including 121 Level I students and 145 Level II students - were supervised for nearly 57,500 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to nursing, emergency services, obstetrics and gynecology, occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, rehabilitation, laboratory services, pharmacy, pathology, radiation oncology, radiology, endoscopy, engineering, nutrition, infection control, pulmonary services, and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2019, Sharp's CME Department invested more than 1,500 hours in live and online CME activities 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, opioid usage and advances in lung cancer. Beyond conferences, CME develops and implements online learning modules as well as performance improvement projects to inspire clinicians and teams to improve their practice and optimize patient care. As a result of provider demand, 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-affiliated physicians to complete 15 performance improvement projects. Each year, Sharp's CME Department identifies and addresses a public health priority in compliance with its Accreditation with Commendation. In FY 2019, the CME Department continued to collaborate with the Community Benefit team to address the FY 2018 identified public health issue food insecurity. Together, CME and Community Benefit educated and engaged Sharp-affiliated physicians, pharmacists and employees on the impact of food insecurity on health, as well as assessed patients for food insecurity and referred them to community resources. Four online educational modules were developed in collaboration with the San Diego Hunger Coalition and are actively viewed by community providers. The CME and Community Benefit food insecurity initiative has helped change how Sharp cares for its community, as well as delivered positive patient outcomes. To address the FY 2019 public health priority of dementia, the CME Department developed a comprehensive needs assessment demonstrating the need for dementia training aimed at primary care providers. The CME Department collaborated with community organizations, 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 conversations regarding dementia patients at Sharp. In addition, the Alzheimer's Project Clinical Roundtable Physician Guidelines were converted into an online CME activity.</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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.</p> <p>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 treatments. At any given time, Sharp participates in approxima</p>

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

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Form 990, Part III, Line 4c Community Benefits Report	<p>more than 63,000 local children, families, seniors and military members each week. FSD relies on the generous support of individuals, 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. 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.</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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 SDC. 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, registration, equipment distribution, lunch service and helping surfers on land and in shallow water.</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 Griffen 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 litter, watering and caring for recent plantings and native plants, and providing trail maintenance.</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>nce 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 F Y 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 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 thousand</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>ds 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 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 (reconstructive procedures involving the orbit, eyelids, tear ducts and face), strabismus (crossed eyes) and cataract surgeries Another Sharp nurse accompanied a team of 25 medical professionals to the impoverished, indigenous community of Patzun, Guatemala through Friends With Purpose - a nonprofit organization dedicated to providing medical care and community development 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 received medical care</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 mission serving underprivileged residents of Montego Bay, Jamaica. A Sharp nurse accompanied a team consisting of church members, construction specialists, college students and musicians, who assisted with multiple projects, including construction of a small house, repairs at an orphanage, provision of music and entertainment at homes for underprivileged children, elderly, orphans and disabled people, and participation in a youth sports day. Community 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 & Stroke Walk, which promotes physical activity to build healthier lives, free of CVD and stroke. In FY 2019, more than 115 teams from across the Sharp system helped raise nearly \$234,000 for the walk, through activities such as auctions, prize drawings and a karaoke competition. In September, more than 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 fundraising team in San Diego and, in 2019, was the third-place team in the AHA Western States Affiliate. To date, Sharp's fundraising efforts have raised more than \$35 million in support of the San Diego community through the AHA's Heart & Stroke Walk. Sharp Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others. Sharp provides many volunteer opportunities for individuals 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 patients within Sharp's hospitals, assisting with community events for the general public, and 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. 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 Average Active Volunteers per Month S</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>Sharp Chula Vista Medical Center - 369 Sharp Coronado Hospital and Healthcare Center - 74 Sharp Grossmont Hospital - 629 Sharp HospiceCare - 65 Sharp Metropolitan Medical Campus - 6 00 TOTAL - 1,737 Total Volunteer Hours Sharp Chula Vista Medical Center - 52,849 Sharp Coronado Hospital and Healthcare Center - 9,684 Sharp Grossmont Hospital - 94,763 Sharp HospiceCare - 10,164 Sharp Metropolitan Medical Campus - 71,241 TOTAL - 238,701 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 & 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</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>programs and service, the effects of health care service delivery system redesign on the v olunteer sector, and retail operations At the same conference, the SGH Volunteer Auxiliar y's Thrift Korral Resale Boutique received the Retail Excellence Program Award - recogniti on 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 organization, the comm unity and the volunteers providing the service The following section describes the achiev ements of various Sharp volunteer programs in FY 2019 Sharp HospiceCare Volunteer Program s Sharp HospiceCare provides a variety of volunteer training opportunities that offer valu able 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 rel ief to those near the end of life and their families and caregivers, as well as valuable c lical and community support activities for the hospice organization Sharp HospiceCare t rained 36 new volunteers in FY 2019 Volunteers completed an extensive 24-hour training pr ogram to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities Volunteers provided a variety of nonmedical services at patien t homes, SNF and hospitals, and Sharp HospiceCare's LakeView, ParkView and BonitaView hosp ice 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 F our teenagers participated in Sharp HospiceCare's Teen Volunteer program in FY 2019 Throu gh this program, teens completed special projects in Sharp HospiceCare administration, as well as performed activities at Sharp HospiceCare's hospice homes, including patient groom ing 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 Hospi ceCare continued to provide the 11th Hour program to ensure that no patient died alone Th rough 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, readin g 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</p>

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

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>when patients lack a companion. In FY 2019, 6 CCP volunteers devoted more than 500 hours to approximately 115 patient visits. 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.</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>and loneliness during extended hospital stays prior to childbirth Music therapy is also provided in SMBHWN's NICU to promote 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</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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 & 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 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. The SGH Engineering Department continued to</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>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 room s 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 w ell as at least six vases during peak flower season and upon additional requests In addit ion, nearly 40 vases of flowers were delivered to new mothers staying in the hospital on M other'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 sen iors 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 tea m'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, a nniversaries and other special moments The engineers quickly assemble and deliver a bouqu et 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 mon th, including bouquets for more than 40 new fathers on Father's Day weekend In collaborat ion with Christie's Place - a nonprofit organization that supports women, children and fam ilies affected by human immunodeficiency virus or AIDS - since 2014, SGH nurses have engag ed employees throughout the hospital in an annual backpack drive to prepare children and t eens for academic success Team members from a variety of departments help assemble backpa cks with school supplies and personal notes wishing the students all the best for the comi ng 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 effo rt, 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 occas ional fundraisers, hospital staff purchase special holiday gifts for the families, includi ng grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, chi ldren's toys and a holiday meal During the 2018 holiday season, Santa's Korner served mor e than 120 individuals from 36 families All Ways Green Initiative Sharp has a long-standi ng dedication to minimizing ad</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>verse 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.</p> <p>Table 3 All Ways Green Committees/Domains</p> <table border="1"><thead><tr><th>Committee</th><th>Domain</th></tr></thead><tbody><tr><td>Natural Resource Subcommittee</td><td>Energy efficiency and water conservation</td></tr><tr><td>Waste Minimization Committee</td><td>Waste minimization</td></tr><tr><td>Food and Nutrition Best Health Committee</td><td>Sustainable food practices</td></tr><tr><td>Commuter Solutions Subcommittee</td><td>Commuter solutions</td></tr></tbody></table> <p>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.</p>	Committee	Domain	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
Committee	Domain										
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										

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Form 990, Part III, Line 4c Community Benefits Report	<p>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 mo st 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 tota l water used in commercial and institutional buildings Sharp's goal is to optimize the us e of electricity, gas and water across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cost-effective manner and track progre ss A 2017 World Health Organization report encouraged hospitals to proactively address th e environmental footprint of the health care sector by reducing power consumption and util izing alternative sources of energy generation Sharp's Natural Resource Subcommittee has addressed this call by implementing numerous conservation initiatives, including infrastru cture changes as well as adopting best practices to ensure its facilities are optimally op erated while monitoring and measuring energy and water consumption Sharp's Natural Resour ce Subcommittee also educates employees about the energy-conscious behaviors that can be p racticed in the workplace and at home to promote continuous energy and water savings Duri ng California's recent five-year drought, Sharp adopted a focused water conservation progr am at all sites Although the drought restrictions were officially lifted in 2017, Sharp r emains 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 thro ugh its water filtration system, more than 71,000 kilowatt-hours (kWh) of electricity thro ugh the use of energy-efficient lighting, and over 700,000 therms of gas by using energy-e fficient laundry equipment Sharp was one of the first health care organizations in the co untry to commit to environmental best practices in IT In 2013, Sharp became the first hea lth care system in SDC to implement a computer management program that places computers an d 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 identifi es 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 t he Brady Family CoGen, its state-of-the-art Central Energy Plant (CEP) The CEP includes a 52-ton, 4 4-megawatt combusti</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>on 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. 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 5.5%. 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,</p>

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

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>Air Handler Projects SCHHC SCVMC SGH SMH/ SMBHWN SMV/ SMC SRSMG Cogeneration Plant SGH Drip Irrigation/Landscape Water Reduction Systems SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Drought-Tolerant Landscaping SCHHC SCVMC SGH System Offices SHP SMH / SMBHWN SMV/ SMC SRSMG Electric Vehicle Charging Stations SCVMC System Offices SMH/ SMBHWN SRSMG Electronic/Low-flow Faucets SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Energy-efficient Kitchen/Cafe Appliances SCHHC SCVMC SGH 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 SMH/ SMBHWN SMV/ SMC SRSMG Lighting Retrofits to LEDs SCHHC SCVMC SGH System Offices SHP SMH/ 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/ SMBHWN SMV/ SMC SRSMG Thermostat Control Software & Temperature Set-Point Projects SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Filtered Water Dispensers to Replace Plastic Water Bottles SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Water-efficient Dishwashing/Equipment Washing/Chemical Dispensing System SCHHC SCVMC SGH System 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 which 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, reprocessing 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 provides oversight of systemwide waste minimization initiatives See Table 6 for specific waste minimization efforts occurring across the organization In addition, Sharp achieved the following in waste minimization in FY 2019 * Sharp's single -waste stream recycling program diverted more than 2.5 million lbs of trash from the land fill, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collected, reprocessed and sterilized 106,000 lbs of surgical instruments for further use * 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 reu</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>se 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 Table 5 Sharp HealthCare Waste Diversion - FY 2019 Sharp HealthCare Entity Total Waste Per Year (lbs) Diverted Waste Per Year (lbs) Per cent 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 & 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 HealthCare 19,521,057 4,341,863 22 2% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity Waste Minimization Project Establish Waste Diversion Baseline SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Single-stream Recycling SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Recycled Paper SCHHC SCVMC SGH System Offices SHP SMH/ SMBHWN SMV/ SMC SRSMG Blue Wrap Recycling SCHHC SCVMC SGH SMH/ SMBHWN 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 SRSMG 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 SRSMG Sustainable Food Practices Sharp's commitment to sustainable food practices began more than eight years ago with a strategy to increase the selection of nutritious, organ</p>

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

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

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>bility 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 Heal thCare Entity Sustainable Food Project Report Card and Indicators Tracking SCHHC SCVMC SG H 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 Sha rp supports ride sharing, public transit programs and other transportation efforts to redu ce CO2 emissions generated by the organization and its employees Sharp's Commuter Solutio ns Subcommittee develops innovative and accessible programs and marketing campaigns to edu cate 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 wo rkplace have led to its recognition as a SANDAG iCommute Diamond Award recipient consisten tly 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 ga llon In addition, Sharp's employee parking lots offer carpool and motorcycle parking spac es 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 Proj ect, Sharp has installed EVCs at its corporate office location, Copley building, SCVMC, SM MC and some SRSMC sites Sharp will continue to expand EVCs at its other entities Sharp e ncourages employees to participate in alternative commuting methods such as public transit , carpooling, vanpooling, biking, walking and telecommuting Employees are encouraged to p articipate in SANDAG's iCommute program, which provides ride-sharing matches based on a co mmuter's work schedule, departure location and destination In addition, Sharp has enrolle d 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 tr acking 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 mo nth to use toward qualified costs associated with bicycle purchase, improvement, repair an d storage In addition, Sharp participates in SANDAG's annual Bike to Work Day event each May In 2019, Sharp employees</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 bi-weekly 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.</p> <p>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 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 these 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.</p> <p>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</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 Sharp c ontributes 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 s 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 d</p>

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

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Form 990, Part III, Line 4c Community Benefits Report	<p>hat 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 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 4c Community Benefits 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 & Vegetables Month, National Safety Month, National Stress Management Month and Nat</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<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&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 & 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 4c Community Benefits 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 4c Community Benefits 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 4c Community Benefits 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 & 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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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<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 * 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</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>Economic Value of Community Benefit Provided in FY 2019 (Note 1) In FY 2019, Sharp provide d a total of \$462,155,993 in community benefit programs and services that were unreimburse d Table 9 displays a summary of unreimbursed costs based on the categories specifically i dentified in SB 697 These financial figures represent unreimbursed community benefit cost s after the impact of the Medi-Cal Hospital Fee Program Table 9 Sharp HealthCare Total C ommunity Benefit - FY 2019 - Estimated FY 2019 Unreimbursed Costs by SB 697 Category and b y Programs and Services Included in SB 697 Medical Care Services Shortfall in Medi-Cal (N ote 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 assi stance for the vulnerable - \$3,430,960 Other Benefits for the Broader Community Health ed ucation and information, support groups, health fairs, meeting room space, donations of ti me to community organizations and cost of fundraising for community events (Note 5) - \$1,8 44,731 Health Research, Education and Training Programs Education and training programs fo r students, interns and health care professionals (Note 5) - \$5,815,324 TOTAL - \$462,155,9 93 TABLE NOTES Note 1 - Methodology for calculating shortfalls in public programs is base d on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost account ing system, offset by the actual payments received Costs for patients paid through the Me dicare program on a prospective basis also include payments to third parties related to th e specific population Note 2 - Charity care and bad debt reflect the unreimbursed costs o f providing services to patients without the ability to pay for services at the time the s ervices were rendered Note 3 - Charity care and bad debt reflect the unreimbursed costs o f providing services to patients without the ability to pay for services at the time the s ervices were rendered Note 4 - "Vulnerable populations" means any population that is expo sed to medical or financial risk by virtue of being uninsured, underinsured, or eligible f or Medi-Cal, Medicare, California Children's Services Program, or county indigent programs 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 N ote 5 - Unreimbursed costs may include an hourly rate for labor and benefits plus costs fo r supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimburs ed costs were estimated by each department responsible for providing the program or servic e In FY 2018, the State of Cal</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>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 & Medicare HMO - \$166,539,797; Medicare Capitated - \$120,949,656; Medi-Cal, Medi-Cal, HMO & CMS - \$205,690,156; CHAMPVA & Workers' Comp - \$10,714,285; Bad Debt - \$6,515,480; Charity Care - \$23,858,025; Total - \$534,267,399. Provider Fee: Medi-Cal, Medi-Cal, HMO & CMS - \$(83,202,421). Net Unreimbursed Medical Care Services After Provider Fee: Medicare & Medicare HMO - \$166,539,797; Medicare Capitated - \$120,949,656; Medi-Cal, Medi-Cal, HMO & CMS - \$122,487,735; CHAMPVA & 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 & Newborns - \$5,877,166; Sharp Memorial Hospital - \$3,689,097; Sharp Mesa Vista Hospital and Sharp McDonald Center - \$926,238; Sharp Health Plan - \$869; TOTAL FOR ALL ENTITIES - \$2,155,993. 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 Broader 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 Tra</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>ining Programs - \$688,451 Total Estimated FY 2019 Unreimbursed Costs - \$22,137,976 Sharp G rossmont Hospital Medical Care Services - \$143,131,253 Other Benefits for Vulnerable Popu lations - \$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 & Newborns Medical Care Services - \$5,38 2,929 Other Benefits for Vulnerable Populations - \$39,444 Other Benefits for the Broader C ommunity - \$213,681 Health Research, Education and Training Programs - \$241,112 Total Esti mated FY 2019 Unreimbursed Costs - \$5,877,166 Sharp Memorial Hospital Medical Care Service s - \$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 - \$1,67 4,149 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 Vulnerabl e Populations - \$451,050 Other Benefits for the Broader Community - \$119,155 Health Resear ch, 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 P opulations - \$32,150 Other Benefits for the Broader Community - \$35,326 Health Research, E ducation and Training Programs - \$1,393 Total Estimated FY 2019 Unreimbursed Costs - \$68,8 69 ALL ENTITIES Medical Care Services - \$451,064,978 Other Benefits for Vulnerable Populat ions - \$3,430,960 Other Benefits for the Broader Community - \$1,844,731 Health Research, E ducation and Training Programs - \$5,815,324 Total Estimated FY 2019 Unreimbursed Costs - \$ 462,155,993</p>

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Form 990, Part III, Line 4c Community Benefits Report	<p>Section 3 Community Benefit Planning Process 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 aug ment their ability to buttress their applications for funding and otherwise help them ful fill their missions Through this type of mutual reinforcement, efforts to improve the heal th of our community multiply exponentially - Sara Steinhoffer, Vice President of Governme nt Relations, Sharp HealthCare For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Asses sment (CHNA) process Sharp utilizes its CHNA findings in combination with the expertise i n programs and services of each Sharp hospital, as well as knowledge of the populations an d communities served by those hospitals, to provide a foundation for community benefit pro gram planning and implementation This section describes Sharp's most recent CHNA process and findings, which were completed in September 2019 Sharp HealthCare 2019 Community Heal th Needs Assessments Sharp has been a longtime partner in the process of identifying and r esponding to the health needs of the San Diego community Since 1995, Sharp has participat ed in a countywide collaborative that includes a broad range of hospitals, health care org anizations and community agencies to conduct a triennial CHNA that identifies and priori tizes 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 d eveloped CHNAs for each of its individually licensed hospitals since 2013 This process ga thers 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 spe cial focus on community members facing inequities Further, the process seeks to highlight community health needs that Sharp hospitals could impact through programs, services and c ollaboration For the 2019 CHNA process, Sharp actively participated in a collaborative CH NA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University (SDS U) The complete HASD&IC 2019 CHNA is available for public viewing and download at https // hasdic org/2019-chna/ The methodology and findings of the collaborative HASD&IC 2019 CHN A significantly informed the process and findings of Sharp's individual hospital CHNAs, th us, both CHNA processes are described throughout this section The HASD&IC 2019 CHNA was i mplemented and managed by a standing CHNA Committee comprised of representatives from seve n hospitals and health systems * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - S</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * UC San Diego Health To develop 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 & 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&IC 2019 CHNA 2019 CHNA Objectives The 2019 CHNA processes (HASD&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 * Identify, understand and prioritize the health-related needs of SDC residents, particularly those community members served by Sharp * 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 * Build on and strengthen community partnerships established through the 2016 CHNA processes * Obtain deeper feedback from and about specific populations in San Diego who face inequities * Align with national best practices around CHNA development and implementation, including the integration of health conditions with social determinants of health (SDOH) Community Defined For the purposes of the collaborative HASD&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&IC 2019 CHNA report at https://hasdic.org/2019-chna/ 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 socioe</p>

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<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>conomic security The five barriers used to determine CNI scores are 1 Income Barriers 2 Cultural Barriers 3 Educational 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 http://cni.chw-interactive.org/ Methodology Again, the HASD&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&IC 2019 CHNA process, please visit the HASD&IC website at www.hasdic.org/2019-chna/ or contact Lindsey Wade at lwade@hasdic.org For the HASD&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 Quantitative/Secondary Data The 2019 CHNA process began with a comprehensive scan of recent community health statistics from several public sources to support both the HASD&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 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 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 (chna.org/kp) 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>

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

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

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

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Return Reference	Explanation
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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>The Compensation Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Compensation Committee of the Board of Directors by the independent consultant. The Compensation Committee is comprised of Board members who are not physicians and who are not compensated in any way by the organization. The Compensation Committee creates and approves the organization's Executive Compensation Philosophies and Strategies statement and as part of this approves the total compensation for the President/Chief Executive Officer and reviews and approves the total compensation recommendations for the remaining executive team. The Compensation Committee presents its decision to the Board of Directors. The Compensation Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 (www.dacbond.com), are attached to the Form 990 filed for each of the Sharp hospitals, and are available upon request. The annual audited financial statements include combining schedules which disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group. Quarterly financial statements of Sharp's obligated group are published on the dacbond.com website (www.dacbond.com).

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Case Management - Total Revenue 649401, Related or Exempt Function Revenue , Unrelated Business Revenue 649401, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Joint Venture Income - Bone Marrow, MRI - Total Revenue 3751889, Related or Exempt Function Revenue 3751889, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , All other program service revenue - Total Revenue 2327795, Related or Exempt Function Revenue 2327795, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	All other revenue - Total Revenue 833690, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 833690,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Med fees - Total Expense 326552699, Program Service Expense 324962095, Management and General Expenses 1590604, Fundraising Expenses , Purchased Services - Total Expense 181808093, Program Service Expense 159093309, Management and General Expenses 22714784, Fundraising Expenses , Registry - Total Expense 3123956, Program Service Expense 609851, Management and General Expenses 2514105, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CURRENT YEAR OTHER COMPREHENSIVE INCOME - -18447136, BENEFICIAL INTEREST IN SHARP HEALTHCARE FOUNDATION - 2842405, BOOK/TAX DIFFERENCES ON PARTNERSHIP INTEREST - MRI - -774810, BOOK/TAX DIFF ON PARTNERSHIP INTEREST - UCSD/SHARP TRANSPLANT PROGRAM - -197351, BOOK/TAX DIFF ON PARTNERSHIP INTEREST - SHC ACO, LLC - -680918,

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>Community Engagement HASD&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 & 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. 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, disparities or inequities, and change over time. Those health conditions and SDOH that met the largest number of criteria were then selected as top priority community health needs. As the HASD&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 access needed services that address SDOH, which consequentially impacts their ability to maintain and manage health conditions. These same findings were supported.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4c Community Benefits Report</p>	<p>ed through both the quantitative analyses and community engagement activities conducted specifically as part of Sharp's 2019 CHNA process. In addition, Maternal and Prenatal Care, including High-Risk Pregnancy, was also identified as a community health need during Sharp's 2019 CHNA process. Community Assets and Recommendations The 2019 CHNAs identified many community assets in SDC, including social service organizations, government departments and agencies, hospital and clinic partners, and other community members and organizations engaged in addressing many of the needs prioritized by the 2019 CHNAs. In addition, 2-1-1 San Diego (2-1-1) is an important community resource and information hub that facilitates access to services. Through 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 161 * Diabetes 144 * Maternal and Prenatal Care, including High-Risk Pregnancy 251 * Obesity 298 * SDOH 5,836 (e.g., transportation, food access, etc.) In addition to community input on health conditions and SDOH, a wealth of ideas emerged from community engagement participants about how hospitals and health systems could support additional resources and partner with organizations to help meet San Diego's community health needs. Further, to increase awareness of Sharp's CHNA process and community programs, the Sharp CHNA Community Guide was developed and made publicly available on Sharp's website at https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm. The Sharp CHNA Community Guide seeks to provide community members with a user-friendly resource to learn about Sharp'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 community members to provide feedback on Sharp's CHNA processes. An updated Sharp CHNA Community Guide will be available on 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 http://www.sharp.com/about/community/health-needs-assessments.cfm. Sharp will continue to work with HASD&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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	<p>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 in to 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.</p> <p>Steps Completed to Prepare Sharp's Community Benefit Plan and Report</p> <p>On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Plan and Report:</p> <ul style="list-style-type: none">* 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* 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	<p>Ongoing Commitment to Collaboration Underscoring Sharp's ongoing commitment to collaboration in order to address community health priorities and improve the health of San Diegans, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, Association for Community Health Improvement, statewide California Hospital Association, HASD&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 Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2019 Community organizations are 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 * Alliance for African Assistance * Altrusa International Club of San Diego * Alzheimer's San Diego * Alzheimer's San Diego Client Advisory Board * American Association of Critical-Care Nurses * American Cancer Society * American Case Management Association * American College of Healthcare Executives * American College of Surgeons - San Diego Chapter * American Diabetes Association American Foundation for Suicide Prevention * American Heart Association * American Hospital Association * American Hospital Association American Organization of Nurse Executives * American Hospital Association Committee on Clinical Leadership * American Hospital Association Health Research & Educational Trust Board of Trustees * American Hospital Association Regional Policy Board * American Liver Foundation * American Lung Association * America's Physician Groups (APG) Board of Directors * APG California Policy Committee * APG Executive Committee * American Psychiatric Nurses Association * American Red Cross * 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 & 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 *</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	<p>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 * City of Chula Vista * City of San Diego * City of San Diego Park & 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 Assis</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c Community Benefits Report	<p>tance Professionals Association * EMSTA College * Family Health Centers of San Diego * Fat her 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, In c * Girl Scouts San Diego * Girls Inc of San Diego County * Grossmont-Cuyamaca Community College District * Grossmont College Occupational Therapy Assistant Advisory Board * Gros smont College Respiratory Advisory Committee * Grossmont Healthcare District (GHD) Communi ty Grants and Sponsorships Committee * GHD Independent Citizens' Bond Oversight Committee * Grossmont Imaging LLC Board * Grossmont Union High School District * Hands United for Ch ildren * Health and Science Pipeline Initiative * Health Care Communicators Board * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHM C) * Health Services Advisory Group * Healthcare Information and Management Systems Societ y 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&IC) * HASD&IC Board of Directors * HASD&IC Commu nity Health Needs Assessment Advisory Group * HASD&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 Collaborati ve * International Association of Eating Disorders Professionals * International Bipolar F oundation * Jacobs & Cushman San Diego Food Bank * Japanese American Citizens League * Jew ish Family Service of San Diego (JFS) * JFS Behavioral Health Committee * JFS Public Affai rs 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 Damas de San Diego International Nonprofit Organi zation * Las Patronas * Las Primeras * Life Rolls On * Lions Tigers & 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 S an Diego County East County Advisory Board * Mental Health America * Metro San Diego Commu nity 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 Ch apter * National Association of Orthopedic Nurses * National Association of Neonatal Nurse s * National Association of Perinatal Social Workers</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>From 990, Part III, Line 4c Community Benefits Report</p>	<p>* 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 YMCA * 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 * 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>From 990, Part III, Line 4c Community Benefits Report</p>	<p>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 * Ssubilis Hope * St Paul's PACE * St Paul's Retirement Home Foundation * St Peter's by the Sea Lutheran Church * Statewide Medical Health Exercise Program * Suicide Prevention Council Media Subcommittee * Susan G Komen(r) San Diego * Surf Rider Foundation * Survivors of Suicide Loss * The Academy * The Arc of San Diego * The Salvation Army Ray & Joan Kroc Corps 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 * University of St Augustine for Health Sciences * USS Midway Museum * VA San Diego Healthcare 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 Honor Veterans * Westminster Manor * Women, Infants and Children Program * Wreaths Across America - San Diego * YMCA of San Diego County * YWCA Becky's House(r) * YWCA Board of Directors * YWCA In the Company of Women Event</p>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Healthcare

Employer identification number

95-6077327

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2) GROSSMONT HOSPITAL CORPORATION (SGH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(3) SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(4) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(5) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730	HEALTH PLAN	CA	501(c)(4)		SHARP HEALTHCARE	Yes	
(6) SHARP HEALTHCARE FOUNDATION (SHF) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(7) GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) SHARP AND CHILDREN'S MRI CENTER LLC 7901 FROST STREET SAN DIEGO, CA 92123 33-0520955	IMAGING	CA	NA	Related	441,766	1,486,018		No		Yes		33 33 %
(2) SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189	OFFICES OF PHYSICIANS	CA	NA	Related	-30,718	6,483,487	Yes				No	58 25 %

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CONTINUOUS QUALITY INSURANCE SPC	CAPTIVE INSURANCE COMPANY	CJ	SHARP HEALTHCARE	C Corporation	2,556,250	42,700,083	100 %	Yes	

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

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

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 95-6077327
Name: Sharp Healthcare

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Sharp Memorial Hospital	J	1,911,635	Accrual Accounting
(1) Sharp Memorial Hospital	K	323,056	Accrual Accounting
(2) Sharp Memorial Hospital	L	6,485,840	Accrual Accounting
(3) Sharp Memorial Hospital	M	4,670,656	Accrual Accounting
(4) Sharp Memorial Hospital	P	205,323	Accrual Accounting
(5) Sharp Memorial Hospital	Q	1,017,436,776	Accrual Accounting
(6) Sharp Memorial Hospital	R	49,215,316	Accrual Accounting
(7) Sharp Memorial Hospital	S	299,812,378	Accrual Accounting
(8) Grossmont Hospital Corporation	K	2,921,882	Accrual Accounting
(9) Grossmont Hospital Corporation	L	4,282,485	Accrual Accounting
(10) Grossmont Hospital Corporation	M	19,659,657	Accrual Accounting
(11) Grossmont Hospital Corporation	P	375,789	Accrual Accounting
(12) Grossmont Hospital Corporation	Q	723,014,641	Accrual Accounting
(13) Grossmont Hospital Corporation	R	21,517,015	Accrual Accounting
(14) Grossmont Hospital Corporation	S	30,069,160	Accrual Accounting
(15) Sharp Chula Vista Medical Center	K	270,011	Accrual Accounting
(16) Sharp Chula Vista Medical Center	L	2,980,668	Accrual Accounting
(17) Sharp Chula Vista Medical Center	M	795,139	Accrual Accounting
(18) Sharp Chula Vista Medical Center	Q	474,024,665	Accrual Accounting
(19) Sharp Chula Vista Medical Center	R	14,561,200	Accrual Accounting
(20) Sharp Chula Vista Medical Center	S	1,263,715	Accrual Accounting
(21) Sharp Coronado and Healthcare Center	L	1,102,020	Accrual Accounting
(22) Sharp Coronado and Healthcare Center	Q	105,312,711	Accrual Accounting
(23) Sharp Coronado and Healthcare Center	R	2,933,767	Accrual Accounting
(24) Sharp Coronado and Healthcare Center	S	1,651,794	Accrual Accounting

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
(26)	Sharp HealthCare Foundation	C	1,028,821	Accrual Accounting
(1)	Sharp HealthCare Foundation	M	4,159,040	Accrual Accounting
(2)	Sharp HealthCare Foundation	N	124,879	Accrual Accounting
(3)	CONTINUOUS QUALITY INSURANCE SPC	R	12,115,365	Accrual Accounting
(4)	Sharp Health Plan	J	1,173,171	Accrual Accounting
(5)	Sharp Health Plan	L	117,977	Accrual Accounting
(6)	Sharp Health Plan	M	191,984,035	Accrual Accounting
(7)	Sharp Health Plan	N	79,304	Accrual Accounting
(8)	Sharp Health Plan	Q	13,175,312	Accrual Accounting
(9)	Sharp Health Plan	R	429,590	Accrual Accounting