

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2019, and ending 09-30-2020

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

C Name of organization
Sharp Memorial Hospital

Doing business as

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

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

D Employer identification number
95-3782169

E Telephone number
(858) 499-5150

G Gross receipts \$ 1,469,671,487

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

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.sharp.com

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1981

M State of legal domicile: CA

Part I Summary

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	5,579
6 Total number of volunteers (estimate if necessary)	6	282
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	5,734,277	49,379,295
9 Program service revenue (Part VIII, line 2g)	1,267,720,406	1,283,504,871
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,858,842	37,317,330
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,846,485	1,454,772
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,310,160,010	1,371,656,268

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	632,396	1,379,015
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)	550,201,831	570,631,039
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	551,428,152	585,901,178
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,102,262,379	1,157,911,232
19 Revenue less expenses. Subtract line 18 from line 12	207,897,631	213,745,036

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	3,122,712,639	3,482,350,019
21 Total liabilities (Part X, line 26)	443,106,145	530,265,235
22 Net assets or fund balances. Subtract line 21 from line 20	2,679,606,494	2,952,084,784

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: 2021-08-13
Anthony Guerra CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Ernst & Young US LLP
Preparer's signature: [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) 595-7200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,072,816,343 including grants of \$ 1,379,015) (Revenue \$ 1,283,504,871)
See Additional Data






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

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

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

4e Total program service expenses ▶ 1,072,816,343

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<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 5,579</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>No</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>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>No</p>
<p>b If "Yes," enter the name of the foreign country: _____ 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>No</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>No</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>No</p>
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	<p>7f</p>		<p>No</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>No</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>9 Sponsoring organizations maintaining donor advised funds.</p>			
<p>a 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>12a</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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	18	
1b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	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.)

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

Section C. Disclosure

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	
20	State the name, address, and telephone number of the person who possesses the organization's books and records: Jennifer Gardyne 8695 Spectrum Center Blvd San Diego, CA 92123 (858) 499-5150	

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d	6,155,352		
	e Government grants (contributions)	1e	43,223,943		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f:\$	1g	416,198		
	h Total. Add lines 1a-1f		49,379,295		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a NET PATIENT SERVICES		900099	889,088,383	889,088,383		
b MEDICARE/MEDICAL		900099	392,524,281	392,524,281		
c MEDICAL OFFICE RENT		532000	1,204,298	1,204,298		
d MEDICAL STAFF ADMIN		900099	335,011	335,011		
e CONTRACT PHARMACY		446110	295,036	295,036		
f All other program service revenue.			57,862	57,862	0	0
g Total. Add lines 2a-2f.			1,283,504,871			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			33,223,913			33,223,913	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
			6a					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c	0	0			
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			7a	101,540,157	568,476			
		b Less: cost or other basis and sales expenses	7b	97,904,871	110,348			
		c Gain or (loss)	7c	3,635,286	458,128			
	d Net gain or (loss)				4,093,417			4,093,417
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19		9a					
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a PARKING		812930	914,375				914,375	
b SMBHWN GIFT SHOP		446199	180,788				180,788	
c CASH DISCOUNTS		900099	115,568				115,568	
d All other revenue			244,041	0	0		244,041	
e Total. Add lines 11a-11d			1,454,772					
12 Total revenue. See instructions			1,371,656,268	1,283,504,871	0		38,772,102	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,379,015	1,379,015		
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, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,131,401	2,630,146	2,501,255	
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	452,156,314	442,153,607	10,002,707	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	16,944,820	16,556,200	388,620	
9 Other employee benefits	61,640,108	59,868,242	1,771,866	
10 Payroll taxes	34,758,396	33,990,501	767,895	
11 Fees for services (non-employees):				
a Management	27,991,381	26,373,366	1,618,015	
b Legal	2,095,085	272,744	1,822,341	
c Accounting	12,499,769		12,499,769	
d Lobbying	84,086		84,086	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	994,875		994,875	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	68,322,295	64,710,561	3,611,734	0
12 Advertising and promotion	8,349,136	73,524	8,275,612	
13 Office expenses	30,574,488	27,955,847	2,618,641	
14 Information technology	56,238,505	49,489,884	6,748,621	
15 Royalties				
16 Occupancy	16,437,722	13,165,264	3,272,458	
17 Travel	592,525	578,475	14,050	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,073,547	142,769	930,778	
20 Interest	11,454,588	10,721,331	733,257	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,988,846	43,184,236	2,804,610	
23 Insurance	6,995,991	6,210,051	785,940	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	150,855,543	150,855,543		
b SYSTEM ALLOCATION	50,517,528	31,051,016	19,466,512	
c MEDI-CAL PROVIDER TAX	75,374,631	75,374,631		
d REPAIRS AND MAINTENANCE	15,564,796	14,749,673	815,123	
e All other expenses	3,895,841	1,329,717	2,566,124	0
25 Total functional expenses. Add lines 1 through 24e	1,157,911,232	1,072,816,343	85,094,889	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,358,453	1	3,482,491
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	193,089,496	4	238,771,105
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,209,434	8	18,638,568
	9 Prepaid expenses and deferred charges	5,031,972	9	6,805,886
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 879,536,537		
	b Less: accumulated depreciation	10b 476,466,241	377,713,936	10c 403,070,296
	11 Investments—publicly traded securities	1,172,734	11	251,839
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,524,136,614	15	2,811,329,834
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,122,712,639	16	3,482,350,019	
Liabilities	17 Accounts payable and accrued expenses	94,424,239	17	147,476,529
	18 Grants payable		18	
	19 Deferred revenue	165,317	19	165,317
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	348,516,589	25	382,623,389
	26 Total liabilities. Add lines 17 through 25	443,106,145	26	530,265,235
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,679,606,494	27	2,952,084,784
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	2,679,606,494	32	2,952,084,784	
33 Total liabilities and net assets/fund balances	3,122,712,639	33	3,482,350,019	

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	1,371,656,268
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,157,911,232
3	Revenue less expenses. Subtract line 2 from line 1	3	213,745,036
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,679,606,494
5	Net unrealized gains (losses) on investments	5	86,236,209
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	-27,502,955
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,952,084,784

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: 19010655

Software Version: 2019v5.0

EIN: 95-3782169

Name: Sharp Memorial Hospital

Form 990 (2019)

Form 990, Part III, Line 4a:

Sharp Memorial Hospital provides inpatient and outpatient healthcare services to the community. For fiscal year 2020, patient days totaled 195,353 and outpatient visits totaled 305,591. See Community Benefits 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			
Christopher A Howard PRESIDENT & CEO SHC	6.0	X		X				0	1,665,592	19,026
Daniel L Gross EVP HOSPITAL OPS SHC THRU 6/12/2020	10.0	X		X				0	2,028,142	81,707
James Smith III TREASURER	2.0	X		X				0	0	0
Marilyn Brown SECRETARY	2.0	X		X				0	0	0
Mark Trotter SECRETARY - PART YEAR	2.0	X		X				0	0	0
Steve Cushman CHAIR	2.0	X		X				0	0	0
Andy Dang MD DIRECTOR - PART YEAR	1.0	X						99,000	0	0
Blair Henderson MD DIRECTOR	2.0	X						2,200	0	0
Charles Athill MD DIRECTOR	21.0	X						34,975	0	0
Gil Harrison DIRECTOR - PART YEAR	1.0	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			
Howard Smart MD DIRECTOR - PART YEAR	2.0 0	X						11,800	0	0
Joseph Sheridan MD DIRECTOR - PART YEAR	2.0 0.0	X						127,981	28,862	0
Keith Jones DIRECTOR	2.0 0	X						0	0	0
Linnea Arrington DIRECTOR	2.0 0	X						0	0	0
Lorraine Broglie DIRECTOR	2.0 2.0	X						0	0	0
Michael Keefe MD DIRECTOR	20.0 0	X						25,100	0	0
Pamela Wells VP PATIENT CARE SVCS-SMH	50.0 0.0	X						0	352,424	24,277
Patricia Khaleghi CEO SHC SPECIALTY HOSP	2.0 65.0	X						0	811,154	31,599
Paul Wozniak MD DIRECTOR	2.0 0.0	X						654,240	511,440	0
Richard Coutts MD DIRECTOR	1.0 0	X						5,416	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			
Timothy B Smith CEO SMH	50.0	X						0	1,027,738	16,806
Tom Gildred DIRECTOR	2.0	X						0	0	0
Yingjian Liang MD DIRECTOR	2.0	X						48,789	0	0
Anthony Guerra CFO, VP CAMPUS PLN & DEV-SMH	50.0			X				0	337,389	43,367
Brett G McClain EVP CHIEF OPERATING OFFICER SHC AS OF 3/12/20	6.0			X				0	0	0
Rick L Grossman SVP GENERAL COUNSEL	1.0			X				0	386,725	3,280
Staci L Dickerson SVP & CFO SHC	4.0			X				0	1,085,859	25,148
Cheryl Odell CNO SMV	40.0				X			0	301,600	19,913
Christopher Walker VP CLINICAL SVCS	40.0				X			0	317,353	30,366
Frances Schlaefer VP AMBULATORY & CLIN SVCS	40.0				X			0	303,917	20,439

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			
Janie Kramer KEY EMPLOYEE	50.0 0.0				X			0	317,364	33,548
Maria Colombo CNO MB	60.0 0.0				X			0	332,105	23,551
Thor Anderson DIR PHARMACY	40.0 0				X			256,935	0	26,796
Fadi Nicolas CMO SHARP BEHAVIORAL HEALTH	40.0 42.0					X		0	330,276	29,907
Geoffrey Stiles MD CHIEF MEDICAL OFFICER-SMH	40.0 0.0					X		0	375,136	17,857
Michael Plopper PRGM MGR-RESEARCH	20.0 0					X		392,755	0	34,495
Randi Larsson DIR OUTPT PAVILION	50.0 0					X		270,770	0	47,703
Susan Davis DIR WOMEN'S & NEONATAL SVCS	40.0 0					X		268,300	0	35,022
Ann Pumpian FORMER OFFICER	0.0 0.0						X	0	731,220	7,614
Carlisle C Lewis III FORMER OFFICER	0.0 0.0						X	0	1,088,031	37,454

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 instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a	10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b	10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 95-3782169

Name: Sharp Memorial Hospital

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization Sharp Memorial Hospital	Employer identification number 95-3782169
---	--

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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		84,086
j	Total. Add lines 1c through 1i			84,086
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	Sharp Memorial Hospital (SMH) pays annual dues to the California Hospital Association (CHA), the Healthcare Association of San Diego and Imperial Counties (HASDIC), and the American Hospital Association (AHA), which provides representation and advocacy at the local, state, and federal level. CHA, HASDIC, and AHA have determined that a portion of their membership dues are used for lobbying purposes. For FY 2020, SMH's annual dues calculated to have been used for lobbying purposes was \$84,086.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" 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	6,930,520	6,744,827	4,276,489	3,893,785	3,530,385
b Contributions	97,837	15,871	2,281,414	29,923	11,174
c Net investment earnings, gains, and losses	319,571	197,650	254,024	388,536	363,033
d Grants or scholarships	7,125	23,598	56,076	30,180	6,815
e Other expenditures for facilities and programs	20,986	4,230	11,024	5,575	3,992
f Administrative expenses					
g End of year balance	7,319,817	6,930,520	6,744,827	4,276,489	3,893,785

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

- a** Board designated or quasi-endowment ▶ 4 %
- b** Permanent endowment ▶ 96 %
- c** Temporarily restricted endowment ▶ 0 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,451,991		9,451,991
b Buildings		633,648,961	347,146,966	286,501,995
c Leasehold improvements		4,961,886	2,230,022	2,731,864
d Equipment		174,091,891	121,230,777	52,861,114
e Other		57,381,808	5,858,476	51,523,332
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				403,070,296

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLE	2,798,016,430
(2) RECEIVABLE FROM FOUNDATION DESIGNATED FUND	778,454
(3) DEFERRED RENT	0
(4) LEASED ASSETS - OPERATING	10,956,688
(5) LEASED ASSETS - FINANCE	1,578,262
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	2,811,329,834

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LONG TERM PENSION LIABILITY	46,362,239
(3) ALLOCATED TAX EXEMPT BONDS	320,684,239
(4) DEFERRED RENT	13,329
(5) OTHER DEFERRED LIABILITIES	55,106
(6) LONG TERM WORKERS' COMPENSATION	232,916
(7) ESTIMATED SETTLEMENTS FROM GVMNT PROGRAMS	2,612,758
(8) OPERATING LEASE OBLIGATIONS	11,073,858
(9) FINANCE LEASE OBLIGATIONS	1,588,944
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	382,623,389

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	1,458,060,397
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	86,236,209
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	2,230,181
e	Add lines 2a through 2d	2e	88,466,390
3	Subtract line 2e from line 1	3	1,369,594,007
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	994,875
b	Other (Describe in Part XIII.)	4b	1,067,386
c	Add lines 4a and 4b	4c	2,062,261
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,371,656,268

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	1,159,017,064
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	-90,282
e	Add lines 2a through 2d	2e	-90,282
3	Subtract line 2e from line 1	3	1,159,107,346
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	994,875
b	Other (Describe in Part XIII.)	4b	-2,190,989
c	Add lines 4a and 4b	4c	-1,196,114
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,157,911,232

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: 19010655

Software Version: 2019v5.0

EIN: 95-3782169

Name: Sharp Memorial Hospital

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	Sharp HealthCare Foundation holds 20 board designated and permanent endowments for Sharp Memorial Hospital that are restricted for a variety of purposes, such as emergency services, women's research, oncology, nursing education, laboratory, hospital equipment and technology, hospital library, and more.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2020 and 2019 no such assets or liabilities were recorded.</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Foundation Donations to Other Organizations/Individuals - 39192 Non - Operating Pension - 2190989

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Donated Capital - 1067386

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Foundation Donations to Other Organizations/Individuals - 39192 Change in Equity Medical Staff - -129474

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Non Operating Pension - -2190989

**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

2019

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			174,150
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			174,150

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

990 Schedule F, Supplemental Information

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 95-3782169

Name: Sharp Memorial Hospital

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	0	0	Program Services	Research	39,490
North America (Canada & Mexico only)	0	0	Program Services	Research	134,660

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

Hospitals

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

Employer identification number
 95-3782169

OMB No. 1545-0047
2019
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			9,795,092		9,795,092	0.85 %
b Medicaid (from Worksheet 3, column a)			265,258,243	238,539,516	26,718,727	2.31 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			22,951,087	12,599,829	10,351,258	0.89 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	298,004,422	251,139,345	46,865,077	4.05 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,209,736		1,209,736	0.10 %
f Health professions education (from Worksheet 5)			375,603		375,603	0.03 %
g Subsidized health services (from Worksheet 6)			105,645,643	89,146,652	16,498,991	1.42 %
h Research (from Worksheet 7)			1,298,271	1,298,271	0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,237,025		1,237,025	0.11 %
j Total. Other Benefits	0	0	109,766,278	90,444,923	19,321,355	1.67 %
k Total. Add lines 7d and 7j	0	0	407,770,700	341,584,268	66,186,432	5.72 %

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

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

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	520,644
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	65,261,561
6 Enter Medicare allowable costs of care relating to payments on line 5	6	93,158,079
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-27,896,518
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

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

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

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

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

4

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

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

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SHARP MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

SHARP MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

SHARP MEMORIAL HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

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

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

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS

Name of hospital facility or letter of facility reporting group _____

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>http://www.sharp.com/about/community/health-needs-assessments.cfm</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

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

SHARP MESA VISTA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

SHARP MESA VISTA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

SHARP MESA VISTA HOSPITAL

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>http://www.sharp.com/about/community/health-needs-assessments.cfm</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

SHARP MCDONALD CENTER

Name of hospital facility or letter of facility reporting group _____

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

Part V Facility Information (continued)

Billing and Collections

SHARP MCDONALD CENTER

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

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

SHARP MCDONALD CENTER

Name of hospital facility or letter of facility reporting group _____

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

	Yes	No
23		No
24		No

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 8

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

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 SCH H, PART VI, LINE 7	Sharp HealthCare prepares an annual Community Benefit Report in accordance with the requirements of California Senate Bill (SB) 697, community benefit legislation (According to SB 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the Calif. Office of Statewide Health Planning and Development (OSHPD)). Sharp HealthCare submits an annual Community Benefit Report to the California OSHPD. For purposes of the Sharp HealthCare Community Benefit Plan and Report, financials and narratives are provided in distinct sections for each hospital noted under Sharp Memorial Hospital's Tax ID, including Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Mesa Vista Hospital and Sharp McDonald Center. In addition, consolidated financials for these hospitals are also provided in the FY 2020 Sharp HealthCare Community Benefit Plan and Report under the section entitled Sharp Metropolitan Medical Campus. The Sharp HealthCare Community Benefit Plan and Report, Fiscal Year 2020 is available online at https://www.sharp.com/about/community/community-benefits/benefit-report.cfm

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 SCH H, PART III, LINE 3	<p>No figure is reported on Part III, line 3 (estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy) due to all amounts attributable to patients eligible under the charity care policy being reported as charity. The organization incurred additional Medicare shortfall that is not allowed to be reported on Parts I and III, due to the definition of Medicare shortfall as prescribed by the IRS. This additional shortfall arises from the use of the Medicare cost report data which excludes fee based services, non-billable services, and disallowed operating expenses which the organization has determined to be revenues and expenses of the Medicare program and should be included in the total shortfall. A reconciliation of what the organization classifies as Medicare shortfall is as follows: Medicare revenue received reported on Parts I and III 154,408,213 Medicare allowable costs reported on Parts I and III 192,164,587 Shortfall included on Parts I and III (37,756,374) Actual Medicare revenue received 154,039,064 Actual Medicare cost 205,050,676 Actual Medicare shortfall (51,011,612) Additional Medicare shortfall not on Parts I and III (13,255,238)</p>

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	THE HOSPITAL ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD'S ACCOUNTING STANDARDS UPDATE 2014-09 TOPIC 606 (ASU 606) EFFECTIVE OCTOBER 1, 2018. ASU 606 AND THE HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) DIFFERENTIATE BAD DEBT FROM IMPLICIT PRICE CONCESSIONS. THE HOSPITAL MAKES A DETERMINATION REGARDING A PRICE CONCESSION TO STANDARD PRICING ON A PORTFOLIO BASIS. THE IMPLICIT PRICE CONCESSIONS INCLUDED IN ESTIMATING THE TRANSACTION PRICE REPRESENT THE DIFFERENCE BETWEEN AMOUNTS BILLED TO PATIENTS AND THE AMOUNTS SHARP EXPECTS TO COLLECT BASED ON COLLECTION HISTORY WITH EACH PORTFOLIO OF PATIENTS. PATIENT SERVICE REVENUE IS RECORDED NET OF CONTRACTUAL ALLOWANCES AND DISCOUNTS, INCLUDING AN ESTIMATE FOR IMPLICIT PRICE CONCESSIONS. BAD DEBT IS RECORDED AS AN OPERATING EXPENSE AND RESULTS WHEN A PATIENT, DETERMINED TO HAVE THE FINANCIAL CAPACITY TO PAY FOR HEALTHCARE SERVICES, IS UNWILLING TO DO SO. FOR THE TAX YEAR ENDED SEPTEMBER 30, 2019, THE HOSPITAL DETERMINED \$8,625,485 AS BAD DEBT EXPENSE. BAD DEBT EXPENSE IS NETTED AGAINST REVENUE. AS SUCH, \$0.00 WAS BACKED OUT OF TOTAL EXPENSES FOR COLUMN (F) CALCULATION. ALSO APPLIES TO SCHEDULE H, PART I, LINE 7, COLUMN F.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	FN4: Net Patient Service Revenues Patient Service Revenues Sharp has agreements with third-party payors that provide for payments to Sharp at amounts different from its established rates. Inpatient and outpatient services provided to patients not covered by third-party payors are paid based on Sharp's policies and the patient's ability to pay. Sharp reduces the transaction price by implicit price concessions to uninsured patients and patients with uninsured balances, such as copays and deductibles. The implicit price concessions included in estimating the transaction price represent the difference between amounts billed to patients and the amounts. Sharp expects to collect based on its collection history with this portfolio of patients. Subsequent changes to the estimates are considered variable consideration and are included in patient service revenue when information becomes available.

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

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

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 2 Needs assessment</p>	<p>Sharp HealthCare (Sharp) has been a long-time partner in the process of identifying and responding to the health needs of the San Diego community. This partnership has included a broad range of hospitals, health care organizations, and community agencies in order to conduct triennial Community Health Needs Assessments (CHNAs) for more than 20 years. Sharp hospitals, including those comprising the Sharp Metropolitan Medical Campus (SMMC) - Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Memorial Hospital (SMH), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) - base their community benefit and community health programs on both the findings of these needs assessments and the combination of expertise in programs and services offered and the knowledge of the populations and communities served by each Sharp hospital. The complete 2019 Community Health Needs Assessments for SMH, SMV and SMC are available online at: https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm or by contacting Sharp HealthCare Community Benefit at: communitybenefits@sharp.com. In accordance with federal regulations, the SMH 2019 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed distinct CHNAs in 2019. SMMC's hospitals reviewed the findings from their most recent (2019) CHNAs and used the assessments to help inform priority needs for members of the communities they serve. In identifying these priorities, the entities also considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region. SMMC's hospitals are committed to the health and well-being of their communities, and the findings of their 2019 CHNAs help inform the activities and services provided to improve the health of their community members. These programs are detailed in the hospitals' FY21-FY24 implementation strategies, which are also available online to the community at: https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm. Both SMH and SMBHWN do not have the capacity to provide the community education and support elements for the identified health need of behavioral health. Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in SDC. Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of: cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health). These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Sharp Rees-Stealy clinics throughout SDC - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. Please refer to Part V, Sections B and C, for additional details on the process, findings and strategies to address findings from the 2019 CHNAs for SMH, SMV and SMC. Programs that address CHNA-identified needs are also detailed in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY 2020 Community Benefit Plan and Report, available for public viewing/download at: https://www.sharp.com/about/community/community-benefits/benefit-report.cfm. In addition, the entities of SMMC incorporate community priorities and community relations into its strategic plan and develops service line-specific goals (SMBHWN, SMH, SMV/SMC) Estimate an annual budget for community programs and services based on community needs, the prior years' experience and current funding levels (SMBHWN, SMH, SMV/SMC) Consults with representatives from a variety of departments to discuss, plan, and implement community activities (SMH) Hosts a bimonthly committee to discuss, plan, and implement community activity</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	vities (SMV/SMC) Participates in programs and workgroups to review and implement services to improve the health status and emotional well-being of women and infants (SMBHWN)

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>The community served by SMMC (SMBHWN, SMH, SMV and SMC) encompasses the entire community of San Diego County (SDC), including all six regions: central, east, north central, north coastal, north inland and south. In 2020, there were 494,281 residents ages 65 and older in SDC, representing 14.8% of the population. Between 2020 and 2025, it is anticipated that SDC's senior population will grow by 17.4%. For SMMC's 2019 CHNA processes, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States of America (U.S.) based on specific barriers to health care access, including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations. According to the CNI, communities served by the SMMC hospitals with especially high need include, but are not limited to, East San Diego, City Heights, Linda Vista, the College Area and Downtown San Diego. In SDC in 2018, 95.5% of children ages 18 and under, 86.0% of young adults ages 19 to 25, 86.3% of adults ages 26 to 44, 90.8% of adults ages 45 to 64, and 98.7% of seniors ages 65 and older had health insurance. Health insurance coverage for each age group was lower than the Healthy People 2030 (HP2030) national target of 92.1% health insurance coverage for all individuals under age 65, with the exception of children ages 0 to 17 years. In 2018, 12.5% of the SDC population reported living below 100% of the federal poverty level (FPL). The county's unemployment rate was 6.1% and 5.0% of households received Supplemental Security Income. According to estimates from the San Diego Hunger Coalition, as of August 2020, 33% of San Diegans experienced food insecurity and 44% of children lived in food insecure households. In 2018, 7.2% of households in SDC participated in Supplemental Nutrition Assistance Program (SNAP) benefits, while 19.0% of the population lived at or below 138% FPL and were eligible for the program.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>Sharp Memorial Hospital has an open medical staff and a community board. Surplus funds generated by hospital operations are re-invested by the organization to fund capital improvements and acquire state of the art medical equipment with the intent of continually improving patient care. Further, as San Diego's largest private employer, Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego earth-friendly businesses to help identify best practices to reduce the costs of green practices and facilitate implementation of sustainable initiatives. Through various strategies, in FY 2020 SMH (including SMBHWN) diverted nearly 1.9 million pounds of waste, 40 % of its generated waste. SMV diverted more than 363,000 pounds of waste, 45% of its generated waste in FY 2020. Sharp believes the promotion of healthy food choices is necessary to improve the health of patients, employees and the community. Sharp's recommitment to healthy food and sustainable nutrition practices began more than six years ago with a strategy to increase the availability of healthy food options at Sharp facilities. Since that time, Sharp, in collaboration with Sodexo - Sharp's food service partner - has been an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers to adopt healthier eating habits, combat obesity and minimize waste. Sharp's Food and Nutrition Best Health Committee supports these efforts by promoting food sustainability awareness throughout the health care system and within the greater San Diego community. Since FY 2018, Sodexo teams at SMH have used LeanPath - a pilot program funded by a City of San Diego grant to combat food waste and facilitate compliance with new composting and recycling laws. LeanPath provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill. In addition, since 2016, SMH has collaborated with the San Diego Rescue Mission and San Diego Food Bank to donate surplus food to more than 45 hunger relief organizations in San Diego County. In addition, SMMC was the first hospital to participate in the City of San Diego's beginning in 2012 and continues to divert food waste to rich compost through this program. Combined with the composting programs at other Sharp entities, these composting programs diverted approximately 200 tons of food waste from landfills in FY 2020. SMH and SMV also continue to operate the first county-approved hospital-based organic gardens and serve this food through their cafeterias and cafes. Sharp is 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 addition, Sharp protects the San Diego community through essential emergency and disaster planning activities and services. Throughout the year, Sharp provided education to staff, community members and community health professionals, and partnered with numerous state and local organizations, to prepare for an emergency or disaster. In FY 2020 this included collaborations with local government and other hospitals and health systems to continuously monitor the progression and impact of the COVID-19 pandemic, and deliver a coordinated, effective response. In FY 2020, the disaster preparedness team offered 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 other agencies during a disaster. Traditionally held in-person, these trainings shifted to virtual formats following the COVID-19 outbreak. Sharp's disaster leadership donated their time to various state and local organizations and committees.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>In FY 2020, this included the County of San Diego Emergency Medical Care Committee (EMCC), California Hospital Association (CHA) Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Co mmittee, and San Diego County Civilian/Military Liaison Work Group. Sharp's disaster leade rship also participated in the County of San Diego Healthcare Disaster Coalition - a multi -agency group of representatives who assist the county in improving mitigation, preparedne ss, response and recovery activities during emergencies and disasters. As part of this coa lition, Sharp's disaster leadership continued to lead a subcommittee to review hospital em ergency food and water supply planning and identify tools and best practices to disseminat e to community health care professionals. In addition, Sharp's disaster leadership partici pated in the Statewide Medical Health Exercise Program. This work group of representatives from local, regional and state agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide local emergency planners in developing, planning and conducti ng emergency responses. Further, through participation in the DHHS Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaste r Preparedness Partnership. The partnership includes local hospitals, health clinics and o ther health providers, and provides resources, trainings and information to prepare non-ho spital entities in SDC for a collaborative response to an emergency or disaster. The partn ership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations t hat serve SDC and are located near partner health care facilities. Many of the aforementio ned groups and committees were paused during the COVID-19 pandemic and the California wild fires, however, the CHA Emergency Management Advisory Committee and the EMCC resumed opera tions virtually. In FY 2020, COVID-19 and the recent wildfires reinforced the importance o f Sharp's existing relationships with other hospital systems in SDC, as well as with the H ospital Association of San Diego and Imperial Counties (HASD&IC) and CHA. These relations hips supported the development of a new work group dedicated to collaboratively addressing such public health threats. Through weekly virtual meetings, Sharp, Scripps Health, Palomar Health, UC San Diego Health, Kaiser Permanente San Diego, HASD&IC and CHA share best pr actices in patient care; strategies to ensure provider safety and well-being; and plans fo r a continuously successful disaster response while adhering to social distancing guidelin es. The group is also developing mass fatality plans in the event that a future emergency or disaster - or simultaneously occurring events - require greater response protocols than those currently in place. Further, Sharp's disaster leadership steers the organization's Highly Infectious Disease (HID) Committee. The HID Committee prepares the Sharp workforce to care for patients infected with COVID-19 and remains in close contact with local, state and national health officials to report and monitor local cases; secure sustainable suppl y chains for necessary equipment and supplies; and disseminate relevant guidance and recom mendations to Sharp's workforce. Through the HID Committee, additional collaborations have developed with fellow San Diego health care systems. New partnerships include an ethics w ork group to explore the potential need for medical supply rationing based on the severity of future emergencies or disasters, as well as regular meetings between SDC hospital Chie f Medical Officers.</p>

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Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 Affiliated health care system</p>	<p>Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals; three specialty hospitals; three affiliated medical groups; 25 medical centers; five urgent care centers; three skilled nursing facilities (SNF); two inpatient rehabilitation centers; home health, hospice, and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp also offers individual and group Health Maintenance Organization coverage through Sharp Health Plan (SHP). Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2020, Sharp is licensed to operate 2,191 beds and has more than 2,300 Sharp-affiliated physicians and 19,000 employees. It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations and are provided in a caring, convenient, cost-effective and accessible manner. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and wellbeing of those it serves. In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertise * Resilience Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. With 1,036 licensed beds, SMMC (including SMH, SMBHWN, SMV and SMC) features private patient rooms, sleeper sofas for loved ones, state-of-the-art surgery suites and the largest and most modern emergency and trauma center in San Diego. SMH is also a Magnet hospital for nursing and patient care excellence. SMH received Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor awarded by the ANCC and is accepted nationally as the gold standard in nursing excellence. In January 2012, SMH was designated a Planetree Patient-Centered Hospital. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient's perspective. In 2014, SMH achieved Planetree Designation with Distinction and was re-designated as a Planetree Patient-Centered Hospital in 2015. SMH has been a part of San Diego health care history for more than 50 years. A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, SMBHWN delivers more babies than any other private hospital in California. The largest private freestanding psychiatric hospital in California, SMV is a premier provider of behavioral health services. SMC is SDC's only licensed chemical dependency recovery hospital.</p>

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

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

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

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>Facility , 1 - SHARP MEMORIAL HOSPITAL. Based on the results of the community health statistics scan and feedback from community partners received during the 2019 CHNA planning process, a number of community engagement activities were conducted across San Diego County as part of the collaborative, countywide 2019 CHNA - led under the auspices of the Hospital Association of San Diego & Imperial Counties (HASD&IC) through the 2019 CHNA Committee, of which Sharp was Vice Chair. Additional community engagement activities were conducted specific to Sharp/SCHHC, in order to provide a more comprehensive understanding of identified health needs - including their associated social determinants of health (SDOH) and potential system and policy changes that may impact them - for the patients and community members served by the hospital. The CHNA process also included a detailed analysis of how the top health needs impact the health of San Diego residents. Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. Community engagement activities of the collaborative 2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of San Diego County, 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. Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups that represent communities facing inequities. A total of 579 individuals participated in the 2019 collaborative CHNA including 138 community residents and 441 leaders and experts. In addition to participation and leadership in the collaborative HASD&IC 2019 CHNA process, Sharp contracted separately with the Institute for Public Health (IPH) at San Diego State University (SDSU) to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on aging concerns, behavioral health, cancer, diabetes, the needs of patients and community members who face socioeconomic hardships and inequities. These additional efforts included focus groups and key informant interviews with 50 Sharp providers and 14 patients/community members. Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp. These case studies focused on breast ca</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>ancer and high-risk pregnancy. Data collected during the community engagement activities and from literature reviews supported development of the case study. Lastly, the SMH 2019 CH NA 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 San Diego County community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the Sharp Insight Community Survey. SMH/Sharp-specific community engagement activities concluded in Spring, 2019.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL. The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2019 CHNA process. The CHNA Committee is comprised of representatives from the following hospitals and health care systems: * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health * Grossmont Healthcare District The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MEMORIAL HOSPITAL. The Sharp Memorial Hospital 2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County. SMH'S (as well as SMV and SMC - comprising SMMC) 2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 Community Health Needs Assessment process and findings for San Diego County. This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MEMORIAL HOSPITAL. The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC). In accordance with federal regulations, the SMH 2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed separate and distinct CHNAs in FY 2019 (TY 2018). The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2019 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community. Through the SMMC 2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order): * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) reviewed the findings of their 2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members. In identifying these priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County). the unique, ever-changing demographics and health topics that comprise their service areas and regions. The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs: access to health care, aging concerns, behavioral health, cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury. In FY 2020, whenever possible, programs transitioned to virtual formats in response to COVID-19. Variation exists in the capacity of SMMC's individual hospital entities to address these identified health needs; please see details below.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>low. Both SMH and SMBHWN do not have the capacity to provide the community education and support elements for the identified health need of behavioral health. Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in San Diego County. Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of: cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health). These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Again, in FY 2020, many of these programs transitioned to virtual formats, in response to COVID-19. In addition, Sharp Rees-Stealy clinics throughout San Diego County - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. To address multiple needs - particularly social determinants of health (SDOH) - identified in the 2019 CHNA, in FY 2019, SMMC joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the SDOH that influence the health and well-being of their patients. SMMC joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs. Beginning in summer 20 19, SMMC's case management and social work staff received training on CIE as a tool to serve patients in the acute care setting, including those patients experiencing food insecurity and homelessness. In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp staff increased their CIE utilization and began connecting patients to community-based organizations via the platform. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance - a reflection of the challenges faced by community members across San Diego County, which have been exacerbated</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ed by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021 . The most recently completed (FY 2021 - FY 2024) implementation strategies for each of SM MC's hospital entities are available online at: https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm. These implementation strategies detail the programs that each hospital provides to address needs identified in their 2019 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address. These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY 2020 Community Benefit Plan and Report, available for public viewing/download at: https://www.sharp.com/about/community/community-benefits/benefit-report.cfm .</p>

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

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

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

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

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

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

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN. Based on the results of the community health statistics scan and feedback from community partners received during the 2019 CHNA planning process, a number of community engagement activities were conducted across San Diego County as part of the collaborative, countywide 2019 CHNA - led under the auspices of the Hospital Association of San Diego & Imperial Counties (HASD&IC) through the 2019 CHNA Committee, of which Sharp was Vice Chair. Additional community engagement activities were conducted specific to Sharp/SCHHC, in order to provide a more comprehensive understanding of identified health needs - including their associated social determinants of health (SDOH) and potential system and policy changes that may impact them - for the patients and community members served by the hospital. The CHNA process also included a detailed analysis of how the top health needs impact the health of San Diego residents. Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. Community engagement activities of the collaborative 2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of San Diego County, 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. Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups that represent communities facing inequities. A total of 579 individuals participated in the 2019 collaborative CHNA including 138 community residents and 441 leaders and experts. In addition to participation and leadership in the collaborative HASD&IC 2019 CHNA process, Sharp contracted separately with the Institute for Public Health (IPH) at San Diego State University (SDSU) to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on aging concerns, behavioral health, cancer, diabetes, the needs of patients and community members who face socioeconomic hardships and inequities. These additional efforts included focus groups and key informant interviews with 50 Sharp providers and 14 patients/community members. Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp. These case studies focused</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	on breast cancer and high-risk pregnancy. Data collected during the community engagement activities and from literature reviews supported development of the case study. Lastly, the SMH 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 San Diego County community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the Sharp Insight Community Survey. SMH/Sharp-specific community engagement activities concluded in Spring, 2019.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN. The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2019 CHNA process. The CHNA Committee is comprised of representatives from the following hospitals and health care systems: * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health * Grossmont Healthcare District The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN. The Sharp Memorial Hospital 2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County. SMH'S (as well as SMV and SMC - comprising SMMC) 2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 Community Health Needs Assessment process and findings for San Diego County. This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MARY BIRCH HOSPITAL FOR WOMEN. The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC). In accordance with federal regulations, the SMH 2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed separate and distinct CHNAs in FY 2019 (TY 2018). The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2019 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided in sight gathered from direct conversations with the community. Through the SMMC 2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order): * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) reviewed the findings of their 2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members. In identifying these priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County). the unique, ever-changing demographics and health topics that comprise their service areas and regions. The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs: access to health care, aging concerns, behavioral health, cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury. In FY 2020 , whenever possible, programs transitioned to virtual formats in response to COVID-19. Variation exists in the capacity of SMMC's individual hospital entities to address these identified health needs; please see</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>e details below. Both SMH and SMBHWN do not have the capacity to provide the community education and support elements for the identified health need of behavioral health. Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in San Diego County. Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of: cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health). These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Again, in FY 2020, many of these programs transitioned to virtual formats, in response to COVID-19. In addition, Sharp Rees-Stealy clinics throughout San Diego County - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. To address multiple needs - particularly social determinants of health (SDOH) - identified in the 2019 CHNA, in FY 2019, SMMC joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the SDOH that influence the health and well-being of their patients. SMMC joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs. Beginning in summer 2019, SMMC's case management and social work staff received training on CIE as a tool to serve patients in the acute care setting, including those patients experiencing food insecurity and homelessness. In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp staff increased their CIE utilization and began connecting patients to community-based organizations via the platform. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance - a reflection of the challenges faced by community members across San Diego County, which have been</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>en exacerbated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021. The most recently completed (FY 2021 - FY 2024) implementation strategies for each of SMMC's hospital entities are available online at: https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm. These implementation strategies detail the programs that each hospital provides to address needs identified in their 2019 CHNAs, as well information on identified health needs that each hospital lacks resources to comprehensively address. These programs are detailed further in the SMBHWN, SMH and SMV/S MC sections of Sharp HealthCare's FY 2020 Community Benefit Plan and Report, available for public viewing/download at: https://www.sharp.com/about/community/community-benefits/benefit-report.cfm.</p>

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

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

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

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

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

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

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - SHARP MESA VISTA HOSPITAL. Based on the results of the community health statistics scan and feedback from community partners received during the 2019 CHNA planning process, a number of community engagement activities were conducted across San Diego County as part of the collaborative, countywide 2019 CHNA - led under the auspices of the Hospital Association of San Diego & Imperial Counties (HASD&IC) through the 2019 CHNA Committee, of which Sharp was Vice Chair. Additional community engagement activities were conducted specific to Sharp/SCHHC, in order to provide a more comprehensive understanding of identified health needs - including their associated social determinants of health (SDOH) and potential system and policy changes that may impact them - for the patients and community members served by the hospital. The CHNA process also included a detailed analysis of how the top health needs impact the health of San Diego residents. Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. Community engagement activities of the collaborative 2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of San Diego County, 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. Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups that represent communities facing inequities. A total of 579 individuals participated in the 2019 collaborative CHNA including 138 community residents and 441 leaders and experts. In addition to participation and leadership in the collaborative HASD&IC 2019 CHNA process, Sharp contracted separately with the Institute for Public Health (IPH) at San Diego State University (SDSU) to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on aging concerns, behavioral health, cancer, diabetes, the needs of patients and community members who face socioeconomic hardships and inequities. These additional efforts included focus groups and key informant interviews with 50 Sharp providers and 14 patients/community members. Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp. These case studies focused on breast</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	cancer and high-risk pregnancy. Data collected during the community engagement activities and from literature reviews supported development of the case study. Lastly, the SMH 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 San Diego County community members, as well as assess their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improve community health and well-being. A total of 380 community members completed the Sharp Insight Community Survey. SMH/Sharp-specific community engagement activities concluded in Spring, 2019.

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL. The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2019 CHNA process. The CHNA Committee is comprised of representatives from the following hospitals and health care systems: * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health * Grossmont Healthcare District The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MESA VISTA HOSPITAL. The Sharp Memorial Hospital 2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County. SMH'S (as well as SMV and SMC - comprising SMMC) 2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 Community Health Needs Assessment process and findings for San Diego County. This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MESA VISTA HOSPITAL. The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBH WN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC). In accordance with federal regulations, the SMH 2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed separate and distinct CHNAs in FY 2019 (TY 2018). The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2019 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity , particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community. Through the SMMC 2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order): * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) reviewed the findings of their 2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members. In identifying the se priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County). the unique, ever-changing demographics and health topics that comprise their service areas and regions. The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs: access to health care, aging concerns, behavioral health , cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury. In FY 2020, whenever possible, programs transitioned to virtual formats in response to COVID-19. Variation exists in the capacity of SMMC's individual hospital entities to address these identified health needs; please see details</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>below. Both SMH and SMBHWN do not have the capacity to provide the community education and support elements for the identified health need of behavioral health. Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in San Diego County. Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of: cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health). These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities. Further, SMH addresses obesity through both clinical programs, as well as general nutrition and exercise education and resources provided at SMH and programs address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. Again, in FY 2020, many of these programs transitioned to virtual formats, in response to COVID-19. In addition, Sharp Rees-Stealy clinics throughout San Diego County - which includes the community served by SMMC - provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs. To address multiple needs - particularly social determinants of health (SDOH) - identified in the 2019 CHNA, in FY 2019, SMMC joined Sharp's systemwide pilot partnership with 2-1-1 San Diego's Community Information Exchange (CIE) to better understand and address the SDOH that influence the health and well-being of their patients. SMMC joined the CIE pilot partnership in order to provide more informed, holistic care to patients with SDOH needs, and to connect them directly to community resources specifically for those needs. Beginning in summer 2019, SMMC's case management and social work staff received training on CIE as a tool to serve patients in the acute care setting, including those patients experiencing food insecurity and homelessness. In its first pilot year, implementation and utilization of CIE was delayed due to logistical barriers as well as the COVID-19 pandemic. However, in the final quarter of FY 2020, Sharp staff increased their CIE utilization and began connecting patients to community-based organizations via the platform. To date, the top three socioeconomic needs identified for Sharp patients enrolled in CIE include food, housing and utilities assistance - a reflection of the challenges faced by community members across San Diego County, which have been exacerbated</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>ated by COVID-19. Metrics of this partnership, including demographic and utilization data, as well as volume and impact of community referrals, continue to be collected and will help to assess the value of the partnership at the end of its second year in early summer 2021. The most recently completed (FY 2021 - FY 2024) implementation strategies for each of SMMC's hospital entities are available online at: https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm. These implementation strategies detail the programs that each hospital provides to address needs identified in their 2019 CHNAs, as well as information on identified health needs that each hospital lacks resources to comprehensively address. These programs are detailed further in the SMBHWN, SMH and SMV/SMC sections of Sharp HealthCare's FY 2020 Community Benefit Plan and Report, available for public viewing/download at: https://www.sharp.com/about/community/community-benefits/benefit-report.cfm.</p>

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

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

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

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

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

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

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

Form and Line Reference	Explanation
<p>Schedule H, Part V, Section B, Line 5 Facility , 1</p>	<p>Facility , 1 - SHARP MCDONALD CENTER. Based on the results of the community health statistics scan and feedback from community partners received during the 2019 CHNA planning process, a number of community engagement activities were conducted across San Diego County as part of the collaborative, countywide 2019 CHNA - led under the auspices of the Hospital Association of San Diego & Imperial Counties (HASD&IC) through the 2019 CHNA Committee, of which Sharp was Vice Chair. Additional community engagement activities were conducted specific to Sharp/SCHHC, in order to provide a more comprehensive understanding of identified health needs - including their associated social determinants of health (SDOH) and potential system and policy changes that may impact them - for the patients and community members served by the hospital. The CHNA process also included a detailed analysis of how the top health needs impact the health of San Diego residents. Additional community engagement activities were conducted specific to Sharp/SMH, in order to provide a more comprehensive understanding of the identified health needs, including their associated social determinants of health and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. Community engagement activities of the collaborative 2019 CHNA included focus groups (214 participants), key informant interviews (12), and an online survey (353 respondents) which targeted stakeholders from every region of San Diego County, 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. Community engagement participants included county public health officers, health care and social service providers, and members of community-based organizations, including advocacy groups that represent communities facing inequities. A total of 579 individuals participated in the 2019 collaborative CHNA including 138 community residents and 441 leaders and experts. In addition to participation and leadership in the collaborative HASD&IC 2019 CHNA process, Sharp contracted separately with the Institute for Public Health (IPH) at San Diego State University (SDSU) to conduct a number of community engagement activities to collect input specifically from Sharp providers as well as from patients and community members served by Sharp hospitals. This input focused on aging concerns, behavioral health, cancer, diabetes, the needs of patients and community members who face socioeconomic hardships and inequities. These additional efforts included focus groups and key informant interviews with 50 Sharp providers and 14 patients/community members. Further, IPH created two case studies with the intent of representing a "typical" patient experience within Sharp. These case studies focused on breast cancer.</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	<p>er and high-risk pregnancy. Data collected during the community engagement activities and from literature reviews supported development of the case study. Lastly, the SMH 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 p atients and their families, community members, Sharp employees, and Sharp-affiliated physi cians. The 2019 CHNA Sharp Insight Community online survey sought to obtain feedback on th e top health and social needs faced by San Diego County community members, as well as asse ss their awareness of community outreach programs offered by Sharp. The online survey also provided participants the opportunity to provide specific suggestions for Sharp to improv e community health and well-being. A total of 380 community members completed the Sharp In sight Community Survey. SMH/Sharp-specific community engagement activities concluded in Sp ring, 2019.</p>

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SHARP MCDONALD CENTER. The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2019 CHNA process. The CHNA Committee is comprised of representatives from the following hospitals and health care systems: * Kaiser Foundation Hospital - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California San Diego Health * Grossmont Healthcare District The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SHARP MCDONALD CENTER. The Sharp Memorial Hospital 2019 Community Health Needs Assessment (CHNA) examines the health needs of the community members it serves in San Diego County. SMH'S (as well as SMV and SMC - comprising SMMC) 2019 CHNA process and findings are based on the collaborative Hospital Association of San Diego and Imperial Counties (HASD&IC) 2019 Community Health Needs Assessment process and findings for San Diego County. This collaborative process was conducted under the auspices of HASD&IC, and in contract with the Institute for Public Health (IPH) at San Diego State University (SDSU). The process and findings of the collaborative HASD&IC 2019 CHNA significantly informed the SMH 2019 CHNA and was further supported by additional data analysis and community engagement activities specific to the community served by SMH (the latter is described in Question 5).

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SHARP MCDONALD CENTER. The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Memorial Hospital (SMH), Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC). In accordance with federal regulations, the SMH 2019 Community Health Needs Assessment (CHNA) also includes needs identified for communities served by SMBHWN, as the two hospitals share a license and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). Thus, the SMH 2019 CHNA summarizes the processes and findings for communities served by both hospital entities (SMH and SMBHWN). SMV and SMC completed separate and distinct CHNAs in FY 2019 (TY 2018). The findings of each of the entities' (SMH - including SMBHWN, SMV and SMC) 2019 Community Health Needs Assessments (CHNA) further dove into priority health needs impacting the communities served by each entity, particularly those community members facing inequities, as well as provided insight gathered from direct conversations with the community. Through the SMMC 2019 CHNAs, the following priority health needs were identified for the communities served by SMMC (listed in alphabetical order): * Access to Health Care * Aging Concerns * Behavioral Health (including Substance Use) * Cancer * Chronic Health Conditions (e.g., Cardiovascular Disease, Diabetes and Obesity) * Community and Social Support * Economic Security * Education * Homelessness and Housing Instability * Maternal and Prenatal Care, including High-Risk Pregnancy * Unintentional Injury and Violence The hospital entities of SMMC (SMH, SMBHWN, SMV, and SMC) reviewed the findings of their 2019 CHNAs to assist in the design and implementation of programs and services provided at these entities for community members. In identifying these priorities, all entities considered the expertise and mission of their programs and services, as well as the needs of the unique, ever-changing demographics and health topics that comprise their service area and region (San Diego County). The unique, ever-changing demographics and health topics that comprise their service areas and regions. The hospital entities of SMMC collectively provide programming and services that address the following identified community health needs: access to health care, aging concerns, behavioral health, cancer, chronic health conditions (cardiovascular disease, diabetes and obesity in particular), community and social support (these programs also help address access to health care, economic security and homelessness and housing instability), maternal and prenatal care, including high-risk pregnancy, education and unintentional injury. In FY 2020, whenever possible, programs transitioned to virtual formats in response to COVID-19. Variation exists in the capacity of SMMC's individual hospital entities to address these identified health needs; please see details below</p>

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

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	w. Both SMH and SMBHWN do not have the capacity to provide the community education and support elements for the identified health need of behavioral health. Thus, these programs and services are provided by the other hospital entities that make up SMMC (SMV and SMC), which are the major providers of behavioral health and substance use services in San Diego County. Conversely, as SMV and SMC are specialty hospital facilities providing behavioral health and chemical dependency programs and services, these hospitals do not have the capacity, resources and expertise to address the identified health needs of: cancer, cardiovascular disease, diabetes type 2, high risk pregnancy, obesity and senior health). These additional identified health issues (cardiovascular health, diabetes, obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed by programs/services provided by these two hospital entities.

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

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

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

Note: To capture the full content of this document as Filed, 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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service
Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	The Management team evaluates requests for contributions from outside organizations taking into account how they align with the organization's mission. No monitoring is done after grants are made.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Association San Diego 6632 Convoy Street San Diego, CA 92123	13-3039601	501(c)(3)	36,500				Annual Sponsorship
American Heart Association PO Box 4002030 Des Moines, IA 50340	13-5613797	501(c)(3)	15,000				Annual Sponsorship

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
San Diego Crew Classic 1875 Quivera Way C-6 SAN DIEGO, CA 92109	95-3276681	501(c)(3)	10,000				Annual Sponsorship
San Diego Family Care 6976 Linda Vista Road SAN DIEGO, CA 92104	95-2700856	501(c)(3)	65,000				Provides primary community mental health and medical care

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
California Health Foundation & Trust 1215 K Street Suite 800 SAN DIEGO, CA 92111	94-1498697	501(c)(3)	1,056,940				Medi-Cal Program

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

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Name of the organization Sharp Memorial Hospital

Employer identification number 95-3782169

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation details like travel, housing, severance, and contingencies.

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part II, Column (B)(i) SCH J, PART II, COL Bi	Compensation was paid to Dr. Paul Wozniak through San Diego Neonatology Inc. by Sharp Memorial Hospital, and to Dr. Charles Athill through San Diego Cardiac Center Medical Group.
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The Compensation Committee of Sharp Healthcare, the parent organization, establishes the compensation of the Chief Executive Officer. The Compensation Committee engages independent compensation consultants and the amount is approved by both the Compensation Committee and Board of Directors.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	SHARP HEALTHCARE ("COMPANY") SPONSORS AN EXECUTIVE FLEXIBLE BENEFIT PLAN ("PLAN") TO PROVIDE DESIGNATED EXECUTIVES WITH A REASONABLE LEVEL OF BENEFITS IN RETURN FOR THEIR CONTINUED EMPLOYMENT WITH THE COMPANY. THE PLAN IS ADMINISTERED ON A PLAN YEAR BASIS OF JANUARY 1 TO DECEMBER 31. CHANGES IN FLEXIBLE BENEFIT OPTIONS ARE PERMITTED ANNUALLY, EFFECTIVE JANUARY 1 OF THE NEW PLAN YEAR. THE PROVISIONS OF THE PLAN, WHICH WERE RESTATED EFFECTIVE AS OF DECEMBER 31, 2008, ARE DESCRIBED BELOW AS RESTATED. THE PLAN IS AVAILABLE TO THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS. THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PARTICIPANT EACH PLAN YEAR SHALL EQUAL THE SUM OF THE FOLLOWING: - A COMPANY PROVIDED BASE ALLOWANCE EQUAL TO 18% OF THE PARTICIPANT'S BASE SALARY - A PARTICIPANT DEFERRAL UP TO 6% OF THE PARTICIPANT'S PRE-TAX BASE SALARY FOR SUCH PLAN YEAR AS ELECTED BY THE PARTICIPANT - A COMPANY MATCH SHOULD THE PARTICIPANT MAKE AN ELECTIVE DEFERRAL FOR A PLAN YEAR. THE COMPANY MATCH BEGINS AT 2% FOR THE FIRST 1% ELECTIVE DEFERRAL AND INCREASES 0.5% FOR EACH ADDITIONAL 1% ELECTIVE DEFERRAL, TO A MAXIMUM MATCH OF 4.5% ON A 6% ELECTIVE DEFERRAL. THE PLAN ALLOWS PARTICIPANTS TO USE THE FLEXIBLE BENEFIT ALLOWANCE TO PURCHASE ADDITIONAL LONG-TERM DISABILITY COVERAGE, LONG-TERM CARE COVERAGE, AND FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS (LIFE INSURANCE). PARTICIPANTS IN THE FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS PLAN PREVIOUSLY COULD ELECT TO APPLY FLEXIBLE BENEFIT ALLOWANCE TO ACQUIRE ADDITIONAL SURVIVOR COVERAGE, OR TOWARD DEPOSITS TO THE SUPPLEMENTAL SURVIVOR ACCUMULATION BENEFIT PLAN ("SSAB") TO FUND POST-RETIREMENT SURVIVOR BENEFITS, SUBJECT TO THE ERISA LIMIT PROVIDED THEIR POLICIES WERE ISSUED PRIOR TO SEPTEMBER 18, 2003. THE COMPANY SHALL AUTOMATICALLY CONTINUE WHATEVER ELECTIVE COVERAGE AND ADDITIONAL DEPOSIT ELECTIONS THAT WERE IN PLACE FOR THE SSAB DURING THE 2008 PLAN YEAR. NO ELECTIVE COVERAGE OR ADDITIONAL DEPOSITS WERE AVAILABLE TO PARTICIPANTS WHOSE POLICIES WERE ISSUED ON OR AFTER SEPTEMBER 18, 2003. ANY FLEXIBLE BENEFIT ALLOWANCE THAT REMAINS AFTER PURCHASING THESE ADDITIONAL COVERAGES SHALL BE PAID TO THE PARTICIPANT IN CASH IN EQUAL INSTALLMENTS THROUGHOUT THE PLAN YEAR, NOT LESS FREQUENTLY THAN QUARTERLY. IF THE PARTICIPANT SEPARATES FROM SERVICE DURING THE PLAN YEAR, THE PARTICIPANT FORFEITS ANY UNPAID ALLOWANCE. During the year ended December 31, 2019, Ann Pumpian received distributions from the plan of \$730,140.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Christopher A Howard PRESIDENT & CEO SHC	(i)	0	0	0	0	0	0	0
	(ii)	1,325,716	312,500	27,376	0	19,026	1,684,618	0
1 Daniel L Gross EVP HOSPITAL OPS SHC THRU 6/12/2020	(i)	0	0	0	0	0	0	0
	(ii)	1,424,684	522,184	81,274	64,548	17,159	2,109,849	0
2 Timothy B Smith CEO SMH	(i)	0	0	0	0	0	0	0
	(ii)	757,776	236,332	33,630	0	16,806	1,044,544	0
3 Patricia Khaleghi CEO SHC SPECIALTY HOSP	(i)	0	0	0	0	0	0	0
	(ii)	563,368	202,974	44,812	9,908	21,691	842,753	0
4 Pamela Wells VP PATIENT CARE SVCS- SMH	(i)	0	0	0	0	0	0	0
	(ii)	279,992	64,616	7,816	15,244	9,033	376,701	0
5 Joseph Sheridan MD DIRECTOR - PART YEAR	(i)	127,981	0	0	0	0	127,981	0
	(ii)	28,862	0	0	0	0	28,862	0
6 Paul Wozniak MD DIRECTOR	(i)	654,240	0	0	0	0	654,240	0
	(ii)	511,440	0	0	0	0	511,440	0
7 Michael W Murphy FORMER PRESIDENT & CEO SHC	(i)	0	0	0	0	0	0	0
	(ii)	551,687	689,742	21,970	19,843	5,127	1,288,369	0
8 Carlisle C Lewis III FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	555,768	504,685	27,578	26,542	10,912	1,125,485	0
9 Kari Cornicelli FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	169,923	68,665	9,955	21,981	6,531	277,055	0
10 Ann Pumpian FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	731,220	7,614	0	738,834	0
11 Staci L Dickerson SVP & CFO SHC	(i)	0	0	0	0	0	0	0
	(ii)	801,475	255,933	28,451	8,879	16,269	1,111,007	0
12 Anthony Guerra CFO, VP CAMPUS PLN & DEV-SMH	(i)	0	0	0	0	0	0	0
	(ii)	264,412	60,913	12,064	22,733	20,634	380,756	0
13 Rick L Grossman SVP GENERAL COUNSEL	(i)	0	0	0	0	0	0	0
	(ii)	295,126	0	91,599	0	3,280	390,005	0
14 Janie Kramer KEY EMPLOYEE	(i)	0	0	0	0	0	0	0
	(ii)	206,327	88,656	22,381	28,102	5,446	350,912	0
15 Maria Colombo CNO MB	(i)	0	0	0	0	0	0	0
	(ii)	260,022	68,416	3,667	22,547	1,004	355,656	0
16 Cheryl Odell CNO SMV	(i)	0	0	0	0	0	0	0
	(ii)	72,573	60,022	169,005	14,662	5,251	321,513	0
17 Thor Anderson DIR PHARMACY	(i)	221,774	34,367	794	11,809	14,987	283,731	0
	(ii)	0	0	0	0	0	0	0
18 Frances Schlaefer VP AMBULATORY & CLIN SVCS	(i)	0	0	0	0	0	0	0
	(ii)	225,525	55,910	22,482	11,549	8,890	324,356	0
19 Christopher Walker VP CLINICAL SVCS	(i)	0	0	0	0	0	0	0
	(ii)	217,475	67,745	32,133	9,874	20,492	347,719	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Michael Plopper	(i)	267,458	101,522	23,775	26,622	7,873	427,250	0
PRGM MGR-RESEARCH	(ii)	0	0	0	0	0	0	0
1 Geoffrey Stiles MD	(i)	0	0	0	0	0	0	0
CHIEF MEDICAL OFFICER-SMH	(ii)	303,728	48,974	22,434	16,424	1,433	392,993	0
2 Fadi Nicolas	(i)	0	0	0	0	0	0	0
CMO SHARP BEHAVIORAL HEALTH	(ii)	329,210	0	1,066	12,146	17,761	360,183	0
3 Randi Larsson	(i)	220,115	43,662	6,993	32,649	15,054	318,473	0
DIR OUTPT PAVILION	(ii)	0	0	0	0	0	0	0
4 Susan Davis	(i)	223,666	42,326	2,308	20,059	14,963	303,322	0
DIR WOMEN'S & NEONATAL SVCS	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	2	85,546	Market value
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Covid related PPE)	X	1	231,961	Market value
26 Other ▶ (Employee meals and rewards)	X	1	98,691	Market value
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

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

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Cars and other vehicles - Number in column (b) represents number of items received Other - Covid related PPE Number in column (b) represents number of contributions Other - Employee meals and rewards Other - Employee meals and rewards/Other number in column (B) represents number of contributions.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

Sharp Memorial Hospital

Employer identification number

95-3782169

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>See full Sharp HealthCare Annual Community Benefit Plan and Report at: https://www.sharp.com/about/community/community-benefits/benefit-report.cfm Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California. The Sharp system includes four acute care hospitals; three specialty hospitals; three affiliated medical groups; 25 medical centers; five urgent care centers; three skilled nursing facilities ; two inpatient rehabilitation centers; home health, hospice and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp also offers individual and group health maintenance organization coverage through Sharp Health Plan. Serving a population of approximately 3.3 million in San Diego County, as of September 30, 2020, Sharp is licensed to operate 2,191 beds and has more than 2,300 Sharp-affiliated physicians and 19,000 employees. Mission It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner. Vision Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen embodying an organization where people work together to do the right thing every day to improve the health of those they serve. This summary provides an overview of community benefit planning at 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) 2020 (October 1, 2019, through September 30, 2020). 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 (EIN 95-2367304) Sharp Coronado Hospital and Healthcare Center (EIN 95-0651579) Sharp Grossmont Hospital (EIN 33-0449527) Sharp Mary Birch Hospital for Women & Newborns (EIN 95-3782169) Sharp Memorial Hospital (EIN 95-3782169) Sharp Mesa Vista Hospital and Sharp McDonald Center (EIN 95-3782169) Sharp Health Plan (EIN 33-0519730) 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 ho</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>spital. Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Pla n and Report, FY 2020 The following community needs are addressed by one or more Sharp hos pitals in this Community Benefit Plan and Report: Access to care and financial support for uninsured and underinsured community members and individuals without a medical provider P rograms and services to provide community and social support for individuals with socioeco nomic hardships Education, screening and support programs for chronic health conditions an d various other health needs including, but not limited to, cardiovascular disease, stroke , cancer, diabetes, obesity and unintentional injuries Health education, support and scree ning activities for seniors and others with aging concerns Safety and support programs for seniors and people with disabilities End-of-life and advance care planning services for h ospice patients and their loved ones and the community Support of community nonprofit heal th and social service organizations Education and training for community health care profe ssionals Student and intern supervision, education and support Collaboration with local sc hools to promote interest and provide career pathways in health care Cancer patient naviga tion services and participation in clinical trials Women's and prenatal/postnatal health s ervices, support and education, including services for high-risk pregnancies Behavioral he alth and substance use education, screening and support for the community - including seni ors and transitional age youth Economic Value of Community Benefit Provided in FY 2020 In FY 2020, Sharp provided a total of \$463,505,105 in community benefit programs and services that were unreimbursed. This represents unreimbursed community benefit costs after the im pact of the Medi-Cal Hospital Fee Program. In FY 2020, the State of California and the Cen ters for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the t ime period of July 1, 2019, through December 31, 2021. This resulted in recognition of sup plemental revenues totaling \$338.0 million and quality assurance fees and pledges totaling \$184.5 million in FY 2020. The net FY 2020 impact of the program totaling \$153.5 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 a dditional funds recorded in FY 2020 understate the true unreimbursed medical care services performed for the past fiscal year. Economic Value of Community Benefit Provided in FY 20 20 by SB 697 Category and by Sharp entity was as follows: Sharp Chula Vista Medical Center : Medical Care Services - \$112,145,483 Other Benefits for Vulnerable Populations - \$452,39 9 Other Benefits for the Broader Community - \$213,716 Health Research, Education and Train ing Programs - \$648,735 TOTAL - \$113,460,333 Sharp Coronado Hospital and Healthcare Center : Medical Care Services - \$17,</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4a Community Benefit Report</p>	<p>289,851 Other Benefits for Vulnerable Populations - \$88,912 Other Benefits for the Broader Community - \$64,913 Health Research, Education and Training Programs - \$102,197 TOTAL - \$ 17,545,873 Sharp Grossmont Hospital: Medical Care Services - \$125,922,187 Other Benefits for Vulnerable Populations - \$1,161,487 Other Benefits for the Broader Community - \$422,712 Health Research, Education and Training Programs - \$1,034,608 TOTAL - \$128,540,994 Sharp Mary Birch Hospital for Women & Newborns: Medical Care Services - \$3,998,794 Other Benefits for Vulnerable Populations - \$39,644 Other Benefits for the Broader Community - \$84,046 Health Research, Education and Training Programs - \$4,282,098 TOTAL - \$128,540,994 Sharp Memorial Hospital: Medical Care Services - \$171,176,351 Other Benefits for Vulnerable Populations - \$1,004,851 Other Benefits for the Broader Community - \$405,831 Health Research, Education and Training Programs - \$533,353 TOTAL - \$173,120,386 Sharp Mesa Vista Hospital and Sharp McDonald Center: Medical Care Services - \$25,941,717 Other Benefits for Vulnerable Populations - \$349,892 Other Benefits for the Broader Community - \$82,492 Health Research, Education and Training Programs - \$94,118 TOTAL - \$26,468,219 Sharp Health Plan: Other Benefits for Vulnerable Populations - \$15,950 Other Benefits for the Broader Community - \$ 62,502 Health Research, Education and Training Programs - \$8,750 TOTAL - \$87,202 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2020 including in categories above. 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Community Benefit Report	<p>Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments; education and flu vaccinations for seniors; telephone reassurance and safety check program for isolated or homebound seniors and community members with disabilities, including increased outreach during the COVID-19 pandemic; financial and other support to community clinics to assist in providing and improving access to health services; Project Hospital Emergency Liaison Program (Project HELP); Meals on Wheels; contribution of time to the San Diego Food Bank, Feeding San Diego, Mama's Kitchen, Kitchens for Good and Habitat for Humanity; financial and other support to the Sharp Humanitarian Service Program; support services - including participation in 2-1-1 San Diego's Community Information Exchange - for patients experiencing homelessness and other socioeconomic hardships. Other Benefits for the Broader Community included health education and information provided on-site, virtually and in partnership with community-based organizations; participation in community health fairs and events addressing the unique needs of the community; community flu vaccinations, health screenings and support groups; and prenatal telephone consultations to address the needs of expectant mothers and families during COVID-19. Sharp collaborated with local schools to promote interest in and provide pathways for careers in health care; 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, including COVID-19 response task forces 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>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The 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 2020.</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 2020.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	<p>The organization does not make its governing documents available to the general public. Policies are considered proprietary information, however in Sharp HealthCare's publicly available Code of Conduct, Sharp outlines its Conflict of Interest policies in a user friendly manner. The annual audited financial statements of the consolidated group are published on the dacbond.com website (www.dacbond.com), are attached to the Form 990 filed for each of the Sharp hospitals, and are available upon request. The annual audited financial statements include combining schedules which disclose the financial results (Balance Sheet, Statement of Operations, Statement of Changes in Net Assets) for each entity of the consolidated group. Quarterly financial statements of Sharp's obligated group are published on the dacbond.com website (www.dacbond.com).</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	ALL OTHER - Total Revenue: 57862, Related or Exempt Function Revenue: 57862, 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: 244041, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 244041;

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Change in minimum pension liability - -27374481; ADJUSTMENT DUE TO ADOPTION OF ASC 842 - -128474;

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Sharp Memorial Hospital

Employer identification number
95-3782169

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

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

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

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

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

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

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

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

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

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

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

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

See Additional Data Table

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

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 95-3782169
Name: Sharp Memorial Hospital

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Sharp Coronado Hospital	L	617,576	Accrual Method
Sharp Coronado Hospital	S	100,691	Accrual Method
Grossmont Hospital Corporation	M	3,152,049	Accrual Method
Grossmont Hospital Corporation	L	2,480,498	Accrual Method
Grossmont Hospital Corporation	Q	161,306	Accrual Method
Grossmont Hospital Corporation	P	294,070	Accrual Method
Grossmont Hospital Corporation	R	245,008	Accrual Method
Grossmont Hospital Corporation	S	108,299	Accrual Method
Sharp Health Plan	L	231,377,161	Accrual Method
Sharp HealthCare Foundation	C	6,155,352	Accrual Method
Sharp Chula Vista Medical Center	L	1,524,033	Accrual Method
Sharp Chula Vista Medical Center	R	1,495,599	Accrual Method