

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

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047
2016
Open to Public Inspection

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

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

C Name of organization
Sharp Health Plan

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
33-0519730

E Telephone number
(858) 499-8391

G Gross receipts \$ 735,061,593

F Name and address of principal officer
Melissa Hayden-Cook
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)(4) (insert no) 4947(a)(1) or 527

J Website: ▶ www.sharphealthplan.com

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1992

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To promote the health and to serve the community interests of the residents of California, by operation of a health maintenance organization and by provision of other managed health care services To support the charitable and community oriented mission and programs of the Sharp HealthCare system To do generally all things and transact all business which any person or individual may lawfully do, not inconsistent with the purposes of the Corporation or with the rights and purposes of a nonprofit organization

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	5
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	212
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	8,230,830
7b Net unrelated business taxable income from Form 990-T, line 34	7b	-4,019,603

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,200,000	0
9 Program service revenue (Part VIII, line 2g)	612,225,289	686,395,063
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	708,484	6,620,701
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	614,133,773	693,015,764
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	114,256	108,866
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,256,911	21,624,313
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	590,490,559	657,039,157
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	609,861,726	678,772,336
19 Revenue less expenses Subtract line 18 from line 12	4,272,047	14,243,428

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	115,341,784	136,618,730
21 Total liabilities (Part X, line 26)	44,964,575	53,921,209
22 Net assets or fund balances Subtract line 21 from line 20	70,377,209	82,697,521

Part II Signature Block

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

Sign Here
Signature of officer _____ Date 2018-08-08
Rita Datko VP, CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name _____ Preparer's signature _____ Date _____
Check if self-employed PTIN P00634378
Firm's name ▶ Ernst & Young US LLP Firm's EIN ▶ 34-6565596
Firm's address ▶ 4365 Executive Drive Suite 1600 Phone no (858) 535-7200
San Diego, CA 921212101

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

To promote the health and to serve the community interests of the residents of California, by operation of a health maintenance organization and by provision of other managed health care services To support the charitable and community oriented mission and programs of the Sharp HealthCare system To do generally all things and transact all business which any person or individual may lawfully do, not inconsistent with the purposes of the Corporation or with the rights and purposes of a nonprofit organization

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 \$ 657,632,121 including grants of \$ 108,866) (Revenue \$ 686,395,063)
See Additional Data

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

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 ▶ 657,632,121

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (Voting members: 5), 1b (Independent members: 0), 2 (Family relationships), 3 (Management delegation), 4 (Governing documents), 5 (Asset diversion), 6 (Members/stockholders), 7a (Power to elect), 7b (Governance decisions), 8 (Meeting documentation), 8a (Governing body), 8b (Committee), 9 (Officer reachability).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (Local chapters), 10b (Written policies), 11a (Form 990 distribution), 11b (Review process), 12a (Conflict of interest policy), 12b (Disclosure requirements), 12c (Monitoring compliance), 13 (Whistleblower policy), 14 (Document retention), 15a/b (Compensation review), 16a (Joint ventures), 16b (Joint venture policy).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (States for Form 990: CA), 18 (Public inspection: Own website, Another's website, Upon request, Other), 19 (Governing documents availability), 20 (Books and records: Rita Datko, 8520 Tech Way Suite 200, San Diego, CA 921231450).

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Michael W Murphy CHAIRMAN	6 0 58 0	X		X				0	1,840,078	108,207
(2) Ann Pumpian TREASURER	1 0 28 0	X		X				0	983,486	52,605
(3) Staci L Dickerson TREASURER	2 0 58 0	X		X				0	405,894	32,567
(4) Melissa Hayden-Cook CEO SHP	60 0 0	X		X				671,417	0	20,689
(5) Alison Fleury SECRETARY	1 0 49 0	X		X				0	546,187	44,459
(6) John Lemoine MD CHIEF MEDICAL INFO OFFICER	0 3 40 0	X						0	466,627	27,217
(7) Rita Datko CFO SHP	70 0 0			X				259,053	0	33,004
(8) Cary Shames CMO SHP	50 0 0				X			387,074	0	26,362
(9) Michael Byrd BUSINESS DEVELOPMENT OFFICER	55 0 0				X			263,824	0	24,742
(10) Leslie Pels-Beck COO SHP	65 0 0				X			261,447	0	28,514
(11) Jennifer Tuteur MEDICAL DIRECTOR SHP	45 0 0					X		289,848	0	20,463
(12) Deborah Reissman DIR PHARMACY BENEFITS	40 0 0					X		292,810	0	25,918
(13) Cheryl Cote ACCT EXEC LARGE BUS GROUP	40 0 0					X		221,837	0	9,332
(14) Gregory Limon DIR MED ECONOMICS/CONTRACTING	60 0 0					X		193,423	0	10,352
(15) Thomas Carroll II DIR CUSTOMER STRATEGY	55 0 0					X		164,067	0	25,565

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	0			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f		0			
Program Service Revenue		Business Code				
	2a PREM FR EMPLOYER GROUPS	524114	686,325,197	678,099,815	8,225,382	
	b OTHER	900099	41,315	41,315	0	
	c PARTNERSHIP INCOME	523000	28,551	23,103	5,448	
	d _____					
	e _____					
	f All other program service revenue		0	0	0	
g Total. Add lines 2a-2f		686,395,063				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,271,965	0	0	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)	0	0		
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	47,394,565			
		(ii) Other				
		b Less cost or other basis and sales expenses	42,045,829			
		c Gain or (loss)	5,348,736	0		
	d Net gain or (loss)		5,348,736	0	0	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	Business Code					
11a _____						
b _____						
c _____						
d All other revenue		0	0	0	0	
e Total. Add lines 11a-11d		0				
12 Total revenue. See Instructions		693,015,764	678,164,233	8,230,830	6,620,701	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	108,866	108,866		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	2,122,344	513,607	1,608,737	0
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.	15,672,383	5,390,472	10,281,911	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	390,853	89,321	301,532	0
9 Other employee benefits.	2,214,002	505,962	1,708,040	0
10 Payroll taxes.	1,224,731	279,886	944,845	0
11 Fees for services (non-employees)				
a Management.	4,320,613	3,571,276	749,337	0
b Legal.	82,123	0	82,123	0
c Accounting.	471,231	0	471,231	0
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	627,394,111	627,394,111	0	0
12 Advertising and promotion.	1,414,461	712,040	702,421	0
13 Office expenses.	2,464,401	1,851,512	612,889	0
14 Information technology.	2,864,569	2,368,999	495,570	0
15 Royalties.				
16 Occupancy.	1,119,831	830,279	289,552	0
17 Travel.	333,362	76,183	257,179	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	100,352	11,512	88,840	0
20 Interest.	3,251	0	3,251	0
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	735,591	608,334	127,257	0
23 Insurance.	195,675	158,471	37,204	0
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 ACA FEES	7,886,862	7,886,862	0	0
b SYSTEM ALLOCATION	1,269,484	0	1,269,484	0
c REGISTRY	1,470,098	1,215,771	254,327	0
d DUES & SUBSCRIPTIONS	703,603	581,880	121,723	0
e All other expenses	4,209,539	3,476,777	732,762	0
25 Total functional expenses. Add lines 1 through 24e.	678,772,336	657,632,121	21,140,215	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	5,615,637	1	6,310,309
	2 Savings and temporary cash investments	36,405,745	2	53,549,576
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	28,671,825	4	25,067,997
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	765,432	9	888,845
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,295,503		
	b Less accumulated depreciation	585,215		
		831,199	10c	710,288
	11 Investments—publicly traded securities	42,904,997	11	49,917,819
	12 Investments—other securities See Part IV, line 11	146,949	12	173,896
	13 Investments—program-related See Part IV, line 11	0	13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	0	15	0	
16 Total assets. Add lines 1 through 15 (must equal line 34)	115,341,784	16	136,618,730	
Liabilities	17 Accounts payable and accrued expenses	29,459,500	17	37,226,615
	18 Grants payable		18	
	19 Deferred revenue	13,941,801	19	15,196,019
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,563,274	25	1,498,575
	26 Total liabilities. Add lines 17 through 25	44,964,575	26	53,921,209
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	70,377,209	27	82,697,521
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	70,377,209	33	82,697,521
	34 Total liabilities and net assets/fund balances	115,341,784	34	136,618,730

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	693,015,764
2	Total expenses (must equal Part IX, column (A), line 25)	2	678,772,336
3	Revenue less expenses Subtract line 2 from line 1	3	14,243,428
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	70,377,209
5	Net unrealized gains (losses) on investments	5	-1,964,000
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	40,884
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	82,697,521

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID: 16000421

Software Version: 2016v3.0

EIN: 33-0519730

Name: Sharp Health Plan

Form 990 (2016)

Form 990, Part III, Line 4a:

Sharp Health Plan (SHP) offers a wide variety of commercial benefit plans to businesses in San Diego and Southern Riverside Counties. SHP is a San Diego based commercial health plan and as a not-for-profit enterprise, we are here for one simple reason - to serve our members since 1992. Sharp Health Plan offers a variety of health insurance options for individuals, families and businesses that combine affordability and choice, while delivering high quality health care and personal service. Members have access to valuable plan enhancements, such as interactive wellness resources, dental discounts, Sharp Nurse Connection and our exclusive global emergency services program. In 2013, Sharp Health Plan was selected as one of 13 health plans to participate in Covered California's individual marketplace and one of six health plans to participate in Covered California's Small Business Health Options Program ("SHOP") marketplace for small businesses.

Form 990, Part III, Line 4b:

Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2017 Section 1 An Overview of Sharp HealthCare We're an organization filled with passionate, determined and caring people, who have grown our health care system into the remarkable place that it is Each day, these professionals recognize and celebrate the purpose of their work and the impact it has on our neighbors, friends and family in the community - Michael W Murphy, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 medical centers, five urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also offers individual and group Health Maintenance Organization (HMO) coverage through Sharp Health Plan (SHP) Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2017, Sharp is licensed to operate 2,084 beds and has more than 2,600 Sharp-affiliated physicians and 18,000 employees FOUR ACUTE CARE HOSPITALS Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's fast-growing South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, sub-acute and long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also houses the county's largest emergency and trauma center THREE SPECIALTY CARE HOSPITALS Sharp Mary Birch Hospital for Women & Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gynecology, gynecologic oncology and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive mental health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides behavioral health services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patients of all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical Group (SRSMG) are included within the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported within SGH Mission Statement It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner Vision Sharp's vision is to become the best health system in the universe Sharp will attain this position by transforming the health care experience through a culture of caring, quality, safety, service, innovation and excellence Sharp will be recognized by employees, physicians, patients and families, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care Sharp will be known as an excellent community citizen embodying an organization of people working together to do the right thing every day to improve the health of those it serves Values * Integrity - Trustworthy, Respectful, Sincere, Authentic, Committed to Organizational Mission and Values * Caring - Compassionate, Communicative, Service-Oriented, Dedicated to Teamwork and Collaboration, Serves Others Above Self, Celebrates Wins, Embraces Diversity * Safety - Reliable, Competent, Inquiring, Unwavering, Resilient, Transparent, Sound Decision Maker * Innovation - Creative, Drives for Continuous Improvement, Initiates Breakthroughs, Develops Self, Willing to Accept New Ideas and Change * Excellence - Quality-Focused, Compelled by Operational and Service Excellence, Cost Effective, Accountable Culture The Sharp Experience For more than 18 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the people Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be * The best place to work Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe" * The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader * The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient-treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population This is something Sharp has been doing for more than half a century

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

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

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

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

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

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 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				
b Buildings				
c Leasehold improvements		106,449	60,535	45,914
d Equipment		1,189,054	524,680	664,374
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				710,288

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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	
DUE TO AFFILIATES	1,315,607
LT PENSION	182,968
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,498,575

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	691,046,217
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,964,000
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-5,547
e	Add lines 2a through 2d	2e	-1,969,547
3	Subtract line 2e from line 1	3	693,015,764
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	
b	Other (Describe in Part XIII)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	693,015,764

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	678,766,789
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	678,766,789
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	
b	Other (Describe in Part XIII)	4b	5,547
c	Add lines 4a and 4b	4c	5,547
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	678,772,336

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 33-0519730
Name: Sharp Health Plan

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	Sharp recognizes tax benefits from any uncertain tax positions only if it is more likely than not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. Sharp records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period that the more likely than not threshold is not met. Sharp recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more likely than not recognition criteria. At September 30, 2017 and 2016, no such assets or liabilities were recorded.

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Loss on Disposal of Assets - -5547

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Loss on Disposal of Assets - 5547

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Health Plan

Employer identification number

33-0519730

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Program Services	Reinsurance	1,800,098
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,800,098
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,800,098

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

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

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

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

Return Reference	Explanation
Schedule F, Part I, Line 3(f)	Active business property Cash, Fair Market Value and adjusted basis of \$1,800,098

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Health Plan

Employer identification number

33-0519730

Part I General Information on Grants and Assistance

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

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(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 THE GRANT IS MADE

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 33-0519730
Name: Sharp Health Plan

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
Asian Business Association 7675 Dagget St Suite 340 San Diego, CA 92111	33-0430474	501(c)(6)	6,120				SPONSORSHIP
Girl Scouts San Diego Imperial Council Inc 1231 Upas St San Diego, CA 92103	95-1644585	501(c)(3)	7,500				Sponsorship/Urban Campout

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
Grossmont Hospital Foundation 5555 Grossmont Center Dr La Mesa, CA 91942	33-0124488	501(c)(3)	6,000				Sponsorship/Gala Valor
Pacific Art Movement 2508 Historic Decatur Road Suite 140 San Diego, CA 92106	33-1001523	501(c)(3)	11,025				Sponsorship/Tickets

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 North Chamber of Commerce 10875 Rancho Bernardo Rd Suite 104 San Diego, CA 92127	20-3185588	501(c)(6)	18,000				Sponsorship
San Diego Second Chance 6145 Imperial Ave San Diego, CA 92114	33-0539640	501(c)(3)	5,300				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
Sharp HealthCare Foundation 8695 Spectrum Center Blvd San Diego, CA 92123	95-3492461	501(c)(3)	15,000				Sponsorship

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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

2015
Open to Public Inspection

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

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

Part I Questions Regarding Compensation

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

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	The Personnel 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. The last compensation study was conducted in November 2016.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Sharp HealthCare (Company) sponsors an Executive Flexible Benefit Plan (Plan) to provide designated executives with a reasonable level of benefits in return for their continued employment with the Company. The Plan is administered on a Plan Year basis of January 1 to December 31. Changes in Flexible Benefit Options are permitted annually, effective January 1 of the new Plan Year. The provisions of the Plan, which were restated effective as of December 31, 2008, are described below as restated. The Plan is available to the Chief Executive Officer, Executive Vice President of Hospital Operations, and Senior Vice Presidents. The Flexible Benefit Allowance available to each participant each plan year shall equal the sum of the following - A company provided base allowance equal to 18% of the participant's base salary - A participant deferral up to 6% of the participant's pre-tax base salary for such plan year as elected by the participant - A company match should the participant make an elective deferral for a plan year. The company match begins at 2% for the first 1% elective deferral and increases 0.5% for each additional 1% elective deferral, to a maximum match of 4.5% on a 6% elective deferral. The Plan allows participants to use the Flexible Benefit Allowance to purchase additional long-term disability coverage, long-term care coverage, and flexible survivor coverage/accumulation benefits (life insurance). Participants in the flexible survivor coverage/accumulation benefits plan previously could elect to apply Flexible Benefit Allowance to acquire additional survivor coverage, or toward deposits to the Supplemental Survivor Accumulation Benefit Plan (SSAB) to fund post-retirement survivor benefits, subject to the ERISA limit provided their policies were issued prior to September 18, 2003. The Company shall automatically continue whatever elective coverage and additional deposit elections that were in place for the SSAB during the 2008 plan year. No elective coverage or additional deposits were available to participants whose policies were issued on or after September 18, 2003. Any Flexible Benefit Allowance that remains after purchasing these additional coverages shall be paid to the participant in cash in equal installments throughout the Plan Year, not less frequently than quarterly. If the participant separates from service during the Plan Year, the participant forfeits any unpaid Allowance.

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 33-0519730
Name: Sharp Health Plan

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Michael W Murphy CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	1,383,503	382,168	74,407	87,784	-	-	0
						20,423	1,948,285	
1 Ann Pumpian TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	788,611	161,431	33,444	37,083	-	-	0
						15,522	1,036,091	
2 Staci L Dickerson TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	316,011	64,652	25,231	18,709	-	-	0
						13,858	438,461	
3 Melissa Hayden-Cook CEO SHP	(i)	537,883	113,097	20,437	923	19,766	692,106	0
	(ii)	0	0	0	0	-	-	0
						0	0	
4 Alison Fleury SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	419,670	87,511	39,006	24,881	-	-	0
						19,578	590,646	
5 John Lemoine MD CHIEF MEDICAL INFO OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	364,711	73,535	28,381	13,376	-	-	0
						13,841	493,844	
6 Rita Datko CFO SHP	(i)	207,234	45,797	6,022	14,165	18,839	292,057	0
	(ii)	0	0	0	0	-	-	0
						0	0	
7 Cary Shames CMO SHP	(i)	315,234	50,625	21,215	11,925	14,437	413,436	0
	(ii)	0	0	0	0	-	-	0
						0	0	
8 Michael Byrd BUSINESS DEVELOPMENT OFFICER	(i)	209,780	45,309	8,735	11,156	13,586	288,566	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9 Leslie Pels-Beck COO SHP	(i)	195,945	44,641	20,861	14,609	13,905	289,961	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10 Jennifer Tuteur MEDICAL DIRECTOR SHP	(i)	250,717	38,544	587	12,085	8,378	310,311	0
	(ii)	0	0	0	0	-	-	0
						0	0	
11 Deborah Reissman DIR PHARMACY BENEFITS	(i)	231,737	58,853	2,220	12,057	13,861	318,728	0
	(ii)	0	0	0	0	-	-	0
						0	0	
12 Cheryl Cote ACCT EXEC LARGE BUS GROUP	(i)	107,380	111,405	3,052	1,739	7,593	231,169	0
	(ii)	0	0	0	0	-	-	0
						0	0	
13 Gregory Limon DIR MED ECONOMICS/CONTRACTING	(i)	157,362	26,788	9,273	8,876	1,476	203,775	0
	(ii)	0	0	0	0	-	-	0
						0	0	
14 Thomas Carroll II DIR CUSTOMER STRATEGY	(i)	139,543	24,331	193	7,087	18,478	189,632	0
	(ii)	0	0	0	0	-	-	0
						0	0	

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Health Plan

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

33-0519730

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>Pillars of Excellence In support of Sharp's organizational commitment to transform the health care experience, Sharp's Pillars of Excellence serve as a guide for its team members, providing framework and alignment for everything Sharp does. In 2014, Sharp made an important decision regarding these pillars as part of its continued journey toward excellence. Each year, Sharp incorporates cycles of learning into its strategic planning process. In 2014, Sharp's Executive Steering and Board of Directors enhanced Sharp's safety focus, further driving the organization's emphasis on its culture of safety and incorporating the commitment to become a High Reliability Organization (HRO) in all aspects of the organization. At the core of HROs are five key concepts: * Sensitivity to operations * A reluctance to simplify * Preoccupation with failure * Deference to expertise * Resilience. Applying high-reliability concepts in an organization begins when leaders at all levels start thinking about how the care they provide could improve. It begins with a culture of safety. With this learning, Sharp is a seven-pillar organization - Quality, Safety, Service, People, Finance, Growth and Community. The foundational elements of Sharp's strategic plan have been enhanced to emphasize Sharp's desire to do no harm. This strategic plan continues Sharp's transformation of the health care experience, focusing on safe, high-quality and efficient care provided in a caring, convenient, cost-effective and accessible manner. The seven pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:</p> <ol style="list-style-type: none"> 1 Demonstrate and improve clinical excellence and exceed customer expectations 2 Keep patients, employees and physicians safe and free from harm 3 Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members 4 Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision 5 Achieve financial results to ensure Sharp's ability to deliver on its mission and vision 6 Achieve net revenue growth to enhance market position, sustain infrastructure improvements and support innovative development 7 Be an exemplary public citizen by improving the health of our community and environment. <p>Awards Below please find a selection of recognitions Sharp has received in recent years. In 2013, 2014, 2016 and 2017, Sharp was recognized as one of the "World's Most Ethical (WME) Companies" by the Ethisphere Institute, the leading business ethics think tank. WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp was ranked No. 45 out of 500 large employers on Forbes' 2017 America's Best Employers listing. In 2016, Sharp ranked No. 16 and received the No. 2 spot on the new</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>comer's list Sharp was also ranked No 52 out of 250 organizations on Forbes' 2017 America's Best Employers for Diversity and was the only hospital system listed in San Diego In 2017, Sharp was recognized as one of "150 Top Places to Work in Healthcare" by Becker's Hospital Review The list recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees In 2015 and 2017, Sharp ranked first for "San Diego's Best Hospital Group " in the annual San Diego Union-Tribune Readers Poll Sharp ranked second in this category in 2016 SMH ranked first for "San Diego's Best Hospital" in 2017 while ranking second in this category in 2016 Also in 2016, SMBHWN and SGH ranked third and fourth, respectively , for "San Diego's Best Hospital " From 2015 to 2017, Sharp Community Medical Group (SCMG) ranked first as "San Diego's Best Medical Group " In 2016, SRSMG ranked third for "San Diego's Best Medical Group" and was recognized as "San Diego's Best Hearing Aid Store" in 2017 In 2016 and 2017, SMBHWN was named to The Leapfrog Group's Top Hospitals list, which recognizes facilities that meet the highest standards of patient safety, care quality and efficiency In 2016, SMH was also recognized as a Top Hospital SGH, SMH and SMBHWN received MAGNET(r) recognition by the American Nurses Credentialing Center (ANCC) The MAGNET Recognition Program(r) is the highest level of honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2017 by Hospitals & Health Networks magazine's annual Most Wired Survey and Benchmark Study "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective In 2007, SCHHC became a Designated Planetree Person-Centered Hospital and was re-designated in 2017 for the fourth consecutive time Additionally, SCHHC achieved Planetree Designation with Distinction for its leadership and innovation in patient-centered care SMH became a Planetree Person-Centered Hospital in 2012 and achieved Planetree Designation with Distinction in 2014 In 2015, SMH was re-designated as a Planetree Person-Centered Hospital In 2014, SCVMC joined SCHHC and SMH as a Designated Planetree Person-Centered Hospital SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency Buildings that are awarded ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide (CO2) into the atmosphere SCHHC first earned the ES certification in 2007, then again each year from 2010 through 2013, and most recently in 2017 SCVMC received</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>ES certification from 2009 to 2011 as well as in 2013, 2015 and 2017 San Diego Gas & Electric (SDG&E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving techniques to the community SDG&E also named Sharp as San Diego's "Healthcare 2014 Energy Champion" for its successes in energy conservation In 2013 and 2015, Sharp was named a "Recycler of the Year" at the City of San Diego Environmental Services Department's annual Waste Reduction and Recycling Awards Program for a successful and extensive recycling program SMH and SMBHWN were honored for their comprehensive waste-reduction programs in 2013 Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives As the oldest and one of the largest nonprofit recycling organizations in the country, CRRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting Sharp was one of five awardees in San Diego to receive a 2016 EMIES UnWasted Food Award by the San Diego Food System Alliance for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team In 2016, Sharp ranked third on San Diego Business Journal's list of Healthiest Companies The Healthiest Companies list honors those organizations that have created a supportive environment for their employees and fostered a work/life balance for their families In 2015, Sharp Best Health received the American Heart Association (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the third consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community SRSMG was recognized by the Centers for Disease Control and Prevention (CDC) as a 2017 Million Hearts Hypertension Control Champion for achieving blood pressure control for at least 70 percent of its adult patients with hypertension From 2013 to 2017, the Press Ganey organization recognized multiple SHC entities with Guardian of Excellence Awards(r) Based on one year of data, this designation recognizes recipients that reach the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality Awarded SHC entities included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, SHC, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health for Employee Engagement, SMH and SMBHWN for Patient Experience, and SCHHC, SMBHWN and SMV for Physician Engagement</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>Press Ganey also recognized multiple SHC entities with the Pinnacle of Excellence Award(r) (formerly named the Beacon of Excellence Award) This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the Press Ganey categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance In 2013 and 2015 through 2017, Press Ganey recognized SMH for patient experience From 2013 to 2015, SHC was recognized for Employee Engagement In 2013, SCHHC and SMV were recognized for Physician Engagement S HP's 2016-2017 National Committee for Quality Assurance's (NCQA) Private Health Insurance Rankings rating increased from a 4 to 4.5 out of 5, making it one of the highest-rated health plans in the nation SHP was also ranked a top 100 U.S. health plan and a top three California health plan from 2014 to 2015, which rated health insurance plans based on clinical quality, member satisfaction and NCQA Accreditation Survey results SHP also received the highest level "Excellent" Accreditation status from the NCQA each year from 2013 to 2015 The NCQA awards accreditation status is based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures In addition, SHP was rated highest in California among reporting California health plans in the rating categories of Rating of the Health Plan, Rating of Health Care, Rating of Personal Doctor, and Rating of Health Promotion and Education in NCQA's 2015 Quality Compass/CAHPS survey, which provides state, regional and national benchmarks as well as individual plan performance From 2013 to 2017, Sharp ranked in the top 10 of the large employers category as one of the "Best Places to Work" for information technology professionals by the International Data Group's Compu terworld survey The list is compiled by evaluating a company's benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more The Women's Choice Award(r) is a symbol of excellence in customer experience awarded by the collective voice of women SGH received a Women's Choice Award(r) as one of America's Best Hospitals for Cancer Care in 2015, Obstetrics in 2016 and Heart Care in 2017 SMH and SGH received a Women's Choice Award(r) as one of America's Best Stroke Centers in 2017 In 2015, SMBHWN received the award as one of America's Best Hospitals for Obstetrics The Women's Choice Award(r) also ranked SCHHC, SCVMC and SMH amongst America's 100 Best Hospitals for Patient Experience in 2017 In addition, SMH received the award as one of America's Best Hospitals for Bariatric Surgery in 2017 For the fourth year in a row, and the fifth time in six years, Sharp won the top spot in the Mega Employer category in the San Diego Association of Governments</p>

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Return Reference	Explanation
<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>' (SANDAG) iCommute 2016 Rideshare Corporate Challenge The annual month-long challenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk, or transit commutes Powered by SANDAG and in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions Sharp was named the 2015 Medical Provider of the Year at the International Travel & Health Insurance Journal (ITIJ) Awards The ITIJ honors companies that have made an outstanding contribution to the global travel and health insurance industry over the past year Sharp's Global Patient Services program coordinates patient transfers and evacuations for medical emergencies from around the world to a Sharp hospital Global Healthcare Exchange (GHX) recognized Sharp as one of the 2016 GHX "Best 50" Supply Chains in North America Organizations receiving this distinction are recognized for their work in improving operational performance and driving down costs through supply chain automation Patient Access to Care Programs Sharp provides financial assistance and a variety of support services to improve access to care for uninsured, underinsured and high-risk patients without the ability to pay and insured patients with inadequate coverage Sharp does not refuse any patient requiring emergency medical care Sharp provides services to help every uninsured patient receiving care in the ED find opportunities for health coverage through PointCare - a team of health coverage experts whose principal product is a quick, web-based screening, enrollment and reporting technology designed to provide community members with health coverage and financial assistance options At Sharp, patients use a simple online questionnaire through PointCare to generate personalized coverage options that are filed in their account for future reference and accessibility The results of the questionnaire allow Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options From October 2015 to July 2017, Sharp helped nearly 22,800 self-pay patients through PointCare, while ensuring that each patient's dignity was maintained throughout the process In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service In Fiscal Year (FY) 2017, Sharp secured this benefit for approximately 3,800 unfunded patients in the ED In support of Covered California's annual open enrollment period, 25 members of Sharp's registration staff have become Certified Application Counselors in order to better assist both patients and the general community with navigating the Covered California website and plan enrollment In collabo</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1 CONT</p>	<p>SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh, the Supplemental Nutrition Assistance Program in California, prior to hospital discharge, dramatically increasing the likelihood that patients complete CalFresh applications and receive benefits. In FY 2017, SGH's PFS team completed 687 CalFresh applications and 405 patients were granted CalFresh benefits. In February 2017, Sharp's PFS team expanded this program to the remainder of Sharp's acute care hospitals. In summer 2015, a pilot program was launched at SMBHWN to evaluate both insured and unfunded families with Neonatal Intensive Care Unit (NICU) babies for financial assistance. This process included helping families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight apply for Supplemental Security Income (SSI) to help with the cost of care for their newborn both within and outside of the hospital. Public Resource Specialists have assisted more than 150 families through the SSI application process. In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients may receive services such as assistance with transportation and placement, connections to community resources, and financial support for medical equipment and medications. SCHHC, SGH and SMH work with the San Diego Rescue Mission (SDRM) to identify homeless patients, or patients who have exhausted other community housing resources, who have a continuing medical need after hospital discharge. Once referred to the SDRM's Recuperative Care Unit, patients receive follow-up medical care through Sharp in a safe environment, and may also receive psychiatric care, assistance scheduling specialty appointments, support with CalFresh applications, and connections to community resources, including programs that support continued sobriety and residential treatment. In addition, a social worker provides referrals for permanent housing and collaborates with St. Vincent de Paul Village to assist with the SSI application process through HOPE (Homeless Outreach Programs for Entitlement) San Diego - an effort to increase access to SSI for people who are homeless or at risk of homelessness. Sharp is committed to providing medical records to support an SSI claim free of charge. Health Professions Training Internships Students and recent health care graduates are a valuable asset to the community. Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships and career pipeline programs. In FY 2017, nearly 4,600 student interns dedicated more than 650,000 hours within the Sharp system. Sharp provided education and training for students in a variety of disciplines, including nursing students (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services).</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B SECTION 1, CONT</p>	<p>The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health. This networking has resulted in collaborative research partnerships with investigators at SDSU and National University. In addition, in FY 2017, ORI research studies were presented at various professional conferences, including the Health Care Systems Research Network Conference in San Diego, the Cardiovascular Disease and Stroke Scientific Sessions in Arlington, Virginia, and the Academy Health Annual Research Meeting in New Orleans, Louisiana. Presentations included Utilizing Data Analytics and Innovation Partnerships to Reduce Hospital Readmissions, Influence of Ethnic and Gender Diversity in Quality of Care for Patients Receiving Treatment for Acute Myocardial Infarction, and Impact of Behavioral Health Data in Improving Prediction of Hospital Patient Readmissions. Beginning in September 2016, the ORI expanded its capabilities by adding a full-time postdoctoral clinical psychology fellowship position and a half-time practicum placement for a predoctoral graduate student. Based on the successful contributions of these programs, the ORI has hired a full-time clinical psychologist, renewed the graduate student practicum placement, and will offer new research training experiences for three psychology undergraduate students in FY 2018. Evidence-Based Practice Institute Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows and mentors to change and improve clinical practice and patient care through identifying a care problem, developing a plan to solve it and incorporating this new knowledge into practice. The EBPI is part of the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium is a partnership between Sharp, Scripps Health, Palomar Health, Rady Children's Hospital - San Diego, UC San Diego Health, U.S. Department of Veterans Affairs (VA) San Diego Healthcare System, Elizabeth Hospice, PLNU, SDSU, APU and USD. Sharp actively supports the EBPI by providing instructors and mentors as well as administrative coordination. The EBPI includes six full-day class sessions featuring group activities, self-directed learning programs outside of the classroom, and structured mentorship throughout the program. EBPI fellows and mentors partner with one another through a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellows through the process of evidence-based practice. Mentors also assist fellows in working collaboratively with other key hospital leadership personnel. In FY 2017, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared project results. Forty-six</p>

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Form 990, Part III, Line 4b PART III, LINE 4B SECTION 1, CONT	<p>Promises2Kids provides current and former foster youth in SDC with the tools, opportunities and guidance they need to grow into healthy, happy and successful adults. In June and July, 20 SLAH volunteers supported the Guardian Scholars and Camp Connect programs by assembling goody bags, packing boxes, and assisting with inventory, as well as assembling care packages for college students raised in the foster care system. The Ssubi is Hope Greening for Good project collects discarded but safe and usable supplies from U.S. hospitals and distributes them to clinics around the world that have little or no medical resources. In addition to providing life-changing and life-saving services to people in underserved counties, the project has protected the environment by keeping more than one million pounds of medical surplus out of local landfills. On 20 days between October 2016 and September 2017, 265 SLAH volunteers joined the Greening for Good project to evaluate, sort, label and prepare medical materials for shipment. The Special Olympics Southern California - San Diego County program offers free, year-round sports training and competition for children and adults with intellectual disabilities. In May 2017, 25 SLAH volunteers supported the program's basketball competition during the Regional Spring Games at Carlsbad High School. Volunteers served as athlete escorts as well as assisted with score-keeping, time-keeping and the awards ceremony. In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates two ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase. The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat homes throughout SDC. On two days in August and September, 20 volunteers organized donated items and took inventory of stock for the Mission Valley ReStore retail center. SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-based social services to veterans without a permanent residence. Over 10 days in June and July, approximately 120 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent. In addition, approximately 60 clinical volunteers - including Sharp-affiliated physicians and Sharp nurses, podiatry technicians, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services. More than 900 veterans were served through the 2017 Stand Down for Homeless Veterans events. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by SCI. Through the organization's award-winning program, They Will Surf Again, paraplegic and quadriplegic community members can experience mobility through surfing with support from adaptive equipment and volunteers. In September, an esti</p>

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Form 990, Part III, Line 4b PART III, LINE 4B SECTION 1, CONT	<p>ing universities - SDSU, UC San Diego and the Universidad Autonoma de Baja California - to promote health and provide services to underserved populations while increasing cultural awareness Held at a local elementary school, the weeklong program provided more than 100 community members with clinical, dental and psychological services In addition, participants trained 12 teachers to deliver a hygiene curriculum that encourages proper handwashing behaviors among the school's nearly 300 students, who frequently contract parasitic infections due to poor hygiene practices Sharp team members also volunteered in Guatemala in May as part of a medical mission trip with Friends with Purpose, a nonprofit organization dedicated to providing medical care and community development in underserved communities around the world The team of surgeons, registered nurses, anesthesia providers and other volunteers traveled to the city of Patzun, where they performed 43 surgeries on local patients, including gallbladder removals, hernia repairs and the removal of cysts CHOICE Humanitarian and the doTERRA Healing Hands Foundation are dedicated to eliminating poverty and empowering impoverished communities with the tools they need to become self-reliant For one week in February, a Sharp team member joined these organizations on a mission to the Alta Verapaz region of Guatemala The mission team of 20, including a dietitian, an emergency medical technician, and a research scientist, built vented stoves for more than 40 families to help prevent respiratory problems associated with open-fire cooking techniques as well as dug post holes for fencing to surround sustainable farm land The team also partnered with Days for Girls - a nonprofit organization committed to feminine hygiene access and education for females throughout the world - to provide personal hygiene training and education for local women and girls, including the provision of reusable feminine hygiene kits The Alegado Foundation is a San Diego-based medical mission organization determined to help children, the sick and the aged through the provision of medical services, and donations of medical supplies, children's books, toys and sports equipment In March, a Sharp team member joined the Alegado Foundation on a medical mission to the southern Philippines A longside local doctors, nurses, dentists, elementary school teachers and Philippine military personnel, the team provided free medicine, medical consultations, dental services and minor surgical procedures to approximately 275 patients over a two-day period The team also fed and read to local children and provided free haircuts for youth and senior citizens</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>Random Acts of Kindness Life (RAKLife) is a nonprofit organization dedicated to developing a global culture that incorporates random acts of kindness into daily life to help those less fortunate around the world For 10 days in April, a Sharp team member participated in a RAKLife trip to the Mai Chau District in Northwestern Vietnam, where the team built a small house and a clean water basin for a local family In February, another Sharp team member visited Vietnam for two weeks through Prisoners of Hope, a ministry offered through the Rock Church Global Outreach program The mission team provided a variety of medical and optometry services for approximately 1,190 medical patients and 800 optometry patients, including prisoners, orphans, the disabled, and those living in poverty Since 1934, Liga International (The Flying Doctors of Mercy) has provided free health care and education to the people of the Mexican state of Sinaloa In March and April, a Sharp nurse traveled to the city of El Fuerte, Sinaloa, to assist with admitting, operating and recovery for approximately 30 local patient surgeries In May, a Sharp nurse participated in a 10-day mission trip to Lima, Peru, through CardioStart International - a global volunteer organization that brings specialized cardiac care teams to underserved regions The team, which included a cardiac surgeon, anesthesiologist, cardiologist, respiratory therapist, nurses and support staff, performed surgery for eight children with congenital heart defects as well as provided advanced cardiac education to help local medical teams improve surgical outcomes and patient care Also in May, a Sharp team member helped co-lead a team of eight PLNU students on a mission trip to Armenia with LoveWorks, a short-term mission program committed to sending well-trained, culturally sensitive and flexible teams of student missionaries to serve in challenging and remote areas of the world The team provided numerous services to Armenian families, including donating clothing to the impoverished, repainting local schools, helping a local church move to a larger facility, and encouraging local churches in their ministry to women, children and teens Community Walks Heart disease is the leading cause of death in the U S For the past 21 years, Sharp has proudly supported the AHA's annual San Diego Heart & Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke In September 2017, approximately 960 walkers represented Sharp at the 2017 San Diego Heart & Stroke Walk held at Balboa Park More than 120 teams, representing entities across the Sharp system, raised funds for the walk through numerous activities, such as auctions, drawings for prizes and a karaoke competition Sharp has maintained its position as the No. 1 team in San Diego for the past 21 years and was the No. 2 team in the AHA Western States Affiliate for the third year in a row, raising more than \$217,700 and</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>setting a SHC fundraising record To date, Sharp has raised more than \$3 million through its San Diego Heart & Stroke Walk fundraising efforts Sharp Volunteers Volunteers are a critical component of Sharp's dedication to the San Diego community and help make a difference in the lives of others Sharp provides many volunteer opportunities for individuals to assist with a wide variety of programs, events and initiatives across the Sharp system Volunteers of all ages and skill level devote their time and compassion to patients within Sharp's hospitals, community events for the general public, and activities supporting Sharp's various foundations On average, more than 1,780 individuals actively volunteered at Sharp each month in FY 2017, contributing a total of nearly 253,900 hours of service to Sharp and its initiatives This included more than 1,900 auxiliary members and thousands of individual volunteers from the San Diego community, including volunteers for Sharp's foundations Nearly 13,800 volunteer hours were dedicated to activities such as delivering meals to homebound seniors and assisting with health fairs and events Table 2 details the average number of active volunteers per month as well as the total number of volunteer service hours provided to each Sharp entity, specifically for patient and community support Table 2 Sharp HealthCare Volunteers and Volunteer Hours - FY 2017 Sharp Chula Vista Medical Center Average Active Volunteers per Month - 373, Total Volunteer Hours - 47,967 Sharp Coronado Hospital and Healthcare Center Average Active Volunteers per Month - 67, Total Volunteer Hours - 9,679 Sharp Grossmont Hospital Average Active Volunteers per Month - 617, Total Volunteer Hours - 101,261 Sharp HospiceCare Average Active Volunteers per Month - 70, Total Volunteer Hours - 7,446 Sharp Metropolitan Medical Campus Average Active Volunteers per Month - 628, Total Volunteer Hours - 82,893 TOTAL Average Active Volunteers per Month - 1,755, Total Volunteer Hours - 249,246 Volunteers supported Sharp's foundations - including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation - through assistance with various events, such as annual golf tournaments and galas In addition, Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers Program requirements vary, however all require a high grade point average and a long-term commitment of at least 100 hours The Junior Volunteer Program supports workforce development by introducing the students to careers in health care, including clinical and ancillary support services The junior volunteers enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests Through volunteering in the gift shops and thrift store, they le</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>Learn about merchandising, fundraising and retail sales. On the inpatient units, they are exposed to clinical experiences that provide a glimpse into future careers. Junior volunteers also have the opportunity to help raise funds for hospital programs and provide clerical support to hospital departments. In FY 2017, nearly 510 high school students contributed more than 53,600 hours to the Junior Volunteer Program. This included 74 junior volunteers who provided approximately 4,400 hours of service at SMH and SMBHWN, 160 junior volunteers who dedicated more than 17,500 hours of service at SCVMC, and 275 junior volunteers who contributed more than 31,700 hours of service at SGH. Volunteers on Sharp's various entity boards provide program oversight, administration and decision-making regarding financial resources. In FY 2017, nearly 130 volunteers contributed their time to Sharp's boards. Sharp employees also donate time as volunteers for the Sharp organization, including service on the Cabrillo Credit Union Sharp Division Board, Sharp and Children's MRI Board, Grossmont Imaging LLC Board, and Sharp and UC San Diego Health's Joint Venture Board, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs. This section describes the achievements of various Sharp volunteer programs in FY 2017.</p> <p>Sharp HospiceCare Volunteer Programs Sharp HospiceCare offered various volunteer training opportunities in FY 2017, providing valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers supported Sharp Hospice Care and those it serves by providing companionship to those near the end of life, support for families and caregivers, and help with community outreach. Approximately 50 new hospice volunteers were trained in FY 2017. Volunteers completed an extensive 24-hour training program to confirm their understanding of and commitment to hospice care prior to beginning their volunteer activities. In addition, seven teenagers participated in Sharp HospiceCare's Teen Volunteer program. In this program, teens completed special projects in Sharp HospiceCare administration, as well as assisted with patients at Sharp HospiceCare's LakeView, ParkView and BonitaView hospice homes. Tasks included grooming and hygiene activities, and simple acts of kindness such as sitting with patients, listening to their stories and holding their hand. Further, seven premedical students from SDSU, UC San Diego and CSUSM volunteered time by supporting family caregivers in private homes.</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient die d alone Through the program, volunteers accompanied patients who were in their final mome nts of life but did not have family members present This included holding the patient's h and, reading softly to them and simply remaining by their side Families who were present with their dying loved one could also receive comfort from a volunteer as their loved one passed away Ten volunteers were trained through the 11th Hour program in FY 2017 In FY 2 017, Sharp HospiceCare trained 12 volunteers in integrative therapies to promote relaxatio n and restful sleep and enhance the quality of life for Sharp HospiceCare patients and the ir caregivers Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese ene rgy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and hand massage Volunteers help support Sharp HospiceCare's partnership with We Honor Veterans (WHV) WHV is a national program d eveloped by the National Hospice and Palliative Care Organization in collaboration with th e VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies their volunteers to identify and support veteran patients and thei r caregivers This includes the Vet-to-Vet Volunteer program, which aims to pair volunteer s who have military experience with veteran patients, as well as honors veteran patients t hrough special pinning ceremonies In FY 2017, Sharp HospiceCare held two pinning ceremoni es during which volunteers presented a WHV pin and a certificate of appreciation to approx imately 90 Sharp HospiceCare veteran patients as well as more than 50 veteran community me mbers Sharp HospiceCare continued to offer the Memory Bear program to support community m embers who have lost a loved one Through the program, volunteers created teddy bears out of the garments of those who have passed on, which served as special keepsakes and permane nt reminders of the grieving individual's loved one In FY 2017, volunteers dedicated near ly 2,700 hours to sewing more than 670 bears for approximately 240 families Sharp Hospice Care recognizes the valuable impact that volunteers have on the experience of its patients , family and caregivers In light of this recognition, Sharp HospiceCare offered a monthly continuing education support group to enhance the skills of its volunteers In addition, Sharp HospiceCare honored its volunteers during National Volunteer Week in April, and Nati onal Hospice and Palliative Care Month in November Sharp Metropolitan Medical Campus (SMH , SMBHWN, SMV, SMC) Volunteer Programs Through the Community Care Partner (CCP) program at SMH, hospital volunteers are</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>hand-selected and trained to serve and comfort patients without family or friends present during their hospital stay. Activities may include reading, writing letters, taking walks, playing games, or simply comforting patients through conversation. In addition, CCP volunteers help keep patients safe by notifying medical staff when needs arise - a task that is usually performed by a family member or friend but often overlooked for patients who lack a companion. In FY 2017, 9 CCP volunteers devoted nearly 600 hours to approximately 460 patient visits. The Cushman Wellness Center Community Health Library and SMH Volunteer Department continued to offer the Health Information Ambassador program in FY 2017. Serving SMH, the SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings the library's services directly to patients and family members and empowers them to become involved in their own health care. Through the program, hospital volunteers receive specialized training to become Health Information Ambassadors, who offer to bring patients and family members additional resources on their diagnosis during their hospital stay. Information requests are brought to the consumer health librarian who then prints consumer-oriented information from high-quality websites, and returns the information back to the patients and families through the Health Information Ambassadors. Patients and family members are also provided with access to an online database of reliable health information as well as the opportunity to keep in touch with the library to ensure they continue to receive quality health information at home. In FY 2017, the Health Information Ambassadors visited more than 2,400 patient rooms and filled over 500 information requests. Established in 2007, the Arts for Healing program at SMMC uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges and their loved ones. The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and drumming - to help improve emotional and spiritual health, and promote a faster recovery. The program also engages visitors and members of the community during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented with help from licensed music and therapists as well as a team of trained volunteers. At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth. Mus</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>ic therapy is also provided in the NICU to promote development in premature babies. At SMV and SMC, Arts for Healing offers several art and music therapy groups, including groups for patients recovering from drug addiction, adolescents and adults receiving treatment for mood and anxiety disorders, and older adults receiving treatment for dementia and depression. In collaboration with SMMC's social workers and palliative care nurses, in FY 2017 Arts for Healing facilitated the donation of more than 300 blankets and quilts to patients receiving end-of-life care at SMH. Twelve of the blankets were knitted and crocheted by patients at the SMV East County Outpatient Programs site, an activity that was also designed to reduce anxiety and depression among the patients crafting the blankets. Throughout the year, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hospital Week in May, Cancer Awareness Week in June, Sharp's annual Women's Health Conference, and Sharp's annual Disaster Preparedness Expo. In FY 2017, 44 volunteers, including students from various colleges and universities, facilitated art activities for patients and their loved ones through Arts for Healing. Since its launch, the program has provided more than 6,300 one-on-one music therapy sessions and over 2,100 group music and art therapy sessions. In addition, Arts for Healing volunteers have knit 530 baby items for expectant mothers, created approximately 50,000 pieces of art, and enriched more than 55,700 patients, guests and staff through musical performances. In total, more than 117,600 patients, guests and staff have benefitted from the time and talent provided by the Arts for Healing program. Other Sharp Community Efforts In FY 2017, Sharp engaged in a variety of community service projects to improve the well-being of community members throughout San Diego. Below are just a few examples of these efforts.</p>

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

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>provide a backpack with school supplies, including personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 250 backpacks to youth during a back-to-school party in Balboa Park. Similarly, the Labor and Delivery Department at SMBHWN is committed to the fight against hunger through participation in the International Relief Team's (IRT) Feeding San Diego's Kids project. Based in San Diego, IRT is a relief organization providing worldwide support that combines both short-term relief efforts and long-term programs to save and change lives. Through Feeding San Diego's Kids, nutritious food is provided to children in the Linda Vista Elementary School nutrition club, a group specifically for children who have been identified as homeless by the school nurse. Every week during the school year, labor and delivery team members fill backpacks with nonperishable, nutritious food that can feed a family of four over the weekend. The backpacks are also filled with nutrition-related prizes to encourage students and families to learn and participate in their own nutrition as well as with occasional holiday-related gifts. Approximately 25 elementary school children and their families are helped through the program each year. Since the start of the program in May 2013, the team has filled 5,500 backpacks with approximately 132,000 meals. For more than 30 years, SGH has provided its annual Santa's Korner giving event to provide for those in need during the holidays. Through this effort, various hospital departments adopt a family - who has been vetted and referred by local service agencies - and dedicate personal time to making the holidays the best they can be for each family. Special holiday gifts, including grocery gift cards, clothing, toiletries, household items, movie tickets, bicycles, children's toys and a holiday meal, are purchased for the families by hospital staff using primarily their personal resources and through occasional fundraisers. Santa's Korner served 33 families - equivalent to 118 individuals - during the 2016 holiday season. For the past three years, SCVMC has supported Operation Gobble Thanksgiving Turkey Distribution, an event started by Assemblywoman Lorena Gonzalez. In 2016, Operation Gobble provided Thanksgiving turkeys to 30 patients from the Barnhart Cancer Center's Medical and Radiation oncology departments. In addition, in December, SCVMC partnered with a Chula Vista chapter of Optimist International for a Holiday Bike Giveaway. Optimist International is a worldwide volunteer organization that helps develop children to their full potential. The Holiday Bike Giveaway program helped provide bicycles to nine children of cancer patients as Christmas gifts.</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>All Ways Green Initiative As San Diego's largest private employer and leading health care provider, Sharp has long been committed to improving the health of the environment and the refore the communities it serves Sharp recognizes the connection between a healthy enviro nment and individual health and well-being, and is dedicated to minimizing adverse environ mental impacts by creating healthy green practices for employees, physicians and patients Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego's Earth-friendly businesses to help identify best practices, reduce the costs of green practices, and facilitate the implementation of sustainable ini tiatives Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system Through the All Ways Green(tm) initiative, Sharp maintains an environmentally conscious footprint and communicates sust ainability throughout the organization and the San Diego community Sharp's systemwide All Ways Green Committee is responsible for spearheading the organization's green efforts Sh arp's active environmental initiatives are concentrated in five domains (1) energy effici ency, (2) water conservation,(3) waste minimization, (4), commuter solutions, and (5) sust ainable food practices Specialized committees/subcommittees are responsible for each of t hese domains (see Table 3), while established Green Teams at each Sharp entity are respons iblefor developing new programs that educate and motivate Sharp employees to conserve natu ral resources and reduce, reuse and recycle Table 3 All Ways Green(tm) Committees/Subcom mittees and Domains Natural Resource Subcommittee- Energy efficiency and water conservatio n Waste Minimization Committee - Waste minimization Food and Nutrition Best Health Committ ee - Sustainable food practices Commuter Solutions Subcommittee - Commuter solutions To mo nitor progress and measure tangible results, All Ways Green(tm) utilizes a customized repo rt card, which evaluates each domain's annual performance against a baseline The report c ard is designed to show where the desired results have been achieved and where improvemen t s are still needed Entity Green Teams utilize the report card to communicate the initiati ve results to all staff and to establish more effective sustainability practices Sharp's goals and accomplishments within each All Ways Green committee/subcommittee and domain are described below Natural Resource Conservation According to the EPA, health care ranks as the country's second most energy intensive industry, and hospital water use constitutes s even percent of the total water used in commercial and institutional buildings in the U S Sharp's goal is to optimize the use of electricity, gas and water across its facilities, identify and evaluate opportunities for improvement, implement initiatives in the most cos t-effective manner, and track</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>progress The EPA states that 30 percent of the health care sector's current energy use could be reduced without sacrificing quality of care through a shift toward energy efficiency and use of renewable energy sources Sharp's Natural Resource Subcommittee has responded to this challenge by implementing numerous energy and water conservation initiatives, including infrastructure changes and adopting best practices to ensure its facilities are optimally operated while monitoring and measuring energy and water consumption The Natural Resource Subcommittee also educates employees about the energy-conscious behaviors that can be practiced in the workplace and at home to promote continuous energy and water savings In FY 2017, Sharp extended its commitment to environmental best practices in information technology New software was installed on 10 data center air conditioner units, resulting in more efficient cooling of the data center and a 16 percent decrease in power usage for these devices New virtual environments replaced more than 150 devices in the data center, further reducing power and cooling needs for the building In 2015, Sharp implemented TSO Logic software, which identifies opportunities for replacing inefficient, energy-consuming hardware with energy-efficient hardware in Sharp's centralized data center This innovative system also identifies underutilized hardware, which can be permanently shut down or be acquiesced during periods of non-utilization With this software, Sharp could conservatively reduce hardware electrical consumption by more than five percent each year In 2013, Sharp became the first health care system in San Diego to implement a computer management program, which enables computers and monitors to go into a low-power sleep mode after a period of inactivity Since its implementation, the program has been installed on over 17,000 computers and has resulted in annual energy savings in excess of 1.6 million kilowatt-hours (kWh) The initiative earned Sharp a Certificate of Recognition from the EPA, which recognizes organizations' achievements in energy conservation and efficiency Since April 2016, the SGH campus has been virtually removed from the electrical grid due to the completion of the new state-of-the-art Central Energy Plant (CEP), which now supplies the campus with its own generated energy Named the Brady Family Cogen, the focus of the CEP is a new 52-ton, 4.4 megawatt combustion turbine generator, which generates enough electricity to meet up to 95 percent of the hospital's needs and reduces greenhouse gases by up to 90 percent In addition to providing electrical power, the CEP converts heat to steam to operate medical equipment, space heating and air conditioning It also provides hot and cold water to the hospital The new CEP fully complies with state and local standards for air emissions During California's five-year drought, Sharp adopted a focused water conservation program at all sites Although th</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>As drought restrictions were officially lifted in 2017, Sharp remains dedicated to being water-wise. In alignment with this commitment, Sharp partners with Emerald Textiles for its laundry and linen services. The company operates a state-of-the-art plant that is efficiently designed to reduce utility consumption and preserve natural resources. Each year, Emerald Textiles saves an estimated 40 million gallons of water (50 percent of total usage) through its water filtration system, more than 71,000 kWh of electricity through the use of energy-efficient lighting, and over 700,000 therms of gas due to the use of energy-efficient laundry equipment. Additional water conservation initiatives at Sharp are outlined in Table 4. In May 2017, Sharp was named San Diego's Grand Energy Champion by SDG&E in recognition of its continuous commitment to implementing energy efficiency measures. The award specifically noted the particular challenges faced by a health care organization trying to save energy, given the need to maintain a comfortable, clean and safe environment for patients, visitors and staff 24 hours a day, seven days a week. Promoting its partnership with SDG&E, since 2016, Sharp has participated in the San Diego Regional Healthcare Sustainability Collaborative. Led by SDG&E and Cleantech San Diego, this initiative presents a platform for San Diego health care providers to advance energy conservation practices through best practice sharing and new technology validation as they pursue the next wave of sustainability initiatives. This collaborative enables sustainability, energy, facilities and operations health care leaders across SDC to share recent project successes, best practices and findings from new technology pilot evaluations. In addition, SDG&E's staff participates in Sharp's Natural Resource Subcommittee to help Sharp identify energy savings initiatives and associated rebates and incentives to reduce the overall costs of energy savings projects. To demonstrate its ongoing commitment to reducing energy consumption on a national level, in FY 2017 Sharp joined Practice Greenhealth's Healthier Hospitals Lean Energy Challenge - an initiative that provides support and guidance for hospitals that aspire to reduce energy consumption, increase energy efficiency, and save significantly on energy costs.</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT	<p>All Sharp hospitals engage in the EPA's ES database and monitor their ES scores on a monthly basis, thus following an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC and SCVMC received the ES certification in 2017 (SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, while SCVMC received ES certification from 2009 to 2011, 2013 and 2015). In addition, Sharp's SRSMG Downtown medical office building meets Leadership in Energy and Environmental Design (LEED) silver certification specifications, one of the first medical office buildings in San Diego of its kind. Additional energy conservation initiatives at Sharp are outlined in Table 4. Table 4. Natural Resource Projects by Sharp HealthCare Entity Establish Energy and Water Use Baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG ES Participation - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Air Handler Projects - SCHHC, SMH/SMBHWN Cogeneration Plant - SGH Drip Irrigation/ Landscape Water Reduction Systems - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Drought-tolerant Landscaping - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electric Vehicle Charging Stations - SCVMC, System Offices, SMH/SMBHWN, SRSMG Electronic/Low-flow Faucets - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Energy-efficient Kitchen/Cafe Appliances - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN Energy-efficient Chillers/ Motors - SCHHC, SCVMC, System Offices, SMH/SMBHWN Faucets and Toilet Retrofits - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Heating, Ventilation and Air Conditioning projects- SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Natural Resource Project - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Light-emitting Diode (LED) - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Occupancy Sensors - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Lighting Retrofits - SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Mist Eliminators - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Moisture-sensitive Sprinkler Controls - SCHHC, SGH, SMH/SMBHWN Plumbing Projects to Address Water Leaks - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Thermostat Control Software - System Services Water Dispensers to Replace Water Bottles - SCHHC, SCVMC</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Water-efficient Dishwashing/ Equipment Washing/ Chemical Dispensing System - SCHHC, SCVMC, SGH, SMH/SMBHWN Waste Minimization U S hospitals generate an average of 26 pounds of waste per staffed bed each day, approximately 15 percent of which is considered hazardous material Sharp is committed to significantly reducing waste at each entity and extending the lifespan of local landfills Sharp's Waste Minimization Committee provides oversight of systemwide waste minimization initiatives including proper waste segregation and enhancing recycling efforts Sharp made the following achievements in waste minimization in FY 2017 * Sharp increased purchases of 100 percent recycled goods at all sites * Sharp proactively recycled more than 350 tons of construction debris from its two major building projects at SCVMC and SRSMG Rancho Bernardo * SGH and SCVMC implemented green waste recycling through which they generated more than 125,000 pounds of green waste that is essential to prolonging the life of the landfill * Sharp's single-waste stream recycling program diverted more than 2.5 million pounds of trash from the landfill, including non-confidential paper, cardboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collected, reprocessed and sterilized 127,000 pounds of surgical instruments for further use * Sharp donated nearly 14,000 pounds of old computer equipment through the Technology Training Foundation of America * Sharp diverted nearly 153,000 pounds of plastic and cardboard from the landfill through the use of reusable sharps containers * Sharp recycled more than 14,000 pounds of blue wrap and disposable privacy curtains (surgical blue wrap is recycled at all hospital sites while SCVMC recycles disposable privacy curtains) Sharp was named the 2017 Outstanding Recycling Program by CRRA - California's statewide recycling association - for its innovative waste minimization initiatives In addition, the City of San Diego's Environmental Services Department named Sharp as one of the Recyclers of the Year in its 2016 Waste Reduction and Recycling Awards Program Sharp was an early adopter in its commitment to waste diversion, and now diverts more than 40 percent of waste through recycling, donating, composting, reprocessing, and reusing programs Sharp's waste minimization efforts have resulted in more than 5,000 tons of waste diverted from the landfill See Table 5 for waste diversion rates and Table 6 for specific waste minimization efforts at Sharp in FY 2017 Table 5 Sharp HealthCare Waste Diversion - FY 2017- Percent Recycled Sharp Chula Vista Medical Center - 43% Sharp Coronado Hospital and Healthcare Center - 22% Sharp Grossmont Hospital - 37% Sharp Memorial Hospital and Sharp Mary Birch Hospital for Women & Newborns - 36% Sharp Mesa Vista Hospital- 52% Sharp Rees-Stealy Medical Group - 69% System Offices - 59% Total Sharp HealthCare - 43% Table 6 Waste Min</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>imization Efforts by Sharp HealthCare Entity Establish Waste Diversion baseline - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Single-stream Recycling - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Recycled Paper - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Blue Wrap Recycling - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC, SRSMG Composting - SCVMC, SGH, SMH/SMBHWN, SMV/SMC Construction Debris Recycling - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electronic Cafe Menus - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SMV/SMC Electronic Patient Bills and Paperless Payroll - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Electronic and Pharmaceutical Waste Recycling Events - System Services Organic Waste Recycling (Green Waste)- SCVMC, SGH Recycle Bins Distribution - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Repurposing of Unused Medical Supplies and Equipment - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SRSMG Reusable Sharps Containers - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Single Serve Paper Napkins and Plastic Cutlery Dispensers - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Surgical Instrument Reprocessing - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Replacement of Bottled Water with Spa Water - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Sustainable Food Practices Sharp believes that food is medicine and the promotion of healthy food choices is necessary to improve the health of patients, employees, and the community Sharp's commitment to healthy food and nutrition sustainability practices began over six years ago with a strategy to increase the selection of healthy food options to improve engagement In collaboration with its food service partner Sodexo, Sharp continues to be an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers and reduce its carbon footprint</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>The goal of Sharp's Food and Nutrition Best Health Committee is to promote food sustainability efforts throughout the health care system and within the greater San Diego community. This includes a focus on Sharp's sustainable Mindful Food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment. Sharp's Mindful Food program includes the promotion of Meatless Mondays to reduce meat consumption, increased purchases of beef and poultry raised without the routine use of antibiotics, menus that highlight wellness options, participation in Community Supported Agriculture (CSA), a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm, increased use of locally sourced fresh, organic and sustainable food, food composting, increased recycling activities, the promotion of sugarless beverages, and the use of post-consumer recycled packaging solutions. Additional sustainability initiatives implemented by Sharp are described below. * Since August 2016, SMH, SMV, and SGH have collaborated with the SDRM and the Food Bank in an innovative food recovery program that donates food items that can no longer be used in Sharp's kitchens but are perfectly healthy and nutritious to more than 45 hunger relief organizations in SDC. In addition, SCVMC and SCHHC recently partnered with FSD, making Sharp the first health care system in the county to donate food to San Diego's needy at such a wide-scale level. Food recovery efforts benefit the local community by ensuring access to nutritious meals for the food insecure, while also enabling Sharp to save on waste disposal costs and keep food out of landfills. In 2017, Sharp donated 18,300 pounds of food to these safety-net organizations. * In FY 2017, Sharp's composting programs diverted approximately 442,000 pounds of waste from landfills. SMMC was the first group of hospitals in SDC to participate in the city's food scraps composting program in 2012. In 2017, the program expanded to SCVMC with its engagement of the City of Chula Vista. Also in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program. Through these programs, food waste at these three Sharp sites is processed into a rich compost product and provided to residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. According to the City of San Diego, such waste diversion programs contribute to the extension of the landfill's lifespan from 2012 to at least 2022. * Launched in 2016, a soup stock program at SMH turns previously unused vegetable scraps into soup stock and sa ves, on average, 174 pounds of</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>food each week. In addition, SCHHC saves an average of 45 pounds of food through its soup stock program. * In 2017, Sharp's imperfect produce program purchased more than 20,000 pounds of less-than-perfect fruits and vegetables per month that are nutrient-rich and full of flavor but would have been thrown away by Sharp's food vendors. The imperfect produce program is currently in effect at SCVMC with plans to expand across the system. * In 2017, Sharp's cooking oil recycling program collected more than 6,000 pounds of oil, which is converted into safe biodiesel oil. * SCHHC, SMH and SMV continued to operate the first county-approved hospital-based organic gardens. Produce from the gardens is used in meals served at the hospital cafes. * Sharp's waste-minded operations, including self-audit checklists, continue to help kitchen teams reduce their carbon footprint between food preparation and cleanup. In recognition of these initiatives, the San Diego Food System Alliance awarded Sharp and Sodexo an EMIES UnWasted Food Award in 2016. Named after the Bill Emerson Good Samaritan Food Donation Act, which provides protection to good faith donors, this award was created to encourage food donation to nonprofit organizations. Sharp earned the award for instituting exemplary practices around prevention/source reduction, food donation, and composting/recycling. Sharp is an active member of San Diego's Nutrition in Healthcare Leadership Team, a subcommittee of the San Diego County Childhood Obesity Initiative's health care domain. Sharp is also a participant in Practice Greenhealth's Healthier Food Challenge. As a participant, Sharp commits to reducing its purchase of meats, increasing its purchase of locally-grown food, and increasing its percentage of sustainable animal proteins. Sharp measures the impact of its food initiatives using these three indicators, the results of which are described below:</p> <ol style="list-style-type: none"> 1. Decrease in Animal Protein Purchases - In FY 2017, Sharp reduced animal protein purchases by more than 550,000 pounds. This represents a 31 percent reduction in animal protein purchases since FY 2014. 2. Increase in Locally Grown Produce - Sharp and Sodexo have made a concerted effort to increase the amount of locally grown produce to support community-based farmers and reduce the time and miles needed to receive the produce in Sharp's kitchens. In FY 2017, approximately 329,000 pounds of locally sourced produce were used in Sharp's kitchens, representing an increase of 57,000 pounds (more than 20 percent) of locally sourced produce since FY 2014. This is an area of great focus at Sharp and is expected to significantly increase in the next five years as more farmers are identified and certified to provide this safe, reliable source of naturally healthy produce. 3. Sustainable Animal Protein - In FY 2017, Sharp purchased more than 13,000 pounds of sustainable animal protein, representing a 50 percent increase from FY 2014. Sustainable animal protein includes

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>beef and cage-free chicken that is grass-fed and antibiotic and hormone free Sharp and So dexo remain committed to increasing healthy food offerings in an effort to combat obesity, improve sustainability, and ultimately change the eating habits of patients, staff and community members for the better Sharp's sustainable food initiatives are outlined in Table 7 Table 7 Sustainable Food Projects by Sharp HealthCare Entity Report Card and Indicators Tracking - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Food Recovery - SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC, SRSMG Soup Stock - SMH/SMBHWN Imperfect Produce - SCVMC Composting - SCVMC, SGH, SMH/SMBHWN, SMV/SMC Oil Recycling - SCVMC, SGH, SMV/SMC Commuter Solutions Sharp supports ride sharing, public transit programs and other transportation efforts to reduce transportation emissions generated by Sharp and its employees Sharp's Commuter Solutions Subcommittee continuously works to develop innovative and accessible programs and marketing campaigns to educate employees on the benefits of ride sharing and other alternative modes of transportation Sharp replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, which save approximately five miles per gallon In addition, Sharp's employee parking lots offer carpool and motorcycle parking spaces Employees can also purchase discounted monthly bus passes As part of the nationwide Electric Vehicle Project, Sharp installed electric vehicle chargers (EVCs) at its corporate office location, SCVMC, SMMC, and some SRSMG sites Sharp was the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on petroleum Sharp will continue efforts to expand EVCs at its other entities The use of the EVCs has resulted in a reduction of approximately 33 tons of CO2 and 3,800 gallons of fuel in FY 2017 Sharp offers bike racks as well as a Bicycle Commuter Benefit, which gives employees who bike to work up to \$20 per month to use toward qualified costs associated with bicycle purchase, improvement, repair and storage In addition, Sharp participates in the SANDAG Bike to Work Day event every year in May During the 2017 challenge, Sharp employees were among almost 10,000 San Diegans who opted to ride their bike to work Sharp supported community cyclists by hosting food and beverage pit stops at various sites throughout SDC</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>Sharp also encourages employees to participate in the SANDAG iCommute RideMatcher vanpool and carpool program, which can help employees find convenient ride share partners and promote sustainable commuting. Using iCommute's TripTracker, employees can monitor the cost and carbon savings resulting from their alternate commuting methods. In addition, Sharp is enrolled in SANDAG's Guaranteed Ride Home program, which provides commuters who carpool, vanpool, take an express bus, ride the Coaster, or bike to work three or more times a week with a taxi or a rental car in case of an emergency or being stranded at work. In recognition of Rideshare Month every October, Sharp participates in SANDAG's iCommute Rideshare Corporate Challenge where employees earn points for replacing their solo drive with a greener commute choice, such as biking, walking, carpooling, vanpooling and public transit. In FY 2017, 84 organizations in SDC - representing more than 200,000 employees - competed in the challenge. Sharp won the top spot in the Mega Employer category for the fourth year in a row and for the fifth time in six years. The annual challenge is instrumental in helping reduce traffic congestion and greenhouse gas emissions throughout the region. Furthering the commitment to better commuting solutions for its employees, Sharp supplies and supports the hardware and software for almost 500 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as information technology support, transcription, and human resources. Sharp also provides compressed work schedule options to eligible full-time employees, which enables them to complete the basic eighty-hour biweekly work requirement in less than 10 work days and thus reduces commute costs, lowers parking demand, and helps the environment. Sharp's ongoing efforts to promote alternative commute choices in the workplace has led to recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 through 2017. Community Education and Outreach Sharp actively educates the community about its sustainability programs. In FY 2017, Sharp participated in the following outreach activities: * Sharp published e-newsletters for employees highlighting its recycling efforts and accomplishments, as well as reminders for proper workplace recycling, carpooling, and energy and water conservation. * Sharp held its sixth annual systemwide All Ways Green(tm) Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees learned how they can decrease water, energy and resource consumption, divert waste through recycling, and reduce their carbon footprint by using alternative transportation at work and home. Many of Sharp's key vendors participated in the fairs to help raise awareness of green initiatives and how Sharp is involved in those programs. * Sharp h</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>held a community recycling event that included free e-waste recycling and confidential document destruction. The event also included the U.S. Drug Enforcement Agency's Drug Take Back Program, which provides a safe, convenient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse. * In recognition of America Recycles Day, Sharp created a video for all Sharp employees to view on the intranet. The video highlights that every employee can make a difference by recycling as well as shows how recyclables are sorted at the local processing facility instead of being disposed of in the landfill. * Sharp participates in San Diego County's Hazmat Stakeholder meetings to discuss best practices for medical waste management with other hospital leaders in SDC. Additional community environmental education and outreach initiatives at Sharp are highlighted in Table 8. Table 8: Environmental Community Education and Outreach by Sharp HealthCare Entity - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG America Recycles Day - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Bike to Work Day - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Earth Week Activities - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Environmental Policy - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Green Team - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG No Smoking Policy - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Organic Farmer's Market - SCHHC, SCVMC, SGH, System Offices, SMH/SMBHWN, SMV/SMC Organic Gardens - SCHHC, SMH/SMBHWN Recycling Education - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Ride Share Promotion - SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Emergency and Disaster Preparedness. Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. In FY 2017, Sharp provided education to staff, community members and community health professionals, and partnered with numerous state and local organizations, to prepare for an emergency or disaster. Sharp's emergency preparedness team offered educational courses to first responders and health care providers throughout SDC. This included a standardized, on-scene federal emergency management training for hospital management titled National Incident Management System/Incident Command System/Hospital Incident Command System (HICS) as well as a training focused specifically on HICS, an incident management system that can be used by hospitals to manage threats, planned events or emergencies. In addition, a course was offered to train participants to use the WebEOC crisis information management system, which provides real-time information sharing between health care systems and outside agencies during a</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 1, CONT</p>	<p>Disaster In September, Sharp's emergency preparedness leadership shared its expertise with other hospitals, health care providers, community partners and government agencies at the annual Disaster Planning for California Hospitals conference. Education provided by Sharp included strategies for building and maintaining sustainable and resilient health care coalitions, and improving emergency communications through the use of plain language. In FY 2017, Sharp's emergency preparedness leadership donated their time to state and local organizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group. Sharp was also a member of the San Diego Healthcare Disaster Coalition - a group of representatives from SDC hospitals, health care delivery agencies, county officials, fire agencies, law enforcement and the American Red Cross, through which Sharp's emergency preparedness leadership heads an evacuation subcommittee to review hospital evacuation planning and identify best practices and to do so. Sharp's emergency preparedness leadership continued to participate in the Statewide Medical Health Exercise Program - a work group of representatives from local, regional and state agencies including, health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - which is designed to guide local emergency planners in developing, planning and conducting emergency responses. Through participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes SCVMC, SCHHC, SGH, SMH, SRSMG Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital Chula Vista, Kaiser Permanente San Diego and Zion Medical Centers, Alvarado Hospital Medical Center, Paradise Valley Hospital, UC San Diego Health, Palomar Health, Health Center Partners of Southern California, Naval Air Station North Island/ Naval Medical Services, San Diego County Sheriff's Department and Marine Corps Air Station Miramar Fire Department. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, members of the partnership are better prepared for a coordinated response to an emergency or disaster affecting SDC.</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 2	<p>Section 2 Executive Summary It's important to me that Sharp HealthCare promotes policies that improve access to health care, because we all deserve an opportunity to live the healthiest life we can - Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in Fiscal Year 2017 (FY 2017) (October 1, 2016, through September 30, 2017) In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women & Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For details on Sharp's CHNA process, please see Section 3 Community Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2017 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Report * Access to care for individuals without a medical provider and support for high-risk, underserved and underfunded patients * Education and screening programs on health conditions, such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health * Health education, support and screening activities for seniors * Welfare of seniors and disabled people * Special support services for hospice patients and their loved ones, and for the community * Support of community nonprofit health organizations * Education and training of community health care professionals * Student and interns supervision and support * Collaboration with local schools to promote interest in health care careers * Cancer education, patient navigation services and participation in clinical trials * Women's and prenatal health services and education * Meeting the needs of new mothers and their loved ones * Mental health and substance abuse education and support for the community Highlights of Community Benefit Provided by Sharp in FY 2017 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2017 * Medical Care Services included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Ind</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 2</p>	<p>igent Medical Services, Civilian Health and Medical Program of the United States of America Department of Veterans Affairs (CHAMPVA), and TRICARE - the regionally managed health care program for active-duty, National Guard and Reserve members, retirees, their loved ones and survivors, and unreimbursed costs of workers' compensation programs * Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments, flu vaccinations and services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HEL P, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank, and Feeding San Diego, financial and other support to the Sharp Humanitarian Service Program, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education and information, and participation in community health fairs and events addressing the unique needs of the community as well as providing flu vaccinations, health screenings and support groups to the community Sharp collaborated with local schools to promote interest in health care careers and made its facilities available for use by community groups at no charge Sharp executive leadership and staff also actively participated in numerous community organizations, committees and coalitions to improve the health of the community See Appendix A for a listing of Sharp's involvement in community organizations In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration * Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns Time was also devoted to generalizable health-related research projects that were made available to the broader health care community Economic Value of Community Benefit Provided in FY 2017 In FY 2017, Sharp provided a total of \$415,307,122 in community benefit programs and services that were unreimbursed Table 9 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697 Table 9 Sharp HealthCare Total Community Benefit - FY 2017 (Economic value is based on unreimbursed costs) Medical Care Services Shortfall in Medi-Cal - \$140,198,987 Note Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Shortfall in Medicare - \$222,539,275 Note Methodology for calculating shortfalls in public pr</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 2	<p> ograms is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in San Diego County Indigent Medical Services - \$7,999,688 Note. Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in CHAMPVA/TRICARE - \$6,179,147 Note. Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Shortfall in Workers' Compensation - \$53,553 Note. Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population. Charity Care - \$22,033,461 Note. Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered. Bad Debt - \$7,489,410 Note. Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered. Other Benefits for Vulnerable Populations, Broader Community, and Health Research, Education and Training Programs. Patient transportation and other assistance for the needy - \$2,803,035 Note. Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service. </p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 2, CONT	<p>Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events - \$1,680,320 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Education and training programs for students, interns and health care professionals - \$4,330,246 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service In FY 2015, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2014 through December 31, 2016 This resulted in an increased reimbursement of \$89.7 million and an assessment of a quality assurance fee and pledge totaling \$56.3 million in FY 2017 The net impact of the program totaling \$33.4 million reduced the amount of unreimbursed medical care service for the Medi-Cal population This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2017 understate the true unreimbursed medical care services performed for the past fiscal year Table 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's medical care services in FY 2017 Table 10 Sharp HealthCare Medical Care Services Medical Care Services before Provider Fee - \$436,492,747 Provider Fee - \$(29,999,226) Net Medical Care Services after Provider Fee - \$406,493,521 Table 11 lists community benefit costs provided by each Sharp entity and Table 11 Total Economic Value of Community Benefit Provided by Sharp HealthCare Entities - Estimated FY 2017 Unreimbursed Costs Sharp Chula Vista Medical Center - \$80,231,642 Sharp Coronado Hospital and Healthcare Center - \$17,045,590 Sharp Grossmont Hospital - \$118,063,679 Sharp Mary Birch Hospital for Women & Newborns - \$11,206,475 Sharp Memorial Hospital - \$170,666,302 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$18,024,214 Sharp Health Plan - \$69,220 TOTAL FOR ALL ENTITIES - \$415,307,122 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by Sharp Health Plan in FY 2017, see tables presented in Section 4 Table 12 Detailed Economic Value of SB 697 Categories - Estimated FY 2017 Unreimbursed Costs Sharp Chula Vista Med</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 2, CONT</p>	<p>ical Center Medical Care Services - \$78,695,427 Other Benefits for Vulnerable Populations - \$322,813 Other Benefits for the Broader Community - \$218,217 Health Research, Education and Training Programs - \$995,185 Total - \$80,231,642 Sharp Coronado Hospital and Healthcar e Center Medical Care Services - \$16,678,892 Other Benefits for Vulnerable Populations- \$37,305 Other Benefits for the Broader Community - \$55,596 Health Research, Education and T raining Programs - \$273,797 Total - \$17,045,590 Sharp Grossmont Hospital Medical Care Ser vices - \$115,474,253 Other Benefits for Vulnerable Populations- \$834,124 Other Benefits fo r the Broader Community - \$551,723 Health Research, Education and Training Programs - \$1,2 03,579 Total - \$118,063,679 Sharp Mary Birch Hospital for Women & Newborns Medical Care S ervices - \$10,872,953 Other Benefits for Vulnerable Populations- \$45,688 Other Benefits fo r the Broader Community - \$90,276 Health Research, Education and Training Programs - \$197, 558 Total - \$11,206,475 Sharp Memorial Hospital Medical Care Services - \$167,900,539 Othe r Benefits for Vulnerable Populations- \$1,018,661 Other Benefits for the Broader Community - \$443,956 Health Research, Education and Training Programs - \$1,303,146 Total - \$170,666 ,302 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$16,871, 457 Other Benefits for Vulnerable Populations- \$522,956 Other Benefits for the Broader Com munity - \$278,986 Health Research, Education and Training Programs - \$350,815 Total - \$18, 024,214 Sharp Health Plan Other Benefits for Vulnerable Populations- \$21,488 Other Benefi ts for the Broader Community - \$41,566 Health Research, Education and Training Programs - \$6,166 Total - \$69,220</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 3	<p>Section 3 Community Benefit Planning Process An exceptional community citizen is practical as well as visionary, a great leader Someone who can collaborate at multiple levels during a difficult time for the greater good - Stacey Hrountas, Chief Executive Officer, Sharp Rees-Stealy Medical Group For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs Assessment (CHNA) process CHNA findings are used in combination with the expertise in programs and services of each Sharp hospital, as well as knowledge of the populations and communities served by those hospitals, to provide a foundation for community benefit program planning and implementation</p> <p>Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC) In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013 This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerable populations Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&IC) and in contract with the Institute for Public Health (IPH) at San Diego State University The process and findings of the collaborative HASD&IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs The complete HASD&IC 2016 CHNA is available for public viewing and download at http://www.hasdic.org To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHDP) As such, the SMH 2016 CHNA summarizes the processes and findings for communities served by both hospital entities The 2016 CHNAs fo</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 3	<p>For each Sharp hospital help inform current and future community benefit programs and services, especially for community members facing inequities. This section describes the general methodology employed for Sharp HealthCare's 2016 CHNAs.</p> <p>CHNA Committee The HASD&IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process. The CHNA Committee includes representatives from all seven participating hospitals and health care systems: *</p> <ul style="list-style-type: none"> Kaiser Foundation Hospitals - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California (UC), San Diego Health <p>CHNA Objectives In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process. Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&IC CHNA model. Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health. Specific objectives of Sharp's 2016 CHNA process included:</p> <ul style="list-style-type: none"> * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients. * Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being. * Identify currently available community resources that support identified health conditions and health challenges. * Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community. <p>Study Area Defined For the purposes of the collaborative HASD&IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area. With more than three million residents, SDC is socially and ethnically diverse. Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&IC 2016 CHNA report at http://hasdic.org. As the study area for both the collaborative HASD&IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/findings, and as such, are</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 3	<p>described as applicable throughout Sharp's CHNAs. For complete details on the HASD&IC 2016 CHNA process, please visit the HASD&IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org. For the collaborative HASD&IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC. The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&IC 2013 CHNA. Quantitative data for both the HASD&IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population. Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC. Additional variables analyzed in the 2016 CHNA processes are included in Table 13, variables were analyzed at the ZIP code level wherever possible. Table 13 Data Variables in the HASD&IC and Sharp 2016 CHNAs Secondary Data Variables Hospital Utilization Inpatient discharges, ED and ambulatory care encounters Community Clinic Visits Demographic Data (socioeconomic indicators) Mortality and Morbidity Data Regional Program Data (childhood obesity trends and community resource referral patterns) Social Determinants of Health and Health Behaviors (education, income, insurance, physical environment, physical activity, diet and substance abuse). Based on the results of the community health statistics scan and feedback from community partners received during the 2016 CHNA planning process, a number of community engagement activities were conducted across SDC, as well as specific to Sharp patients, in order to provide a more comprehensive understanding of identified health needs, including their associated SDOH and potential system and policy changes that may positively impact them. In addition, a detailed analysis of how the top health needs impact the health of San Diego residents was conducted. In addition, Sharp contracted with IPH to collect additional community input through three primary methods: facilitated discussions, key informant interviews, and the Health Access and Navigation Survey with patients and community members. This input focused on behavioral health, cancer, cardiovascular health, diabetes, high-risk pregnancy, senior health and the needs of highly vulnerable patients and community members. In addition, Sharp conducted specific outreach to community promoters, and members of Sharp's Patient Family Advisory Councils - community members who are also current or former Sharp patients.</p>

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

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 4</p>	<p>Section 4 At Sharp Health Plan, we recognize that to impact our community, we must be dedicated and accountable to our fellow San Diegans It is only through collaboration that we can implement true change, and when we support and work with organizations that care for our community members in need, we can truly make our community a better place - Stephen Chin, Manager of Account Management and Community Relations, Sharp Health Plan Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123 SHP is not required to develop a community benefit plan as part of Senate Bill 697 (SB 697), nor are they required to participate in a community health needs assessment (CHNA) However, SHP partnered with and provided support to a variety of organizations in the San Diego community during Fiscal Year 2017 (FY 2017), a selection which are highlighted in this section SHP services include health plans for both large and small employers, and individual family plans FY 2017 Community Benefit Program Highlights SHP provided a total of \$69,220 in community benefit in FY 2017 See Table 43 in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, for the distribution of SHP's community benefit among those categories Table 43 Economic Value of Community Benefit Provided Sharp Health Plan - Estimated FY 2017 Unreimbursed Costs Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank - \$21,488 Note Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Health education programs, donations to community organizations, meeting room space, and participation in community organizations - \$41,566 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Education and training programs for students, interns and health care professionals - \$6,166 Note Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services Unreimbursed costs were estimated by each department responsible for providing the program or service Key highlights * Other Benefits for Vulnerable Populations included contribution of time to S</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 4</p>	<p>subsidies Hope, Feeding San Diego, Kitchens for Good and the San Diego Food Bank (Food Bank), donations to community health centers and other agencies to support low-income and underserved populations, and other assistance for vulnerable and high-risk community members * Other Benefits for the Broader Community included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations, including American Heart Association (AHA), Alliance for African Assistance, BAME Renaissance, Inc (BAME CDC), Chicano Federation of San Diego County, Family Health Centers of San Diego (FHCS), Girl Scouts San Diego and others See Appendix A for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2017 In addition, the category includes costs associated with planning and operating community benefit programs, such as CHNA and administration as applicable * Health Research, Education and Training Programs included education and training of health care professionals, and student and intern supervision Identified Community Need Support of Community Nonprofit Health Organizations Rationale * The Sharp 2016 CHNAs identified behavioral health, cardiovascular disease, Type 2 diabetes, obesity, cancer and senior health as the priority health issues affecting members of the communities served by SHP * The Hospital Association of San Diego & Imperial Counties (HASD&IC) and Sharp 2016 CHNA community engagement activities emphasized 10 social determinants of health as having a serious impact on the priority health issues identified in Sharp's 2016 CHNAs These 10 social determinants are food insecurity and access to healthy food, access to care or services, homelessness/housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty * According to the County of San Diego Health and Human Services Agency, in 2015, there were more than 605,300 children (ages 0 to 14 years) living in SDC Of these, 18 percent under 6 years of age and 19 percent ages 6 to 11 lived 100 percent below the federal poverty level * The HASD&IC 2016 CHNA process identified collaboration with community organizations as a critical strategy to effectively improve community health in San Diego * The American Hospital Association (AHA) recognizes that collaborations, specifically partnerships between hospitals/health care and community organizations, are essential to address community health issues and create a greater impact Fostering effective and sustainable partnerships is integral to expanding opportunities for community health improvement (A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health, Health Research & Educational Trust, Robert Wood Johnson Foundation, AHA, 2017) Objective * Participate in community-sponsored events and support nonprofit community health and</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 4	<p>d social service organizations through financial donations, board service and other contributions FY 2017 Report of Activities SHP supports San Diego's community-based organizations through a variety of activities, including participation in and coordination for community-sponsored events, service on community boards and committees, and financial support and fundraising for health- and social-related causes SHP provided financial support to numerous organizations in FY 2017, including but not limited to Alliance for African Assistance, American Heart Association, The Arc of San Diego, Asian Business Association, BAME CDC, Center on Policy Initiatives, Chicano Federation, FHCS, Food Bank, Friends of Scott Foundation, George G. Glenner Alzheimer's Family Centers, Inc., Girl Scouts San Diego, Hands United for Children, Health Industry Collaboration Effort, Inc., Helix Charter High School, Home Start, Inc. (Home Start), La Maestra Community Health Centers, Las Patronas, Neighborhood House Association, North San Diego Business Chamber, Pacific Arts Movement, San Diego Humane Society, SAY San Diego, Second Chance, County of San Diego, St. Paul's Retirement Home Foundation, Union of Pan Asian Communities (UPAC) and the YMCA Among the many community organizations supported by SHP in FY 2017, several are devoted to San Diego's most vulnerable populations, including the disabled, the homeless and other community members facing inequities in SDC SHP is dedicated to investing in services that support the healthy development and safety of children in San Diego In FY 2017, SHP's support of and collaboration with the Chicano Federation, Home Start, and SAY San Diego demonstrate this commitment to San Diego youth As one of San Diego's leading social service agencies, the Chicano Federation provides empowering opportunities for San Diego's diverse community, including children The organization provides child education, nutrition, health, and affordable housing programs to more than 8,000 San Diegans each year Quality education and child care provided by the Chicano Federation helps foster optimal development and builds a strong foundation for a successful future The organization also works to end hunger, increase access to healthy food and decrease obesity in children by providing balanced meals and snacks and education about healthy eating habits For the past decade, SHP has sponsored the Chicano Federation's annual Unity Luncheon to support the organization's programs and services that help people build a better life for themselves, their families and their communities In May, more than 400 community members attended the event at the Wyndham San Diego Bayside</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 4, CONT</p>	<p>Since 1972, Home Start, a nonprofit child abuse prevention and treatment agency, has strengthened and developed SDC families, communities and systems of care with a vision of every child having a safe, stable and nurturing home In 2016, Home Start provided support, information and social services for more than 28,000 people through various programs, including housing for pregnant women and families facing homelessness, mental health services, in-home parent education for parents as well as pregnant women and their families, case management services, and a continuum of care to help move individuals and families toward self-sufficiency These services help improve stability and parenting skills, while protecting children and helping them thrive In April, SHP sponsored Home Start's Blue Ribbon Gala at the Estancia La Jolla Hotel & Spa, an annual event held in recognition of Child Abuse Prevention Month to raise funds for Home Start's programs SAY San Diego partners with youth, adults, families and communities to help them reach their full potential SAY San Diego's vision is opportunity, equity and well-being for all San Diegans The organization engages the community to work collaboratively, and partners with systems including law enforcement, schools and local government to create positive change Services offered by SAY San Diego include access to health care, employment, self-sufficiency, substance and child abuse prevention and family support, school programs for children, collaborative partnerships for military families, refugee and immigrant families, students and parents, youth development and more SAY San Diego serves more than 70,000 San Diegans annually Since 2013, SHP has sponsored SAY San Diego through participation in Play 4 SAY, the organization's annual fundraiser at Liberty Station in Point Loma Play 4 SAY provides a fun and meaningful way for professionals to be "kids for a day," by competing in a friendly sports tournament to raise funds for SAY San Diego's services Throughout the year, SHP continued to partner with and support a diverse array of other nonprofit community organizations that improve the quality of life for SDC's children and families This included Neighborhood House Association, which is dedicated to enriching lives through a continuum of education and wellness services, as well as organizations that provide medical services for the local community, including FHCS, La Maestra Community Health Centers and UPAC In addition, SHP supported programs provided by Girl Scouts San Diego and the YMCA, youth scholarships from the Asian Business Association, arts education from Pacific Arts Movement, and programs for at-risk populations from Second Chance Fiscal Year 2018 Plan SHP will do the following * Participate in community-sponsored events to address identified health needs for San Diegans and provide health information and education * Provide coordination, financial support and fundraising-related activities</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, SECTION 4, CONT	es for local nonprofit organizations - particularly organizations that support San Diego c ommunity members who face inequities * Continue to serve on various community boards that support the health and well-being of the community

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, APPENDIX A</p>	<p>Appendix A Sharp HealthCare Involvement in Community Organizations The list below shows th e involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2017 Community organizations are listed alphabetically * 2-1- 1 San Diego Board * A New PATH (Parents for Addiction, Treatment and Healing) * Adult Prot ective Services * Aging and Disability Resource Connection * Alliance for African Assistan ce * Altrusa International Club of San Diego * Alzheimer's Project Safety Workgroup * Alzh eimer's San Diego * Alzheimer's San Diego Client Advisory Board * American Academy of Nurs ing * American Association of Colleges of Nursing * American Association of Critical Care Nurses, San Diego Chapter * American Cancer Society * American College of Healthcare Execu tives * American Diabetes Association * American Foundation for Suicide Prevention * Ameri can Heart Association * American Hospital Association * American Lung Association * Americ an Nurses Association * American Psychiatric Nurses Association * American Red Cross of Sa n Diego * Angels Foster Family Network * The Arc of San Diego * Asian Business Association * Association for Ambulatory Behavioral Healthcare * Association for Clinical Pastoral Ed ucation * Association of California Nurse Leaders * Association of Fundraising Professiona ls - San Diego Chapter * Association of Women's Health, Obstetric and Neonatal Nurses * Az usa Pacific University * BAME Renaissance, Inc (BAME CDC) * Bayside Community Center * Be acon Council's Patient Safety Collaborative * Boys and Girls Club of South County * Cabril lo Credit Union Sharp Division Board * Cabrillo Credit Union Supervisory Committee * Calif ornia Academy of Nutrition and Dietetics - San Diego District * California Association of Health Plans * California Association of Hospitals and Health Systems Committee on Volunte er Services and Directors' Coordinating Council * California Association of Marriage and F amily Therapists San Diego Chapter * California Association of Physician Groups * Californ ia Board of Behavioral Health Sciences * California College San Diego * California Departm ent of Public Health (CDPH) * CDPH Healthcare Acquired Infections/Antimicrobial Stewardshi p Program subcommittee * CDPH Healthcare Associated Infection Advisory Committee * CDPH Jo int Advisory Committee * California Dietetic Association * California Emergency Medical Se rvices Authority * California Health Care Foundation * California Health Information Assoc iation * California Hospice and Palliative Care Association * California Hospital Associat ion (CHA) * CHA Board of Trustees * CHA Center for Behavioral Health * CHA Emergency Manag ement Advisory Committee * CHA Hospital Quality Institute Regional Quality Leaders Network * CHA Workforce Committee * California Library Association * California Maternal Quality Care Collaborative * California Perinatal Quality Care Collaborative * California Society for Clinical Social Work Profe</p>

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<p>Form 990, Part III, Line 4b PART III, LINE 4B, APPENDIX A</p>	<p>ssionals * California State University San Marcos * California Teratogen Information Service * Caregiver Coalition of San Diego * Center on Policy Initiatives * Chicano Federation * Community Health Improvement Partners (CHIP) Behavioral Health Work Team * CHIP Health Literacy San Diego Task Force * CHIP Independent Living Association Advisory Board and Peer Review Advisory Team * CHIP Suicide Prevention Council * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Police Foundation * City of Chula Vista Wellness Program * City of San Diego * City of San Diego Park & Recreation - Therapeutic Recreation Services Disabled Services Advisory Council * Community Center for the Blind and Visually Impaired * Community Emergency Response Team * Consortium for Nursing Excellence, San Diego * Coronado Fire Department * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Doors of Change * Downtown San Diego Partnership * East County Action Network * East County Senior Service Providers * Emergency Nurses Association - San Diego Chapter * Employee Assistance Professionals Association * EMSTA College * Family Health Centers of San Diego * Feeding San Diego * Friends of Scott Foundation * Gary and Mary West Senior Wellness Center * George G. Glenner Alzheimer's Family Centers, Inc. * Girl Scouts San Diego * Greater San Diego East County Advisory Board * Grossmont College * Grossmont College Occupational Therapy Assistant Advisory Board * Grossmont College Respiratory Advisory Committee * Grossmont Healthcare District Community Grants and Sponsorships Committee * Grossmont Healthcare District Independent Citizens' Bond Oversight Committee * Grossmont Imaging LLC Board * Grossmont Union High School District * Hands United for Children * Health Care Communicators Board * Health Industry Collaboration Effort, Inc. * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Helix Charter High School * Hidden Heroes Campaign Committee * Home Start, Inc. * Hospice and Palliative Nurses Association - San Diego Chapter * Hospital Association of San Diego and Imperial Counties (HASD&IC) * HASD&IC Community Health Needs Assessment Advisory Group * HSHMC Board * Hunger Advocacy Network * I Love a Clean San Diego * Inner City Action Network * International Association of Eating Disorders Professionals * The Jacobs & Cushman San Diego Food Bank * Jewish Family Service of San Diego (JFS) * JFS Behavioral Health Committee * JFS Public Affairs Committee * John A. Davis Family YMCA Board of Management * Kitchens for Good * Kiwanis Club of Bonita * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Parks and Recreation * Lantern Crest Senior Living Advisory Board * Las Damas de San Diego International Nonprofit Organization * Las Patronas * Las Primeras * Life Rolls On Foundation * Live Well San Diego Check Your Mood Commit</p>

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Form 990, Part III, Line 4b PART III, LINE 4B, APPENDIX A	<p>tee * Mama's Kitchen * March of Dimes * Meals on Wheels San Diego County * Meals on Wheels San Diego County East County Advisory Board * Mental Health America * Miracle Babies * MR I Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Illness * National Association of Hispanic Nurses, San Diego Chapter * National Association of Neonatal Nurses * National Association of Orthopedic Nurses * National Hospice and Palliative Care Organization * National Institute for Children's Health Quality * National Kidney Foundation * National University * Neighborhood Healthcare * Neighborhood House Association * North County Community Action Network * North San Diego Business Chamber * Pacific Arts Movement * Palomar Community College * Partnership for Smoke-Free Families * Peninsula Shepherd Senior Center * Perinatal Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Point Loma Nazarene University * Practice Greenhealth * Promises2Kids * Psychiatric Emergency Response Team * Regional Perinatal System * Residential Care Committee * Ronald McDonald House Operations Committee * Rotary Club of Chula Vista * Rotary Club of Coronado * San Diego Association of Diabetes Educators * San Diego Association of Directors of Volunteer Services * San Diego Association of Governments * San Diego Black Nurses Association * San Diego Blood Bank * San Diego Community Action Network * San Diego Community College District * San Diego County Breastfeeding Coalition * San Diego County Breastfeeding Coalition Advisory Board * San Diego County Civilian/Military Liaison Work Group * San Diego County Coalition for Improving End-of-Life Care * San Diego County Council on Aging * San Diego County Emergency Medical Care Committee * San Diego County Falls Prevention Taskforce * San Diego County Health and Human Services Agency * San Diego County Hospice-Veteran Partnership * San Diego County Medical Society Bioethics Commission * San Diego County Older Adult Behavioral Health System of Care Council * San Diego County Older Adult Council * San Diego County Perinatal Care Network * San Diego County Social Services Advisory Board * San Diego County Stroke Consortium * San Diego County Taxpayers Association * San Diego County Unified Disaster Council * San Diego Covered California Collaborative * San Diego Dietetic Association * San Diego East County Chamber of Commerce * San Diego Eye Bank Nurses' Advisory Board * San Diego Fire-Rescue Department * San Diego Food System Alliance, Healthy Food Access Committee * San Diego Freedom Ranch * San Diego Habitat for Humanity * San Diego Health Information Association * San Diego Healthcare Disaster Coalition * San Diego Housing Commission * San Diego Human Dignity Foundation * San Diego Humane Society * San Diego Hunger Coalition</p>

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Form 990, Part III, Line 4b PART III, LINE 4B APPENDIX A, CONT	* San Diego Immunization Coalition * San Diego-Imperial County Council of Hospital Volunteers * San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc * San Diego Mental Health Coalition * San Diego Mental Health History Planning Team * San Diego Military Family Collaborative * San Diego North Chamber of Commerce * San Diego Older Adult Council * San Diego Organization of Healthcare Leaders * San Diego Physician Orders for Life-Sustaining Treatment Coalition/San Diego Coalition for Compassionate Care * San Diego Psych-Law Society * San Diego Regional Chamber of Commerce * San Diego Regional Healthcare Sustainability Collaborative * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego State University * San Diego Workforce Partnership (SDWP) * SDWP Work Well Committee * Santee Chamber of Commerce * Santee-Lakeside Rotary Club * SAY San Diego * Second Chance * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Diego Health's Joint Venture Board * Sigma Theta Tau International Honor Society of Nursing * South Bay Community Services * South County Action Network * South County Economic Development Council * Southern California Association of Neonatal Nurses * Southern Caregiver Resource Center * Southwestern College * Special Needs Trust Foundation * Special Olympics * Ssubi * St Paul's Retirement Home Foundation * SuperFood Drive * The Meeting Place * THE UNBATTLE PROJECT * Trauma Center Association of America * Union of Pan Asian Communities * University of California, San Diego * University of San Diego * University of Southern California * VA San Diego Healthcare System * VA San Diego Mental Health Council * Veterans Home of California, Chula Vista * Veterans Village of San Diego * Vista Hill ParentCare * We Honor Veterans * Westminster Tower * Women, Infants and Children Program * Wreaths Across America - San Diego * YMCA * YWCA Becky's House(r) * YWCA Board of Directors * YWCA Executive Committee * YWCA Finance Committee * YWCA In the Company of Women Event

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b Part III, Line 4B SECTION 1, CONT	<p>In September, Sharp hosted its sixth annual Disaster Preparedness Expo to educate San Diego residents on effective disaster preparedness and response in the event of an earthquake, fire, power outage or other emergency. Held at Liberty Station, the free event provided more than 700 community members with a variety of disaster exhibitors, demonstrations and displays as well as education on personal and family disaster planning. In recent years, endemic events occurring across the globe have had the potential to impact public health in the local San Diego community. Sharp has continued to partner with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This preparation has allowed for the continued delivery of uninterrupted care to the community in the face of public health threats.</p> <p>Employee Wellness Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created wellness initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMG and corporate location has a dedicated Best Health committee that works to motivate team members to incorporate healthy habits into their lifestyles and support them on their journey to attain their personal health goals. Team members are encouraged to participate in a variety of workplace health initiatives ranging from fitness challenges and weight management programs to health education and events. Sharp Best Health also offers an interactive web-based health portal where employees can create a wellness plan and track their progress. Since 2013, Sharp Best Health has offered annual employee health screenings to raise individual awareness of important biometric health measures, educate team members on reducing the risk of related health issues, and encourage employees to track changes in their metrics over time. In FY 2017, nearly 10,000 employees received health screenings for blood pressure, cholesterol, body mass index, blood sugar and tobacco use. Post-screening resources and tools are available for Sharp employees and their family members, including free access to a health coach as well as classes on a variety of health topics, including smoking cessation, healthy food choices, physical activity, stress management, and managing the challenges of living with a chronic condition such as diabetes, high blood pressure, asthma or arthritis. The AHA recommends walking 10,000 steps a day to help improve or maintain a healthy lifestyle. To align with this goal, Sharp Best Health encourages team members to use a Fitbit Zip(tm) wireless pedometer to track their steps, distance, calories burned, sleep patterns and more. By syncing these statistics to computers or smart phones, the Fitbit Zips(tm) ca</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>Form 990, Part III, Line 4b Part III, Line 4B SECTION 1, CONT</p>	<p>n inspire team members to achieve their personal fitness goals one step at a time Through out the year, Sharp Best Health held both entity-specific and systemwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes During FY 20 17, more than 700 participants across the Sharp system walked the equivalent of 57,080 miles Since the Fitbit Zip(tm) program's inception in 2014, participating employees have increased their average total steps by 22 percent Additionally, to promote safety along with increased physical activity, Sharp Best Health updated Sharp's acceptable footwear policy to permit walking shoes each day of the week at Sharp corporate offices Sharp Best Health hosted a variety of wellness programs and events for employees and their family and friends This included systemwide walking and hiking clubs through which more than 500 participants completed more than 50 hikes during FY 2017 In addition, in February, Sharp's Best Health committees collaborated to host the third annual 5K the Sharp Way Walk/Run Event at Tidelands Park in Coronado, which engaged 300 employees and family members Sharp Best Health participated in community health events throughout the year, including the American Cancer Society Great American Smoke Out, National Nutrition Month, National Fresh Fruits & Vegetables Month, Stress Awareness Month and National Walking Day Sharp Best Health also aligned its summer Fitbit challenges with the San Diego Heart & Stroke Walk by making a contribution to the AHA on behalf of each of the challenge winners In addition, Sharp Best Health partnered with the AHA to promote walking meetings as a heart healthy alternative to standard meetings At Sharp System Offices, Sharp Best Health partnered with the Humane Society to provide free "Walk a Dog, Boost Your Health Events" where employees were given the opportunity to relieve stress and get some exercise while providing highly valuable human interaction for sheltered dogs and puppies Sharp Best Health provided on-site health and fitness classes for employees throughout FY 2017 This included an educational session on the importance of taking micro-breaks, the health impact of extended periods of sitting, and simple stretches to incorporate into the workday Workshops were also offered on managing chronic pain as well as on the MELT technique, which uses soft body rollers and hand and foot balls to self-treat joint pain and tension Fitness offerings included yoga, Zumba and aquatics classes Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home In FY 2017, Sharp Best Health went beyond nutrition and physical fitness to support the overall health and happiness of employees by working with the vendor Whil, to launch their digital mindfulness and yoga training platform designed to help employees manage stress and improve their well-being Offering more than 1,200 mindfulness and yoga sessions of</p>

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Return Reference	Explanation
Form 990, Part III, Line 4b Part III, Line 4B SECTION 1, CONT	<p>various lengths and skill levels, Whil gives employees the flexibility to move at their o wn pace and set their own goals Whil has also been used throughout the system as a tool d uring staff meetings, department huddles and shift changes Since Whil's launch, more than 2,100 employees have become active users Sharp Best Health also collaborated with certifie d mindfulness facilitators to provide on-site mindfulness programming at six Sharp locat ions, including both series and drop-in classes New in 2017, Sharp Best Health introduced Wellness on Wheels, a monthly educational event offered to Sharp employees to address the challenge of accessing online health resources and programs during work hours Wellness o n Wheels involves "rounding" in staff lounges, hospital units, and nursing stations to pro mote a new and relevant subject each month Each session includes an educational component , an interactive activity and a call to action Wellness on Wheels brings wellness educati on to employees where they work, accommodating their unique schedules and dedication to pa tient care Keeping the experience relevant and quick allows staff who were previously una ble to receive wellness resources to access these benefits Sharp has established a system wide Mindful healthy food initiative in partnership with Sodexo As part of the Mindful pr ogram, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enti cing food options that foster a healthy lifestyle among patients, visitors and staff In 2 017, Sharp partnered with Farm Fresh to You to make customizable boxes of organic, locally -grown produce available for purchase by employees This CSA service offers a convenient m ethod for employees and their families to incorporate more fruits and vegetables into thei r diet while supporting local farmers Weight Watchers(r) offers weight-loss services and products founded on a scientifically based approach to weight management that encourages h ealthy eating, increased physical activity and healthy weight management behaviors Sharp Best Health continued its partnership with Weight Watchers(r) to offer Sharp team members a subsidized membership rate to any Weight Watchers(r) program With program availability at work, in the community and online, this partnership has offered Sharp team members a va riety of healthy-eating and physical-activity options that can be tailored to different li festyles and schedules At any given time during FY 2017, approximately 720 Sharp employee s were actively using Weight Watchers(r) Since the program was deployed in 2016, particip ating employees have lost an estimated 3,000 pounds</p>

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Return Reference	Explanation
Form 990, Part III, Line 4b Part III, Line 4B, SECTION 1, CONT	<p>In addition to providing Weight Watchers(r) at work, during FY 2017 Sharp Best Health partnered with the Sharp Rees-Stealy Center for Health Management to offer free in-person and online nutrition classes to Sharp employees through the New Weigh program. New Weigh is an eight-week weight loss program that emphasizes nutrition education and healthy lifestyle development. Program participants create a semi-structured food plan, and have access to a skilled health coach or registered dietitian to ensure continued support and accountability. During FY 2017, 210 Sharp employees completed the New Weigh program. Nearly one in six community members face the threat of hunger every day in SDC. Each month, the Food Bank distributes food to approximately 370,000 children and families, active duty military, and fixed income seniors living in poverty. For more than a decade, Sharp has supported the Food Bank's tremendous efforts through a holiday food drive. During the 2016 holiday season, Sharp Best Health and Sharp Community Benefit collaborated to take this effort a step further. In partnership with SuperFood Drive - a San Diego-based organization committed to educating the community about the health benefits of eating nutrient-dense superfoods and ensuring the accessibility of healthy food to all - Sharp transformed its traditional food drives to "superfood drives," encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life. Through the six-week holiday superfood drive at locations throughout the Sharp system, Sharp doubled its number of food drive sites from earlier holiday seasons, and collected more than 3,000 pounds of nutritious food - an increase of 90 percent compared to previous years. In addition, Sharp team members donated nearly \$2,900 through a new Sharp Virtual Food Drive specifically benefiting the Food Bank. Combined, these donations and funds provided nearly 16,000 healthy meals for San Diegans in need of assistance with putting food on the table during the 2016 holiday season.</p>

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 Health Plan

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The final Form 990 is placed on the organization's intranet, prior to the filing date, where it is viewable for comment from all members of the governing body. The review process includes multiple levels of review including key corporate and entity finance department personnel comprised of the Director of Tax & Accounting, 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 Form 990.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board Members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2016.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	<p>The Personnel Committee of Sharp HealthCare retains an independent compensation consulting firm to review the total compensation paid to executive management (CEO/President, Executive Vice President of Hospital Operations, and Senior Vice Presidents) and compares it to the total compensation paid to similar positions with like institutions. The information is presented to the Personnel Committee of the Board of Directors by the independent consultant. The Personnel Committee is comprised of Board Members who are not physicians and who are not compensated in any way by the organization. The Personnel Committee approves the total compensation for the President/Chief Executive Officer and reviews and approves the compensation and compensation salary ranges for the remainder of the executive team. The Personnel Committee presents its decision to the Board of Directors. The Personnel Committee retains minutes of its meetings. The Compensation and Benefits department engages a third party independent consultant to conduct a compensation study covering officers and key employees. The independent third party compares base salaries to similar positions with like institutions. The information is reviewed by the Compensation and Benefits department and is presented to the President/Chief Executive Officer, the Executive Vice President of Hospital Operations and the appropriate Senior Vice President for review and approval. The compensation study was last conducted in November 2016.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 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). Additionally, Sharp Health Plan has separately stated audited financial statements that are also available upon request. Financial information is also available in the annual and quarterly Department of Managed Health Care (DMHC) filings, which are available on the DMHC website (www.dmhc.ca.gov).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	FEE FOR SERVICE MEDICAL EXPENSE - Total Expense 125504083, Program Service Expense 125504083, Management and General Expenses 0, Fundraising Expenses 0, CAPITATION MEDICAL EXPENSE - Total Expense 472664766, Program Service Expense 472664766, Management and General Expenses 0, Fundraising Expenses 0, PURCHASED SERVICE - Total Expense 13934703, Program Service Expense 13934703, Management and General Expenses 0, Fundraising Expenses 0, BROKER COMMISSIONS - Total Expense 15290559, Program Service Expense 15290559, Management and General Expenses 0, Fundraising Expenses 0,

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 - 40884,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Schedule F Line 3	Sharp Healthcare (95-6077327), the parent organization for SHP, files Form 5471, Information Return of U S Persons With Respect To Certain Foreign Corporations, on behalf of SHP

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
Open to Public Inspection

Name of the organization
Sharp Health Plan

Employer identification number
33-0519730

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 CORONADO HOSPITAL AND HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2) 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	
(3) SHARP HEALTHCARE FOUNDATION (SHF) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(4) SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(5) SHARP HEALTHCARE (SHC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(6) GROSSMONT HOSPITAL CORPORATION 555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(7) GROSSMONT HOSPITAL FOUNDATION 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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p Yes	
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sharp Memorial Hospital	M	189,420,019	Accrual
(2) Grossmont Hospital Corporation	M	899,640	Accrual
(3) Continous Quality Insurance SPC	R	2,036,464	Accrual

Part VII **Supplemental Information**

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

Additional Data

Software ID: 16000421
Software Version: 2016v3.0
EIN: 33-0519730
Name: Sharp Health Plan

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(1) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(2) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
(3) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(4) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
(5) 555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
(6) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	