

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

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**A For the 2017 calendar year, or tax year beginning 10-01-2017, and ending 09-30-2018**

**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 \$ 741,378,902

**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](http://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 THE HEALTH MAINTENANCE ORGANIZATION AND BY THE PROVISION OF OTHER MANAGED HEALTH CARE SERVICES

<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	5
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	0
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	244
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	8,568,379
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	-892,916

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	686,395,063	725,407,809
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,620,701	2,395,209
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	693,015,764	727,803,018
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,866	115,201
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,624,313	24,738,572
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	657,039,157	699,729,341
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	678,772,336	724,583,114
<b>19</b> Revenue less expenses Subtract line 18 from line 12	14,243,428	3,219,904

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	136,618,730	157,690,846
<b>21</b> Total liabilities (Part X, line 26)	53,921,209	70,369,946
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	82,697,521	87,320,900

**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 2019-08-07  
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 \$ 699,423,671 including grants of \$ 115,201 ) (Revenue \$ 725,407,809 )  
See Additional Data

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

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

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

**4e** Total program service expenses ▶ 699,423,671

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> . . . . .		No
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . . .		No
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> 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
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	Yes	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	Yes	
<b>12a</b> 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>b</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	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	Yes	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		No
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions) . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	Yes	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>		No
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J . . . . .</i>	Yes	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		No
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		No
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		No
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		No
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b> If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	Yes	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 Enter the number of voting members of the governing body at the end of the tax year (5); 1b Enter the number of voting members included in line 1a, above, who are independent (0); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (Rita Datko 8520 Tech Way Suite 200 San Diego, CA 921231450 (858) 499-8391).

**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	4 0 ..... 52 0	X		X				0	1,970,609	112,282
(2) Staci L Dickerson TREASURER	2 0 ..... 58 0	X		X				0	620,607	27,643
(3) Melissa Hayden-Cook CEO SHP	60 0 ..... 0	X		X				707,566	0	21,643
(4) Alison Fleury SECRETARY	1 0 ..... 45 0	X		X				0	585,155	46,624
(5) John Lemoine MD CHIEF MEDICAL INFO OFFICER	0 5 ..... 40 0	X						0	498,835	28,679
(6) Rita Datko VP, CFO SHP	60 0 ..... 0			X				293,795	0	38,093
(7) Cary Shames CMO SHP	80 0 ..... 0				X			441,198	0	27,811
(8) Michael Byrd BUSINESS DEVELOPMENT OFFICER	60 0 ..... 0				X			283,938	0	25,979
(9) Leslie Pels-Beck COO SHP	60 0 ..... 0				X			279,247	0	30,519
(10) Jennifer Tuteur MEDICAL DIRECTOR SHP	45 0 ..... 0					X		312,785	0	26,727
(11) Judy Truong MGR PHARM GVT/PHARMACOECONOMIC	40 0 ..... 0					X		207,516	0	17,852
(12) Kathleen Tepedino MGR PHARMACY BENEFITS	40 0 ..... 0					X		179,955	0	28,734
(13) Gregory Limon DIR MED ECONOMICS/CONTRACTING	50 0 ..... 0					X		213,770	0	11,267
(14) Paul A Piche DIR FINANCE-SHP	50 0 ..... 0					X		181,621	0	15,676
(15) Ann Pumpian FORMER OFFICER	0 0 ..... 0 0						X	0	620,991	13,781

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like Sharp Memorial Hospital and Sharp Rees Stealy Medical Group.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	0				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		0				
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> EMPLOYER GROUP PREMIUMS	524114	725,274,763	716,711,392	8,563,371	0	
	<b>b</b> ADMINISTRATIVE FEES	900099	50,256	50,256	0	0	
	<b>c</b> PARTNERSHIP INCOME	523000	82,790	77,782	5,008	0	
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue		0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .		725,407,809					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,897,609	0	0	1,897,609	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>b</b> Less rental expenses					
		<b>c</b> Rental income or (loss)	0	0			
		<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses					
		<b>c</b> Gain or (loss)	497,600	0			
		<b>d</b> Net gain or (loss) . . . . .		497,600	0	0	497,600
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .		0	0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . .		0					
<b>12 Total revenue.</b> See Instructions . . . . .		727,803,018	716,839,430	8,568,379		2,395,209	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	115,201	115,201		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	2,186,016	575,603	1,610,413	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	18,058,494	4,510,496	13,547,998	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	457,816	114,349	343,467	
<b>9</b> Other employee benefits.	2,533,890	632,893	1,900,997	
<b>10</b> Payroll taxes.	1,502,356	375,246	1,127,110	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management.	3,108,834	2,656,060	452,774	
<b>b</b> Legal.	84,938		84,938	
<b>c</b> Accounting.	511,515		511,515	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	663,109,653	663,109,653	0	0
<b>12</b> Advertising and promotion.	1,653,953	975,450	678,503	
<b>13</b> Office expenses.	3,455,727	2,741,938	713,789	
<b>14</b> Information technology.	2,860,586	2,443,967	416,619	
<b>15</b> Royalties.				
<b>16</b> Occupancy.	1,164,239	878,610	285,629	
<b>17</b> Travel.	278,700	69,611	209,089	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	208,768	30,261	178,507	
<b>20</b> Interest.	4,767		4,767	
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	667,401	570,200	97,201	
<b>23</b> Insurance.	213,561	178,131	35,430	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> ACA FEES	11,876,185	11,876,185		
<b>b</b> SYSTEM ALLOCATION	1,670,287		1,670,287	
<b>c</b> REGISTRY	2,517,437	2,150,795	366,642	
<b>d</b> DUES & SUBSCRIPTIONS	2,386,586	2,039,001	347,585	
<b>e</b> All other expenses	3,956,204	3,380,021	576,183	0
<b>25</b> Total functional expenses. Add lines 1 through 24e.	724,583,114	699,423,671	25,159,443	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,310,309	<b>1</b>	6,439,436
	<b>2</b> Savings and temporary cash investments . . . . .	53,549,576	<b>2</b>	58,769,933
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	25,067,997	<b>4</b>	34,858,328
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	888,845	<b>9</b>	2,903,426
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,295,503		
	<b>b</b> Less accumulated depreciation	680,234		
		710,288	<b>10c</b>	615,269
	<b>11</b> Investments—publicly traded securities . . . . .	49,917,819	<b>11</b>	53,867,557
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	173,896	<b>12</b>	236,897
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
<b>15</b> Other assets See Part IV, line 11 . . . . .	0	<b>15</b>	0	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	136,618,730	<b>16</b>	157,690,846	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	37,226,615	<b>17</b>	52,291,887
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	15,196,019	<b>19</b>	17,690,621
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .		<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,498,575	<b>25</b>	387,438
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	53,921,209	<b>26</b>	70,369,946
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	82,697,521	<b>27</b>	87,320,900
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	82,697,521	<b>33</b>	87,320,900
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	136,618,730	<b>34</b>	157,690,846

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	727,803,018
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	724,583,114
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	3,219,904
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	82,697,521
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	1,253,807
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	149,668
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	87,320,900

**Part XII Financial Statements and Reporting**

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

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

## Additional Data

**Software ID:** 17005876

**Software Version:** 2017v2.2

**EIN:** 33-0519730

**Name:** Sharp Health Plan

Form 990 (2017)

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### **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. See Community Benefit Report on Schedule O.

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

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
**Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

**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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part IV Escrow and Custodial Arrangements.**

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		106,449	83,507	22,942
<b>d</b> Equipment . . . . .		1,189,054	596,727	592,327
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				615,269

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

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

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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	342,763
PENSION LIABILITY	44,675
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	387,438

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



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	729,056,825
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	1,253,807	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	1,253,807
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	727,803,018
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	727,803,018

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	724,583,114
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	0	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	724,583,114
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	0	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	724,583,114

**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:** 17005876

**Software Version:** 2017v2.2

**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 carry overs only for tax positions that meet the more likely than not recognition criteria. At September 30, 2018 and 2017, 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	-

## Supplemental Information

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

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

# Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

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	1,702,192
( 2 )					
( 3 )					
( 4 )					
( 5 )					
<b>3a</b> Sub-total	0	0			1,702,192
<b>b</b> Total from continuation sheets to Part I					0
<b>c Totals</b> (add lines 3a and 3b)	0	0			1,702,192

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

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

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

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

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

Part III can be duplicated if additional space is needed.

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



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

Return Reference	Explanation
Schedule F, Part I, Line 3(f)	ACTIVE BUSINESS PROPERTY CASH, FAIR MARKET VALUE AND ADJUSTED BASIS OF \$1,702,192

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 7
3 Enter total number of other organizations listed in the line 1 table. 1

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

Part III can be duplicated if additional space is needed

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

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION NO MONITORING IS DONE AFTER THE GRANT IS MADE

**Additional Data**

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**EIN:** 33-0519730  
**Name:** Sharp Health Plan

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS SDIMP COUNCIL INC 1231 UPAS ST SAN DIEGO, CA 92103	95-1644585	501(c)(3)	15,000				SPONSORSHIP
GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489	33-0124488	501(c)(3)	6,000				SPONSORSHIP/GALA VALOR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HEALTH INDUSTRY COLLABORATION 330 PLACENTIA AVE STE 270 NEWPORT BEACH, CA 92663	90-0130332	501(c)(3)	15,000				GENERAL SUPPORT
PACIFIC ARTS MOVEMENT 2508 HISTORIC DECATUR ROAD SUITE 140 SAN DIEGO, CA 92106	33-1001523	501(c)(3)	13,300				SPONSORSHIP/TICKETS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SAN DIEGO NORTH CHAMBER OF COMMERCE 10875 RANCHO BERNARDO RD SUITE 104 SAN DIEGO, CA 92127	20-3185588	501(c)(6)	10,000				SPONSORSHIP
SHARP HEALTHCARE FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123	95-3492461	501(c)(3)	15,000				SPONSORSHIP

Schedule J (Form 990)

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Sharp Health Plan

Employer identification number

33-0519730

Part I Questions Regarding Compensation

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



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

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

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

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

**Part III Supplemental Information**

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

Return Reference	Explanation
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	Schedule J, Part I, Line 1a Non-management staff were paid superior performance awards which were grossed up so the net payment would be a specified amount based on each staff member's productive hours worked during the year. The net payments per staff member ranged from \$100 to \$350.
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 2017.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Sharp HealthCare (Company) sponsor an Executive 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 Benefits 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 the 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 5% 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 coverage 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:** 17005876  
**Software Version:** 2017v2.2  
**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 Ann Pumpian FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	425,789	182,916	12,286	7,614	6,167	634,772	0
1 Michael W Murphy CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	1,467,379	420,659	82,571	91,114	21,168	2,082,891	0
2 Staci L Dickerson TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	519,980	67,252	33,375	13,222	14,421	648,250	0
3 Melissa Hayden-Cook CEO SHP	(i)	551,149	131,434	24,983	979	20,664	729,209	0
	(ii)	0	0	0	0	0	0	0
4 Alison Fleury SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	446,080	100,832	38,243	26,154	20,470	631,779	0
5 John Lemoine MD CHIEF MEDICAL INFO OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	386,697	75,741	36,397	14,183	14,496	527,514	0
6 Rita Datko VP, CFO SHP	(i)	238,389	47,629	7,777	18,288	19,805	331,888	0
	(ii)	0	0	0	0	0	0	0
7 Cary Shames CMO SHP	(i)	342,611	75,241	23,346	12,703	15,108	469,009	0
	(ii)	0	0	0	0	0	0	0
8 Michael Byrd BUSINESS DEVELOPMENT OFFICER	(i)	227,378	47,121	9,439	12,235	13,744	309,917	0
	(ii)	0	0	0	0	0	0	0
9 Leslie Pels-Beck COO SHP	(i)	200,205	46,447	32,595	15,990	14,529	309,766	0
	(ii)	0	0	0	0	0	0	0
10 Jennifer Tuteur MEDICAL DIRECTOR SHP	(i)	267,345	44,795	645	13,300	13,427	339,512	0
	(ii)	0	0	0	0	0	0	0
11 Judy Truong MGR PHARM GVT/PHARMACOECONOMIC	(i)	207,352	0	164	9,675	8,177	225,368	0
	(ii)	0	0	0	0	0	0	0
12 Kathleen Tepedino MGR PHARMACY BENEFITS	(i)	152,694	19,812	7,449	9,317	19,417	208,689	0
	(ii)	0	0	0	0	0	0	0
13 Gregory Limon DIR MED ECONOMICS/CONTRACTING	(i)	167,648	36,168	9,954	9,730	1,537	225,037	0
	(ii)	0	0	0	0	0	0	0
14 Paul A Piche DIR FINANCE-SHP	(i)	147,743	24,502	9,376	7,372	8,304	197,297	0
	(ii)	0	0	0	0	0	0	0

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sharp Health Plan

Employer identification number

33-0519730

**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**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FINAL FORM 990 IS PLACED ON THE ORGANIZATION'S INTRANET, PRIOR TO THE FILING DATE, WHERE IT IS VIEWABLE FOR COMMENT FROM ALL MEMBERS OF THE GOVERNING BODY THE REVIEW PROCESS INCLUDES MULTIPLE LEVELS OF REVIEW INCLUDING KEY CORPORATE AND ENTITY FINANCE DEPARTMENT PERSONNEL COMPRISED OF THE DIRECTOR 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>



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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15a Process to establish compensation of top management official	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 2017

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 15b Process to establish compensation of other employees	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 2017

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Line 19 Required documents available to the public	THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC. POLICIES ARE CONSIDERED PROPRIETARY INFORMATION, HOWEVER IN SHARP HEALTHCARE'S PUBLICLY AVAILABLE CODE OF CONDUCT, SHARP OUTLINES ITS CONFLICT OF INTEREST POLICIES IN A USER FRIENDLY MANNER. THE ANNUAL AUDITED FINANCIAL STATEMENTS OF THE CONSOLIDATED GROUP ARE PUBLISHED ON THE DACBOND.COM WEBSITE (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).

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, Line 11g Other Fees	FEE FOR SERVICE MEDICAL EXPENSE - Total Expense 127171334, Program Service Expense 127171334, Management and General Expenses , Fundraising Expenses , CAPITATION MEDICAL EXPENSE - Total Expense 509968539, Program Service Expense 509968539, Management and General Expenses , Fundraising Expenses , PURCHASED SERVICE - Total Expense 10702035, Program Service Expense 10702035, Management and General Expenses , Fundraising Expenses , BROKER COMMISSIONS - Total Expense 15267745, Program Service Expense 15267745, Management and General Expenses , Fundraising Expenses ,

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	CHANGE IN MINIMUM PENSION LIABILITY - 149668,

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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

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Return Reference	Explanation
<p>Form 990, Part III, 4a, Section 1</p>	<p>Sharp HealthCare Community Benefit Plan and Report Fiscal Year 2018 Section 1 An Overview of Sharp HealthCare For more than 60 years, Sharp HealthCare has made a difference in the lives of San Diegans As a not-for-profit organization, Sharp places great value on the health and wellness of our expanding community In everything we do, we are committed to making health care better for those we serve - Michael Murphy, President and Chief Executive Officer, Sharp HealthCare Sharp HealthCare (Sharp) is an integrated, regional health care delivery system based in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 29 medical centers, six urgent care centers, three skilled nursing facilities, two inpatient rehabilitation centers, home health, hospice, and home infusion programs, numerous outpatient facilities and programs, and a variety of other community health education programs and related services Sharp also offers individual and group Health Maintenance Organization coverage through Sharp Health Plan (SHP) Serving a population of approximately 3.3 million in San Diego County (SDC), as of September 30, 2018, Sharp is licensed to operate 2,084 beds and has more than 2,700 Sharp-affiliated physicians and 18,000 employees</p> <p><b>FOUR ACUTE CARE HOSPITALS</b> Sharp Chula Vista Medical Center (343 licensed beds) The largest provider of health care services in SDC's fast-growing South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest emergency department (ED) and is the closest hospital to the busiest international border in the world SCVMC is home to the region's most comprehensive heart program, services for orthopedic care, cancer treatment, women's and infant's services, and the only bloodless medicine and surgery center in SDC Sharp Coronado Hospital and Healthcare Center (181 licensed beds) Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include acute, subacute and long-term care, liver care, rehabilitation therapies, orthopedics, and hospice and emergency services Sharp Grossmont Hospital (524 licensed beds) Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County and has one of the busiest EDs in SDC SGH is known for outstanding programs in heart care, oncology, orthopedics, rehabilitation, stroke care and women's health Sharp Memorial Hospital (656 licensed beds) A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in cancer treatment, orthopedics, organ transplantation, bariatric surgery, heart care and rehabilitation SMH also houses the county's largest emergency and trauma center</p> <p><b>THREE SPECIALTY CARE HOSPITALS</b> Sharp Mary Birch Hospital for Women &amp; Newborns (206 licensed beds) A freestanding women's hospital specializing in labor and delivery services, high-risk pregnancy, obstetrics, gynecology, gynecologic oncology and</p>

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Return Reference	Explanation
<p>Form 990, Part III, 4a, Section 1</p>	<p>neonatal intensive care, Sharp Mary Birch Hospital for Women &amp; Newborns (SMBHWN) delivers more babies than any other hospital in California Sharp Mesa Vista Hospital (158 licensed beds) As the most comprehensive mental health hospital in San Diego, Sharp Mesa Vista Hospital (SMV) provides behavioral health services to treat anxiety, depression, substance abuse, eating disorders, bipolar disorder and more for patients of all ages Sharp McDonald Center (16 licensed beds) Sharp McDonald Center (SMC) is the only medically supervised substance abuse recovery center in SDC Offering the most comprehensive hospital-based treatment program in San Diego, SMC provides services such as addiction treatment, medically supervised detoxification and rehabilitation, day treatment, outpatient and inpatient programs, and aftercare Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH and are referred to herein as the Sharp Metropolitan Medical Campus (SMMC) The operations of Sharp Rees-Stealy Medical Centers (SRSMC) are included under the not-for-profit public benefit corporation of Sharp, the parent organization The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation The operations of Sharp HospiceCare are reported under SGH 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 19 years, Sharp</p>



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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, 4a, Section 1	<p>as been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance-and-experience-improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purposeful, worthwhile work and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people. Supported by its extraordinary culture, Sharp is transforming the health care experience in San Diego by striving to be:</p> <ul style="list-style-type: none"><li>* The best place to work: Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp "the best health system in the universe."</li><li>* The best place to practice medicine: Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader.</li><li>* The best place to receive care: Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient—treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate. Through this transformation, Sharp continues to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than 60 years.</li></ul>

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Form 990, Part III, 4a, Section 1 Con't	<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> <ul style="list-style-type: none"> <li>Quality: Demonstrate and improve clinical excellence and exceed customer expectations.</li> <li>Safety: Keep patients, employees and physicians safe and free from harm.</li> <li>Service: Create exceptional experiences at every touch point for patients and families, enrollees, physicians, partners and team members.</li> <li>People: Create a values-driven culture that attracts, retains and promotes the best people who are committed to Sharp's mission and vision.</li> <li>Finance: Achieve financial results to ensure Sharp's ability to deliver on its mission and vision.</li> <li>Growth: Achieve net revenue growth to enhance market position, sustain infrastructure improvements and support innovative development.</li> <li>Community: Be an exemplary public citizen by improving the health of our community and environment.</li> </ul> <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.</p>

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Form 990, Part III, 4a, Section 1 Cont'	<p>16 and received the No. 2 spot on the newcomer's list. In 2018, Forbes ranked Sharp No. 25 on its first-ever list of Best Employers for Women and No. 52 on its list of Best Employers for Diversity. Becker's Hospital Review recognized Sharp as one of "150 Top Places to Work in Healthcare" in 2017 and 2018. The list recognizes hospitals, health systems and organizations committed to fulfilling missions, creating outstanding cultures and offering competitive benefits to their employees. From 2013 to 2018, 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 Computerworld survey. The list is compiled by evaluating a company's benefits, training, retention, career development, average salary increases, employee surveys, workplace morale and more. In 2015, 2017 and 2018, Sharp ranked first for "San Diego's Best Hospital Group" in the annual San Diego Union-Tribune Readers Poll. In 2017, SMH was ranked "San Diego's Best Hospital" and, in 2018, Sharp's Weight Management Programs ranked first for "Best Weight Loss Clinic/Counseling." Sharp Community Medical Group (SCMG) was ranked "San Diego's Best Medical Group" from 2015 to 2018. Sharp Rees-Stealy Medical Group (SRSMG) was ranked "Best Hearing Aid Store" in 2018 for the second year in a row, as well as first for "Best Audiologist," second for "Best Laser Eye Center" and third for "Best Pharmacy." 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 recognition by the American Nurses Credentialing Center (ANCC). The MAGNET Recognition Program is the highest level of honor bestowed by the ANCC and is recognized nationally as the gold standard in nursing excellence. SGH first received the designation in 2006, and was most recently re-designated in 2017. SMBHWN received its current designation in 2015. SMH was first designated in 2008, and received its most recent re-designation in 2018. Sharp was named one of the nation's "Most Wired" health care systems from 2012 to 2018 by Hospitals &amp; Health Networks magazine's annual Most Wired Survey and Benchmark Study. "Most Wired" hospitals are committed to using technology to enhance quality of care for both patients and staff. Planetree is a coalition of more than 80 hospitals worldwide that are committed to improving medical care from the patient's perspective. SCHHC became a Designated Planetree Person-Centered Hospital in 2007, and was re-designated in 2017 for the fourth consecutive time. Additionally, in 2014, 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.</p>

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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>n in 2014. In 2015, SMH was re-designated as a Planetree Person-Centered Hospital. SCVMC joined SCHHC and SMH as a Designated Planetree Person-Centered Hospital in 2014, and was re-designated in 2018. In addition, Planetree awarded SGH the Gold Certification for Excellence in Person-Centered Care in 2018. SCHHC and SCVMC received Energy Star (ES) designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that receive ES certification use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. SCHHC first earned ES certification in 2007, and SCVMC was first certified in 2009. Both entities were most recently re-certified in 2018. San Diego Gas &amp; Electric (SDG&amp;E) named Sharp the 2017 Grand Energy Champion at its annual Energy Showcase Awards. Sharp was recognized for making tremendous strides in reducing its consumption of electricity and natural gas, and in promoting energy-saving techniques to the community. Sharp received the Environmental Stewardship Award in the large business category from the Better Business Bureau (BBB), serving San Diego, Orange and Imperial counties, as part of BBB's 2017 Torch Awards. The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives. Sharp was named the 2017 Outstanding Recycling Program by California Resource Recovery Association (CRRA) - California's statewide recycling association - for its innovative waste-minimization initiatives. As the oldest and one of the largest nonprofit recycling organizations in the country, CRRA is dedicated to achieving environmental sustainability in and beyond California through zero waste strategies, including product stewardship, waste prevention, reuse, recycling and composting. Sharp was one of nine awardees in San Diego to receive a 2018 EMIES UnWasted Food Award by the San Diego Food System Alliance for its collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting. Sharp was also recognized in 2016, for developing best practices in waste prevention, composting, recycling, food donation and source reduction efforts in partnership with the Sodexo Food and Nutrition team. 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 2016, Sharp Best Health received the American Heart Association (AHA) Fit-Friendly Worksites Honor Roll award (Gold Category) for the fourth consecutive year, which recognizes employers that promote a culture of health and physical activity in the workplace or community.</p>

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<p>Form 990, Part III, 4a, Section 1 Cont</p>	<p>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 2018, the Press Ganey organization recognized multiple Sharp entities with Guardian of Excellence Awards. Based on one year of data, this designation recognizes recipients that reach the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality. Awarded Sharp entities in the employee engagement category included SCVMC, SCHHC, SGH, SMBHWN, SMH, SMH Outpatient Pavilion (OPP), SMV, Sharp HospiceCare, SRSMG, SCMG and Sharp Home Health, while SMH, SMH OPP and SMBHWN have been awarded for Patient Experience and SCHHC, SMBHWN and SMV have received awards for Physician Engagement. Press Ganey also recognized multiple Sharp entities with the Pinnacle of Excellence Award (formerly named the Beacon of Excellence Award). This award recognizes the top three performing health care organizations that have maintained consistently high levels of excellence over three years in the categories of Patient Experience, Employee Engagement, Physician Engagement and Clinical Quality Performance. In 2013 as well as 2015 through 2017, Press Ganey recognized SMH for patient experience. From 2013 to 2015, Sharp was recognized for Employee Engagement. In 2013, SCHHC and SMV were recognized for Physician Engagement. SHP has maintained a National Committee for Quality Assurance's (NCQA) Private Health Insurance Plan Rating of 4.5 out of 5 each year since 2016, making it one of the highest-rated health plans in the nation. SHP has also maintained the NCQA's highest level "Excellent" Accreditation status for service and clinical quality each year from 2013 to 2018. The NCQA awards accreditation status based on compliance with rigorous requirements and performance on Healthcare Effectiveness Data and Information Set and Consumer Assessment of Healthcare Providers and Systems measures. Covered California is California's official health insurance marketplace, offering individuals and small businesses the ability to purchase health coverage at federally subsidized rates. SHP earned a five-star rating - the highest possible - in Covered California's 2018 Coverage Year Quality Ratings in the categories of "Summary Quality Rating," "Getting the Right Care" and "Plan Services for Members." America's Physician Groups (APG) is a professional association, representing over 300 medical groups, independent practice associations, and integrated health care systems across the nation. APG has awarded its highest level of distinction - "Elite Status" - to SCMG and SRSMG each year from 2010 to 2018. The Women's Choice Award is a symbol of excellence in customer experience awarded by the collective voice of women. In 2018, SGH received the Women's Choice Award as one of America's Best Breast Centers, Be</p>

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<p>Form 990, Part III, 4a, Section 1 Cont'</p>	<p>st Stroke Centers and Best Hospitals for Heart Care The Women's Choice Award also recognized SMH and SMBHWN in 2018 among America's Best Hospitals for Bariatric Surgery, Cancer Care, Obstetrics and Patient Experience, as well as among America's Best Breast and Stroke Centers SCVMC was also recognized as one of America's Best Breast Centers in 2018 In addition, SCHHC has maintained its ranking as one of America's Best 100 Hospitals for Patient Experience from 2012 to 2018 Powered by the San Diego Association of Governments (SANDAG) in cooperation with the 511 transportation information service, iCommute is the Transportation Demand Management program for the San Diego region and encourages use of transportation alternatives to help reduce traffic congestion and greenhouse gas emissions Sharp received iCommute Diamond Awards - which recognize employers in the San Diego region who have made strides to promote alternative commute choices - in the platinum tier in 2016 and the gold tier in 2017 and 2018 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 SANDAG's 2016 iCommute Rideshare Corporate Challenge The annual monthlong challenge encourages the replacement of solo drivers with sustainable carpool, vanpool, bike, walk or transit commutes 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 quick, web-based screening, enrollment and reporting technology designed by a team of health coverage experts to provide community members with health coverage and financial assistance options At Sharp, patients use PointCare's simple online questionnaire to generate personalized coverage options that are filed in their account for future reference and accessibility The results of the questionnaire enable Sharp staff to have an informed and supportive discussion with the patient about health care coverage, and empower them with options From October 2015 to July 2018, Sharp helped nearly 37,300 self-pay patients through PointCare, while maintaining each patient's dignity throughout the process In 2014, Sharp hospitals implemented an on-site process for real-time Medi-Cal eligibility determinations (Presumptive Eligibility), making Sharp the first hospital system in SDC to provide this service In fiscal year</p>

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<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, 4a, Section 1 Con't	<p>(FY) 2018, Sharp secured this benefit for more than 5,125 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 collaboration with San Diego-based CSI Financial Services, Sharp assists patients who struggle to resolve their hospital bills through ClearBalance - a specialized loan program for patients with high medical bills. Through the program, both insured and uninsured patients can secure small bank loans to help pay off their medical bills in low monthly installments, and prevent unpaid accounts from going to collections. In FY 2018, nearly 2,700 Sharp patients received assistance through ClearBalance. In addition, three Sharp hospitals - SCVMC, SGH and SMH - qualify as covered entities for the 340B Drug Pricing Program administered by the U.S. Department of Health and Human Services Health Resources and Services Administration. Hospitals participating in the 340B Drug Pricing Program are permitted to purchase outpatient drugs at reduced prices. The savings from this program are used to offset patient care costs for Sharp's most vulnerable patient populations, as well as to assist with patient access to medications through Sharp's Patient Assistance Program. The Patient Assistance Program at Sharp helps those in need of assistance gain access to free or low-cost medications. Patients are referred for medication assistance through population health teams, physicians, pharmacists, case managers, social workers, nurses or even other patients, as well as identified through usage reports. Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from the lack of access to medication. Team members research all available options, including programs offered by drug manufacturers, grant-based programs offered by foundations, co-pay assistance and other low-cost alternatives. In FY 2018, the Patient Assistance Program helped uninsured and underinsured patients access prescriptions worth a total of more than \$4 million. Also in FY 2018, Sharp assisted uninsured, underinsured and high-risk individuals who were unable to meet their financial responsibility after health insurance. Through the Maximum Out of Pocket Program, team members met with patients at all Sharp hospitals to help them better understand their health insurance benefits and how to access care during their hospital stay, as well as provided payment options. In FY 2018, the Maximum Out of Pocket Program made a total of more than \$101,000 in adjustments to patient bills.</p>

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Form 990, Part III, 4a, Section 1 Cont'	<p>In addition, Public Resource Specialists from Sharp's Patient Financial Services (PFS) team offered support to uninsured and underinsured patients at all Sharp hospitals in need of extra guidance on available funding options. These team members performed field calls (home visits) to patients who required assistance with completing the coverage application process after leaving the hospital. SGH's PFS team worked closely with the hospital's Care Transitions Intervention program to evaluate patients for CalFresh - California's Supplemental Nutrition Assistance Program - prior to hospital discharge, which dramatically increased the likelihood that patients will complete CalFresh applications and receive benefits. In February 2017, Sharp's PFS team expanded CalFresh consults to the remainder of Sharp's acute care hospitals. Since 2016, more than 600 Sharp patients have been granted CalFresh benefits. In summer 2015, a pilot program was launched to evaluate eligibility for financial assistance among both insured and unfunded families with babies in the Neonatal Intensive Care Unit (NICU) at SMBHWN. This process included helping families whose newborn had been diagnosed with a devastating medical condition or extremely low birth weight apply for Supplemental Security Income (SSI) to help with the cost of care for their baby both within and outside of the hospital. The program was expanded to SCVMC and SGH in 2017, and since its inception, Public Resource Specialists have assisted more than 260 families through the SSI application process. In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients who lack 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. Sharp social workers provide referrals for permanent housing and collaborate 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. In addition, Sharp provides support to SSI claims by providing medical records as needed. SCHHC, SCVMC, SGH and SMH continued to collaborate with the San Diego Rescue Mission (SDRM) to provide services to chronically homeless patients. Through the partnership, Sharp discharges homeless patients to the SDRM's Recuperative Care Unit (RCU), a temporary shelter program that addresses the needs of homeless men and women who are newly released from the hospital but require further supervision. Through the RCU, patients receive case management, social work and counseling services as well as referrals for community-based medical and psychiatric services, long-term housing, and other community support programs. This collaboration between Sharp and SDRM provides a safe discharge plan for homeless</p>



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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>ess individuals who require a stable living environment for their continued recovery Sharp also continued to collaborate with Father Joe's Villages in support of the County of San Diego Aging and Independence Services' Project SOAR (Senior Options, Advocacy and Referrals) This program provides care management services to frail and disabled adults ages 60 years and older who are at risk for nursing home placement, and do not have access to nor qualify for supportive services through other programs Sharp determines Project SOAR eligibility during its standard eligibility review process for all patients and refers qualified individuals directly to the program 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 2018, more than 3,700 student interns dedicated over 585,700 hours within the Sharp system Sharp provided education and training for students in a variety of disciplines, including multiple areas of nursing (e.g., critical care, medical/surgical, behavioral health, women's services, cardiac services and hospice) and allied health professions such as rehabilitation therapies (speech, physical and occupational therapy), lactation care, pharmacy, respiratory therapy, imaging, cardiovascular, dietetics, laboratory, surgical technology, paramedic, social work, psychology, business, health information management and public health Students came from local community colleges, such as Grossmont College, San Diego City College, San Diego Mesa College and Southwestern College (SWC), local and national universities such as California State University San Marcos (CSUSM), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), University of California (UC), San Diego, and University of San Diego (USD), and vocational schools such as Concorde Career College Table 1 presents the total number of students and student hours at each Sharp entity in FY 2018</p> <p>Table 1 Sharp HealthCare Internships - FY 2018 Sharp Chula Vista Medical Center Nursing Students - 616 Nursing Group Hours - 56,710 Nursing Precepted Hours - 19,100 Ancillary Students - 128 Ancillary Hours - 41,317 Total Students - 744 Total Hours - 117,127 Sharp Coronado Hospital and Healthcare Center Nursing Students - 256 Nursing Group Hours - 23,243 Nursing Precepted Hours - 4,562 Ancillary Students - 34 Ancillary Hours - 9,754 Total Students - 290 Total Hours - 37,559 Sharp Grossmont Hospital Nursing Students - 580 Nursing Group Hours - 40,503 Nursing Precepted Hours - 15,482 Ancillary Students - 263 Ancillary Hours - 65,377 Total Students - 843 Total Hours - 121,362 Sharp Mary Birch Hospital for Women &amp; Newborns Nursing Students - 172 Nursing Group Hours - 13,108 Nursing Precepted Hours - 4,720 Ancillary Students - 7 Ancillary Hours - 1,716 Total Students</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>dents - 179 Total Hours - 19,544 Sharp Memorial Hospital Nursing Students - 395 Nursing Group Hours - 25,820 Nursing Precepted Hours - 17,391 Ancillary Students - 275 Ancillary Hours - 72,891 Total Students - 670 Total Hours - 116,102 Sharp Mesa Vista Hospital Nursing Students - 317 Nursing Group Hours - 24,605 Nursing Precepted Hours - 1,766 Ancillary Students - 60 Ancillary Hours - 46,554 Total Students - 377 Total Hours - 72,925 Sharp HospiceCare Nursing Students - 3 Nursing Group Hours - 0 Nursing Precepted Hours - 285 Ancillary Students - 1 Ancillary Hours - 240 Total Students - 4 Total Hours - 525 Sharp HealthCare Nursing Students - 398 Nursing Group Hours - 0 Nursing Precepted Hours - 56,187 Ancillary Students - 237 Ancillary Hours - 44,382 Total Students - 635 Total Hours - 100,569 Total Nursing Students - 2,737 Nursing Group Hours - 183,988 Nursing Precepted Hours - 119,493 Ancillary Students - 1,005 Ancillary Hours - 282,231 Total Students - 3,742 Total Hours - 585,712 In addition, Sharp offers a graduate level Clinical Pastoral Education program, which teaches students clinical theories and skills to provide spiritual care to patients and their families. In FY 2018, the program supervised six chaplain residents and nine chaplain interns on the campuses of SGH, SMBHWN, SMH, SMV and Sharp Home Health services. Sharp also provides specialized classes to prepare future preceptors for their mentoring role. Through the Precepting With Pride Class, nurses and respiratory care practitioners who are new to the role of precepting learn about the essential components of role modeling and educating. Sharp's Advanced Preceptor Class for Nursing supports the continued development of more experienced nurse preceptors. In addition, new nurse mentors and mentees attend an orientation program designed to describe their unique roles and promote a successful precepting experience. Health Sciences High and Middle College Health Sciences High and Middle College (HSHMC) - a partnership between Sharp, a group of SDSU professors and the Grossmont-Cuyamaca Community College District - is a tuition-free, public charter high school that provides students with broad exposure to health care careers. Through this partnership, HSHMC students connect with Sharp team members through job shadowing to explore real-world applications of their school-based knowledge and skills. This collaboration prepares students to enter health, science and medical technology careers in the following five pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services.</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>The high school curriculum provides students with a variety of service-learning projects and internships focused on careers in health care. Students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates. The HSHMC program began in 2007 with students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. Students also devote time to various SRSMG sites. Students begin their internship experience with a systemwide orientation to Sharp and their upcoming job-shadowing activities, which consist of two levels of training. Level I of the HSHMC program is the entry level for all students and is conducted over an eight-week period. Through Level I, ninth-grade students shadow primarily non-nursing areas of the hospital as well as complete additional coursework in Infection Control, Medical Ethics, and Introduction to Health Professions. Level II is designed for students in grades 10 through 12 and includes enhanced patient interaction, college-level clinical rotations, and hands-on experience. Level II students are placed in a new assignment each semester for a variety of patient care experiences, and take additional health-related coursework at a community college, including Health 101, Public Health, Psychology and Abnormal Psychology, Realities of Nutrition, Intro to Health Professions and Organizations, and Health and Social Injustice, among other courses. In FY 2018, 342 HSHMC students - including 100 Level I students and 242 Level II students - were supervised for more than 61,500 hours on Sharp campuses. Students rotated through instructional pods in specialty areas, including but not limited to nursing, emergency services, obstetrics and gynecology, occupational therapy, physical therapy, behavioral health, pediatrics, medical/surgical, rehabilitation, laboratory services, pharmacy, pathology, radiation oncology, radiology, respiratory care, cardiovascular care, spiritual care, wound care, long-term care, endoscopy, engineering, nutrition, infection control, pulmonary services, maternal infant services, NICU, and operations. Students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development as well as job and education requirements. In May 2018, the HSHMC program graduated 151 students in its eighth full class. Each year, Sharp reviews and evaluates its collaboration with HSHMC, including the outcomes of students and graduates, to promote long-term sustainability. Sixty-seven percent of HSHMC students are economically disadvantaged, and the school's free and reduced-price meal eligibility rate is higher than the average for both SDC and California. Despite these challenges, HSHMC maintains a 95 percent attendance rate and excels in preparing students for high school graduation, college entrance and a future career.</p>

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Form 990, Part III, 4a, Section 1 Cont	<p>In 2018, 91 percent of the HSHMC graduating class went on to attend two- or four-year colleges, while 83 percent of students said they wanted to pursue a career in health care. In addition, HSHMC has a 98.7 percent graduation rate, which is higher than the state of California's average of 82.7 percent. HSHMC has received numerous awards for its innovation, vision and impact. In 2017, HSHMC received the Schools of Opportunity Gold Recognition - the highest level that can be awarded - by Schools of Opportunity, a project of the National Education Policy Center at the University of Colorado Boulder. This project recognizes public high schools around the nation that engage in research-based practices focused on closing opportunity gaps for student learning. Previously, HSHMC received the 2016 Impact Award from the Classroom for the Future Foundation as the most innovative education program in SDC. HSHMC was also recognized as a U.S. News &amp; World Report Best High Schools bronze award winner in 2014, 2016 and 2017. In addition, the California Department of Education recognized HSHMC as a 2015 California Gold Ribbon School for its outstanding education programs and practices, and as a Title I Academic Achieving school for demonstrating success in significantly reducing the gap between high- and low-performing students. Further, HSHMC was recognized with a 2015 Model Professional Learning Community at Work Award by Solution Tree for its sustained success in raising student achievement. In addition, HSHMC was a 2014 National School Safety Advocacy Council award winner. Sharp HealthCare is honored to have partnered with HSHMC for more than a decade, and looks forward to continuing this partnership, supporting HSHMC students and providing them with opportunities to flourish in health care. Lectures and Continuing Education Sharp contributes to the academic development of students at colleges and universities throughout San Diego. In FY 2018, Sharp staff provided hundreds of hours in guest lectures and presentations on numerous health care topics. Lecture topics included the use of health information technology in areas such as psychiatric and behavioral health, substance use, dependency record-keeping and Health Insurance Portability and Accountability Act privacy laws, diabetes, careers in dietetics, spiritual care in the health care setting, end-of-life care (including advance care planning), Physician Orders for Life-Sustaining Treatment, hospice, palliative care, bereavement, bioethics and goals of care, injury prevention (including spinal cord injury (SCI)), traumatic brain injury and disability awareness, psychological adjustment to SCI, and various health administration topics. Lectures were delivered to students from a variety of graduate and undergraduate programs at San Diego Mesa College, SDSU, USD, Azusa Pacific University (APU), CSUSM and the University of St. Augustine for Health Sciences. Sharp's Continuing Medical Education (CME) Department.</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>s accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians, as well as by the Accreditation Council for Pharmacy Education to provide continuing pharmacy education. Sharp's CME Department provides evidence-based and clinically relevant professional development opportunities to help practicing physicians and pharmacists improve patient safety and enhance clinical outcomes. In FY 2018, Sharp's CME Department invested more than 1,200 hours in live and online CME activities for San Diego health care providers. This included conferences on innovations in advanced heart care, oncology, diabetes, goals of care conversations, urgent care and patient safety as well as presentations on HROs, food insecurity, physician leadership, dermatology, sepsis, infection prevention and opioid usage. New in FY 2018, Sharp's CME Department collaborated with Sharp's Community Benefit team to conduct a systemwide educational campaign focused on the impact of food insecurity on health. The initiative also engaged Sharp physicians, pharmacists and employees to assess patients for food insecurity and refer them to community resources. Through this collaboration, seven CME lectures and two exhibits reached over 400 physicians and providers and led to countless additional non-CME educational meetings, strategy meetings and conversations regarding the implementation of food insecurity screening and referral processes for Sharp patients. In addition, the initiative provided education to health care students and professionals in the community. Results from post-evaluation surveys collected from these CME-accredited events showed markedly improved confidence and increased the likelihood that providers would engage with patients around food insecurity. Participants also stated an intent to change their professional behavior around recognizing and referring food insecure patients. Additionally, a longitudinal survey of providers who participated in a CME activity showed that 60 percent were interested in learning more about food insecurity and, since the education, 56 percent have followed through to employ food insecurity screening questions for their patients. Providers using food insecurity screening questions are most likely to refer to case management (43 percent) or directly to food resources in the community such as 2-1-1 San Diego, the San Diego Food Bank (Food Bank) or Feeding San Diego (FSD) (33 percent). Further, 38 percent of survey respondents believed this education has positively impacted their patients.</p>

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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>Inspired by the CME/Community Benefit initiative, two Sharp medical groups, SCMG and SRSMG , have embarked on a group-wide approach to address food insecurity SCMG integrated the t wo validated food insecurity screening questions as part of their electronic health record , and is currently exploring community partnerships to help patients address food insecurity and other social determinants of health (SDOH) In March 2018, SRSMG implemented a text push notification, including validated food insecurity screening questions, and provided case management and community resources to patients identified as food insecure The CME/C ommunity Benefit food insecurity initiative has both helped change how Sharp cares for its community, as well as delivered positive patient outcomes Research Sharp Center for Rese arch Innovation is critical to the future of health care The Sharp Center for Research su pports innovation through its commitment to protecting research participants and promoting high quality research initiatives that provide valuable knowledge to the San Diego health care community and positively impact patients and community members The Sharp Center for Research includes the Human Research Protection Program (HRPP), which includes the Instit utional Review Board (IRB) and the Outcomes Research Institute (ORI) Human Research Prote ction Program and Institutional Review Board The Sharp Center for Research is accredited b y the Association for the Accreditation of Human Research Protection Programs (AAHRPP) Th is accreditation acts as a public affirmation of the HRPP's commitment to following rigoro us standards for ethics, quality and protection for human research To date, Sharp is the only health system in SDC to receive accreditation from the AAHRPP The Center for Researc h's HRPP is responsible for the ethical and regulatory compliant oversight of research con ducted at Sharp and includes three components the Sharp organization, the researchers and the IRB As one of the key components of the HRPP, the IRB seeks to promote a culture of safety and respect for those participating in research for the greater good of the communi ty All proposed entity research studies with human participants must be reviewed by the I RB in order to protect participant safety and maintain responsible research conduct In FY 2018, a dedicated IRB committee of 18 - including physicians, nurses, pharmacists and non -scientists - devoted hundreds of hours to the review and analysis of both new and ongoing research studies Research at Sharp is conducted on all clinical phases of drug and devic e development, and the populations studied span the life cycle - from newborns to older ad ults These clinical trials increase scientific knowledge and enable health care providers to assess the safety and effectiveness of new treatments At any given time, Sharp partic ipates in approximately 250 clinical trials covering many therapeutic areas, including beh avioral health, emergency care</p>

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Form 990, Part III, 4a, Section 1 Cont'	<p>, infectious disease, neonatal, heart and vascular, kidney, liver, neurology, orthopedics and oncology - the latter of which comprises the largest share of Sharp's clinical trials The HRPP educates and supports researchers across Sharp as well as the broader San Diego health and research communities regarding the protection of human research participants A s part of its mission, the Center for Research hosts quarterly meetings on relevant educational topics for community physicians, psychologists, research nurses, study coordinators and students throughout San Diego The FY 2018 quarterly meetings included the following presentations Research Community Outreach, Completing Subject Enrollment Logs and Attestation Reports, Reporting Deviations in Research Protocol, Clinical Trials Coverage Analysis, Compliance and Education Requirements, Creating Research Study Budgets, Who is a Sub-Investigator, and Utilizing IRB Software Education was also provided on the Stark Law, Medicare Secondary Payer Rule, Common Rule, and AAHRPP guidelines for reaccreditation Outcomes Research Institute Since its inception in 2010, Sharp's ORI has sought to measure the long-term results of care to continue to develop and promote best practices in health care delivery The ORI enables Sharp to develop and disseminate new knowledge to the larger health care community, and help improve the quality of care delivery across SDC The ORI collaborates with Sharp team members to aid in the design of patient-centered outcomes research projects, assist with study protocol development, data collection and analysis, explore funding mechanisms for research projects, and facilitate IRB application submissions The ORI seeks guidance and expertise from the local and national academic community on how to effectively conduct outcomes research to improve patient and community health This networking has resulted in collaborative research partnerships with investigators at SDSU and National University In FY 2018, the ORI presented research studies to community health and research professionals This included a study titled Routine Cardiac Implantable Device Interrogation at the Point of Care Implications for Stroke Prevention and Management, delivered at the AHA Scientific Sessions in Anaheim, as well as a study titled Can Behavioral Health Data Improve Risk Prediction for Conditions Subject to Penalties Under the Hospital Readmissions Reduction Program?, provided at the American Psychiatric Association Annual Meeting in New York City Since September 2016, the ORI has expanded its contributions to research, education and clinical service through SMH's Integrated Behavioral Health/Cardiac program - a pilot initiative that integrates psychological services for patients of SMH's Heart Transplant and Mechanical Circulatory Support units, including pre-surgical psychological candidacy assessments as well as psychological testing, consultation, and ongoing treatment The program provides op</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>opportunities for ongoing outcomes research, including the contribution of publications and presentations to support the broader health and research communities in the psychosocial management of heart failure patients. These research opportunities are extended to advanced graduate students in clinical psychology through yearlong practicum training experiences. In FY 2018, this innovative program fostered the design and implementation of three ongoing heart failure studies. 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, Rady Children's Hospital - San Diego, UC San Diego Health, U.S. Department of Veterans Affairs San Diego Healthcare System, Kaiser Permanente, Elizabeth Hospice, PLNU, SDSU, APU and US D. 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 provide facilitation and support to fellows as they navigate the hospital system and implement the processes of evidence-based practice change. Mentors also assist fellows in working collaboratively with other key hospital leadership personnel. In FY 2018, the nine-month program culminated with a community conference and graduation ceremony in November, during which the EBPI fellows and mentors shared project results. Twenty-seven project teams, comprised of mentors and fellows, graduated from the program. Projects addressed issues in clinical practice and patient care including bladder management in laboring patients, patient handover between caregivers, exclusive breastfeeding, healing touch in the NICU relaxation room for caregivers, prevention of pressure injuries, skin-to-skin care in the NICU, reduction of post-operative delirium, and decrease in discharge time.</p>



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Form 990, Part III, 4a, Section 1 Cont'	<p>Volunteer Service Sharp Lends a Hand In FY 2018, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH) Sharp team members suggested project ideas that would improve the health and well-being of San Diego in a broad, positive way, rely solely on Sharp for volunteer labor, and support existing nonprofit initiatives, community activities or other programs that serve SDC SLAH selected 23 volunteer projects for FY 2018 Food Bank, FSD, Mama's Kitchen, San Diego Wreaths Across America, USS Midway Foreign Object Damage (FOD) Walk-down, American Diabetes Association (ADA) Tour de Cure, Promises2Kids, Partnerships with Industry, Ssubi is Hope Greening for Good Project, Special Olympics Regional Fall Games, Bowling Tournament and Annual Spring Games, Habitat for Humanity ReStore, Stand Down for Homeless Veterans, Life Rolls On - They Will Surf Again, I Love a Clean San Diego's Beautify Chula Vista Day, Creek to Bay Cleanup, Clean Cities Initiative Cleanup and Coastal Cleanup Day, the San Diego River Park Foundation's Point Loma Native Plant Garden, San Diego River Garden, and Coastal Habitat Restoration, and River Kids Discovery Days - a joint effort between I Love a Clean San Diego and the San Diego River Park Foundation More than 3,000 Sharp employees, family members and friends volunteered over 6,700 hours in support of these projects The Food Bank feeds San Diegans in need, advocates for the hungry, and educates the public about hunger-related issues Each month, the Food Bank serves 370,000 San Diegans Backpacks filled with a weekend's supply of food are provided to chronically hungry elementary school children throughout SDC, while Food Bank distribution sites provide boxes of groceries and staple food items to low-income seniors The Food Bank distributed a total of 28 million pounds of food - the equivalent of 23.3 million meals - during its most recent FY Over 120 SLAH volunteers gathered at the Food Bank warehouse to help inspect, clean, sort and package donated food as well as assist with assembling boxes and cleaning the facility at more than 15 events between December 2017 and September 2018 FSD, part of the Feeding America network, provides food and resources to a network of neighborhood partners in SDC serving healthy food to more than 63,000 local children, families and seniors every week FSD relies on the generous support of individuals, corporations, foundations and community groups to sustain critical hunger-relief and nutrition programs throughout the region Ninety SLAH volunteers helped sort food, prepare bags for distribution, and clean produce for FSD at more than 10 events during FY 2018 Established in 1990, Mama's Kitchen is a community-driven organization that enlists volunteers to help prepare and deliver nutritious meals to community members affected by acquired immunodeficiency syndrome (AIDS) or cancer who are unable to shop or cook for themselves Mama's Kitchen strives to help its clients</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>nts stay healthy, preserve their dignity, and keep their families together by providing fr ee culturally appropriate home-delivered meals, pantry services and nutrition education I n December and February, 25 SLAH volunteers helped Mama's Kitchen serve meals to the commu nity by preparing and packaging snack and vegetable items for delivery I n December 2017, SLAH participated in Wreaths Across America, a national event dedicated to honoring vetera ns, remembering fallen heroes, and teaching children about the sacrifices made by veterans and their families At three local cemeteries - Fort Rosecrans National Cemetery, Miramar National Cemetery and Greenwood Memorial Park - 205 SLAH volunteers honored veterans by p lacing donated wreaths on their gravesites The USS Midway is a retired aircraft carrier t hat serves as a museum and memorial to the 225,000 Navy sailors who served on board betwee n 1943 and 1992 To help keep the deck of the Midway museum clean, SLAH volunteers partici pated in an FOD walk-down, a routine activity on active aircraft carriers that helps preve nt debris from damaging aircraft engines At four events in March, July, August and Septem ber, 55 SLAH volunteers mimicked a real FOD walk-down, using hand tools and vacuums to cle ar the decks of debris SLAH volunteers participated in the ADA Tour de Cure 2018 to suppo rt the one million (or one in three) San Diegans with diabetes or prediabetes and raise cr itical funds for the ADA's diabetes research, education and advocacy I n April, approximat ely 20 SLAH volunteers assisted with pre-event packet pick-up, day-of event registration, T-shirt distribution, rest stop support and first aid Promises2Kids provides current and former foster youth in SDC with the tools, opportunities and guidance they need to grow in to healthy, happy and successful adults I n December, five SLAH volunteers supported the o rganization's annual Holiday Gift Drive by assisting with inventory, as well as sorting an d preparing gifts for distribution to foster youth Partnerships with Industry (PWI) is a San Diego-based nonprofit that brings together employers and persons with a wide range of developmental, intellectual and other disabilities The organization works with more than 230 local businesses to provide the highest quality employment opportunities as well as jo b training and support to those it serves, enabling its clients to find meaningful and las ting employment and move toward maximum independence I n January, four SLAH volunteers wor ked side-by-side with PWI's clients to assist with product assembly in their Work and Trai ning Center The Ssubi is Hope Greening for Good project collects discarded but safe and u sable supplies from U S hospitals and distributes them to clinics around the world that h ave little or no medical resources I n addition to providing life-changing and life-saving services to people in underserved countries, the project has protected the environment by keeping more than one million</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>pounds of medical surplus out of local landfills At six events in November and January, 35 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 October 2017, 18 SLAH volunteers supported the program's Regional Fall Games at the Rancho Bernardo Recreation Center Volunteers offered encouragement to participants by serving as "high-fivers" and assisted with the awards ceremony Also in October, 17 SLAH volunteers assisted by scorekeeping, announcing awards and placing medals on the athletes at the Special Olympics 2017 Regional Bowling Tournament held at Parkway Bowl in El Cajon In May, five SLAH volunteers supported the 2018 Annual Spring Games at Carlsbad High School Volunteers served as timers and scorekeepers during the bocce competition, cheered on the athletes and participated in the awards ceremonies In addition to building homes in partnership with local people in need, San Diego Habitat for Humanity operates three ReStore retail centers with a wide variety of new or gently used building materials and home furnishings for public purchase The ReStore centers provide affordable merchandise to customers while helping fund the construction of Habitat for Humanity homes throughout SDC On five days in November, February, April, August and September, 40 volunteers organized donated items and took inventory of stock for the Kearny Mesa and National City ReStore retail centers SLAH participated in Stand Down for Homeless Veterans, an event sponsored by the Veterans Village of San Diego, to provide community-based social services to veterans without a permanent residence Over 10 days in May, June and July, approximately 90 volunteers sorted and organized clothing donations as well as set up and worked in the event's clothing tent In addition, approximately 30 clinical volunteers - including Sharp-affiliated physicians and Sharp nurses, podiatry technicians, pharmacists and licensed pharmacy technicians - provided medical and pharmaceutical services More than 700 veterans were served through the 2018 Stand Down for Homeless Veterans events</p>

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Form 990, Part III, 4a, Section 1 Cont	<p>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, 80 SLAH volunteers assisted They Will Surf Again with event set-up and breakdown, registration, equipment distribution, lunch service and helping surfers on land and in shallow water. In October 2017, 10 SLAH volunteers joined I Love a Clean San Diego and the City of Chula Vista for the 15th annual Beautify Chula Vista Day. Volunteers met at Rice Canyon in Discovery Park and assisted with watering and care of recent plantings, litter removal and additional projects to make the canyon shine. SLAH also partnered with I Love a Clean San Diego for the 16th annual Creek to Bay Cleanup in April, in celebration of Earth Day. Approximately 20 SLAH volunteers participated in this countywide effort to beautify San Diego's beaches, bays, trails, canyons and parks. In August, seven volunteers participated in I Love a Clean San Diego's Clean Cities Initiative Cleanup by sweeping streets along sidewalks in an Imperial Beach neighborhood. In September, 12 volunteers supported I Love a Clean San Diego's California Coastal Cleanup Day to ensure a clean, safe and healthy community by removing litter from open spaces throughout SDC, including Ocean Beach Dog Beach, Chula Vista Marina View Park, Mission Trails Regional Park, Mission Bay, Lake Miramar, Cardiff Seaside Beach, Coronado City Beach and Scripps Pier in La Jolla. Founded in 2001, the San Diego River Park Foundation is a grassroots nonprofit organization that works to protect the greenbelt from the mountains to the ocean along the 52-mile San Diego River. Approximately 30 SLAH volunteers joined the San Diego River Park Foundation to care for California native plants and trees at the Point Loma Native Plant Garden in October, November, June and August, as well as at the San Diego River Garden in Mission Valley in December, July and September. Activities included trail maintenance, watering, pruning and other light gardening projects. In May, eight SLAH volunteers joined the San Diego River Park Foundation's Coastal Habitat Restoration event in Ocean Beach. The team worked to save and restore one of the last remaining coastal dune and wetland habitats in San Diego by removing invasive plants and litter, watering and caring for recent plantings and native plants, and providing trail maintenance. In March, I Love a Clean San Diego and the San Diego River Park Foundation partnered to provide the fourth annual River Kids Discovery Days. Five SLAH volunteers participated in the free event, which provides river education and service events to teach more than 600 children and families about protecting the Earth's natural resources. In addition to these projects, Sharp expanded the SLAH program.</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>rogram to include the coordination and promotion of a year-round blood donation effort to provide needed blood to local organizations serving the community In FY 2018, Sharp committed to collecting at least 1,000 units of blood from Sharp employees, family and friends Throughout the year, Sharp hosted 42 blood drives at 11 locations systemwide to benefit the San Diego Blood Bank In addition, SLAH encouraged Sharp employees to donate blood at local Red Cross locations Through these efforts, SLAH helped Sharp collect 1,288 units of blood, surpassing its goal by nearly 300 units Sharp Humanitarian Service Program The Sharp Humanitarian Service Program provides paid leave time for Sharp employees to volunteer for programs that provide health care or other supportive services to underserved or adversely affected populations In FY 2018, the program funded nearly 50 employees on humanitarian trips to Mexico, Fiji, the Philippines, Tanzania, Kenya and other locations throughout the world Poured Out is a nonprofit organization that connects people and resources to those in need following a natural disaster through its U S Disaster Response team World Hope International works with vulnerable and exploited communities to alleviate poverty, suffering, and injustice In October, two Sharp team members joined these organizations to help respond to more than 100 people devastated by Hurricane Harvey in Port Arthur, Texas Working as quickly as possible, the team helped restore damaged homes by mucking out wreckage, knocking down mold-damaged drywall, tearing out countertops, scraping tile and flooring, cleaning up debris, disposing of garbage, repairing roofs and distributing basic goods Mercy Outreach Surgical Team is a San Diego Rotary program that works with local Mexican Rotary clubs to bring opportunities for a normal life to impoverished children and adults in Mexico through the gift of plastic, general and ophthalmologic surgery For one week in October, a Sharp employee was among 50 Mercy Outreach Surgical Team volunteers - including physicians, nurses, technicians, a pharmacist and numerous others - who provided 350 free surgeries to patients, including but not limited to the correction of cleft lips and palates, scars and burns, strabismus (crossed eyes), hernias, and the removal of extra toes or fingers 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 November and April, a Sharp nurse traveled to the city of El Fuerte, Sinaloa, to assist with admitting, sedating, operating, and medical service recovery in the areas of surgery, dentistry, ophthalmology, pediatrics and more for approximately 35 patient surgeries InterFACE is a volunteer group of plastic and other reconstructive surgeons, anesthesiologists, nurses, pediatricians, psychosocial workers and other volunteers who devote their time and expertise to offer reconstructive surgery</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>to underprivileged children in Mexico. In February, May and October, a Sharp team member joined the InterFACE team in Mexicali where they provided 144 surgical procedures, including cleft lip and palate repair, burn reconstruction, and correction of the hand, ear, and other congenital or acquired deformities. Since 2009, Experience Camps has provided one-week camps for youth throughout the U.S. who have experienced the death of a parent, sibling or primary caregiver. The program helps build confidence, encourages laughter, provides emotional support and allows youth to navigate their grief through friendship, teamwork, athletics and the common bond of loss. In FY 2018, a Sharp team member served Experience Camps as a nurse along with other nurses, volunteers and licensed social workers. The team worked to inspire hope, and provide support and mentorship to youth in order to strengthen their resiliency. The Jacinto-Gaudiosa Alegado Foundation, Inc. (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, as well as donations of medical supplies, children's books, toys and sports equipment. In April, two Sharp team members joined the Alegado Foundation on a medical mission to the remote area of Sapa-Sapa in Tawi-Tawi, Philippines. Over a couple of days and alongside sixteen local agencies, including Philippine military personnel, the team provided 715 medical consultations, 209 dental treatments, 14 cataract surgeries, 75 Operation Tuli (circumcision) procedures, 518 ophthalmology and eye consultations, several cleft lip surgeries, and medications to those in need at no cost. The team also provided games, music, dancing, activities, school bags, sandals and food for the school children. For 10 days in May and June, a Sharp employee traveled to Fiji through MED 4 OUR WORLD, an organization committed to leaving a lasting impact on the communities it serves through health care, renovation and education. The 2018 MED 4 OUR WORLD team consisted of 17 volunteers, including a trauma surgeon, an anesthesiologist, Fijian anesthesiology residents, obstetrician-gynecologists (OB-GYN), a Fijian OB-GYN attending physician, medical students, registered nurses, and other health professionals. Together, the team evaluated over 100 patients and provided more than 30 procedures, including surgery for cervical, uterine and bladder cancer as well as hysterectomies and other gynecological procedures. In addition, the team assisted with the resuscitation and stabilization of premature twins post-delivery.</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>Our One Community/Olмотi Clinic is a nonprofit organization dedicated to providing comprehensive medical care and education to the indigenous Maasai community located in a remote region of northern Tanzania. For three weeks in June, two Sharp team members and a physician treated approximately 300 men, women and children for infected bug bites, broken bones, fire-related falls, and other injuries or illnesses. The team also supported teachers at the organization's primary school, which serves 240 Maasai tribal children. In addition, Sharp and Ssubi is Hope donated more than \$150,000 worth of equipment and supplies to support the work of the Olмотi Clinic. For three weeks in July and August, a Sharp team member helped lead a team of six PLNU students on a mission trip to Azores, Portugal, 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 the Azorean community, including renovating a local church's thrift store that provides free clothing and supplies to those in need, assisting at health fairs, performing blood pressure checks, answering health-related questions, and referring individuals to local health clinics. Living Room Ministries International is a nonprofit organization dedicated to offering hope and help to rural villages in Kenya through physical, psychological and spiritual care. The organization provides hospice and community-based palliative care services to people with terminal illness, supports families with dying loved ones, and cares for those who lack love and support at the end of life. In September, a Sharp physical therapist traveled with Living Room Ministries International to provide patient care, physical therapy services, staff training and student supervision to approximately 100 Kenyans. Community Walks Heart disease is the leading cause of death in the U.S. Sharp proudly supports the AHA's annual San Diego Heart &amp; Stroke Walk, which promotes physical activity to build healthier lives, free of cardiovascular diseases and stroke. In FY 2018, more than 120 teams from entities across the Sharp system raised funds for the walk through activities such as auctions, prize drawings and a karaoke competition. In September, nearly 1,000 employees, family members and friends represented Sharp during the walk at Balboa Park. For the past 22 years, Sharp has maintained its position as the No. 1 team in San Diego. In 2018, Sharp was the No. 3 team in the AHA Western States Affiliate, raising more than \$200,000. To date, Sharp's fundraising efforts have raised more than \$3 million in support of the San Diego Heart &amp; Stroke Walk. 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 of all ages and</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>skill levels to assist with a wide variety of programs, events and initiatives across the Sharp system. This includes devoting time and compassion to patients within Sharp's hospitals, assisting with community events for the general public, and support for annual golf tournaments, galas and other events to benefit Sharp's various foundations, including the Sharp HealthCare Foundation, Grossmont Hospital Foundation and Coronado Hospital Foundation. On average, more than 1,700 individuals actively volunteered at Sharp each month in FY 2018. This included more than 1,800 auxiliary members, thousands of individual volunteers from the San Diego community, and volunteers for Sharp's foundations. Throughout the year, volunteers contributed more than 253,700 hours of service to Sharp and its initiatives. More than 16,500 of these 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 2018</p> <table border="1"> <tr> <td>Sharp Chula Vista Medical Center</td> <td>Average Active Volunteers per Month - 357</td> <td>Total Volunteer Hours - 49,840</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>Average Active Volunteers per Month - 65</td> <td>Total Volunteer Hours - 10,263</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>Average Active Volunteers per Month - 631</td> <td>Total Volunteer Hours - 100,173</td> </tr> <tr> <td>Sharp HospiceCare</td> <td>Average Active Volunteers per Month - 70</td> <td>Total Volunteer Hours - 9,477</td> </tr> <tr> <td>Sharp Metropolitan Medical Campus</td> <td>Average Active Volunteers per Month - 573</td> <td>Total Volunteer Hours - 79,307</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>Average Active Volunteers per Month - 1,696</b></td> <td><b>Total Volunteer Hours - 249,060</b></td> </tr> </table> <p>Sharp offers a systemwide Junior Volunteer Program for high school students interested in giving back to their communities and exploring future health care careers. The Program requires a high grade point average and a long-term commitment of at least 100 hours. The Junior Volunteer Program supports workforce development by introducing students to careers in health care, including clinical and ancillary support services. The junior volunteers enhance patient-centered care through hospitality, such as greeting and escorting patients and families, answering questions, and creating a welcoming and relaxing environment for guests. Through volunteering in the gift shops and thrift store, they 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 2018, nearly 530 high school students contributed more than 54,800 hours to the Junior Volunteer Program. This included 80 junior volunteers who provided mo</p>	Sharp Chula Vista Medical Center	Average Active Volunteers per Month - 357	Total Volunteer Hours - 49,840	Sharp Coronado Hospital and Healthcare Center	Average Active Volunteers per Month - 65	Total Volunteer Hours - 10,263	Sharp Grossmont Hospital	Average Active Volunteers per Month - 631	Total Volunteer Hours - 100,173	Sharp HospiceCare	Average Active Volunteers per Month - 70	Total Volunteer Hours - 9,477	Sharp Metropolitan Medical Campus	Average Active Volunteers per Month - 573	Total Volunteer Hours - 79,307	<b>TOTAL</b>	<b>Average Active Volunteers per Month - 1,696</b>	<b>Total Volunteer Hours - 249,060</b>
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Form 990, Part III, 4a, Section 1 Con't	<p>re than 5,500 hours of service at SMH and SMBHWN, 152 junior volunteers who dedicated more than 16,550 hours of service at SCVMC, and 297 junior volunteers who contributed more than 32,780 hours of service at SGH. In addition, Sharp's various entity boards include volunteers who provide program oversight, administration and decision-making regarding the organization's financial resources. In FY 2018, more than 130 volunteers contributed time to Sharp's boards. Sharp employees also donate time as volunteers for the Sharp organization, including service on the Board of Directors of San Diego Imaging - Chula Vista, Sharp and Children's MRI, Grossmont Imaging LLC Board, and Sharp and UC San Diego Health's Joint Venture, which oversees the operations of their joint Liver Transplantation and Bone Marrow Transplant Programs. Lastly, SGH both sponsored and moderated a presentation on volunteer compliance, human resources and legal issues to more than 70 attendees - including volunteer program managers and leaders, community partners and hospital inter-professional peers - at CHA's California Hospital Volunteer Leadership Conference in February. Held at the Hyatt Regency in Newport Beach, the conference theme was Our Connections, Our Impact, Our Stories, which included education on the principles of volunteer administration in a health care institution, volunteer recruitment, SDOH, volunteer programs and service, the effects of health care service delivery system redesign on the volunteer sector, and retail operations. The following section describes the achievements of various Sharp volunteer programs in FY 2018.</p> <p><b>Sharp HospiceCare Volunteer Programs</b> Sharp HospiceCare provides a variety of volunteer training opportunities that offer valuable knowledge and experience to volunteers who are often working towards a career in the medical field. Volunteers contribute to Sharp HospiceCare and those it serves by providing companionship to those near the end of life, support for families and caregivers, and assistance with community outreach.</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>Sharp HospiceCare trained approximately 50 new volunteers in FY 2018. 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, five teenagers participated in Sharp HospiceCare's Teen Volunteer program. Through 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, nine premedical students from SDSU, UC San Diego and CSUSM volunteered their time by supporting family caregivers in private homes. In September, Sharp Hospice shared information with 20 premedical students at SDSU regarding its volunteer opportunities to enhance the educational experience and ensure ongoing support for hospice patients and their loved ones. Sharp HospiceCare continued to provide the 11th Hour program to ensure that no patient died alone. Through the program, volunteers accompanied patients who were in their final moments of life but did not have family members present. This included holding the patient's hand, reading softly to them and simply remaining by their side. Families who were present with their dying loved one could also receive comfort from a volunteer while their loved one passed away. Twelve volunteers were trained through the 11th Hour program in FY 2018. In FY 2018, Sharp HospiceCare trained six volunteers in integrative therapies to promote relaxation and restful sleep and enhance the quality of life for Sharp HospiceCare patients and their caregivers. Integrative therapies included Healing Touch, a gentle energy therapy that uses the hands to help manage physical, emotional or spiritual pain, Reiki, a Japanese energy healing therapy in which practitioners use their hands on or above the patient's body to facilitate the healing process, aromatherapy, and hand massage. Volunteers also support Sharp HospiceCare's partnership with We Honor Veterans (WHV). WHV is a national program developed by the National Hospice and Palliative Care Organization in collaboration with the VA to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As a WHV partner, Sharp HospiceCare is equipped to provide education and training that qualifies their volunteers to identify and support veteran patients and their caregivers. This includes the Vet-to-Vet Volunteer program, which pairs volunteers who have military experience with veteran patients. The program also honors veteran patients through special pinning ceremonies during which volunteers present them with a WHV pin and a certificate of appreciation for their service. In FY 2018, Sharp HospiceCare held pinning ceremonies for more than 90 Sharp HospiceCare v</p>

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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>eteran patients as well as pinned nearly 80 veteran community members during community eve nts Sharp HospiceCare continued to offer the Memory Bear program to support community mem bers who have lost a loved one Volunteers created teddy bears out of the garments of thos e who have passed on, which served as special keepsakes and permanent reminders of the gri eving individual's loved one In FY 2018, volunteers dedicated approximately 3,400 hours t o sewing more than 850 bears for over 240 families Sharp HospiceCare recognizes the valua ble 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 sup port group to enhance volunteers' skills In addition, Sharp HospiceCare honored its volun teers during National Volunteer Week in April and National Hospice and Palliative Care Mon th in November Sharp Metropolitan Medical Campus (SMH, SMBHWN, SMV, SMC) Volunteer Progra ms Through the Community Care Partner (CCP) program at SMH, hospital volunteers are hand-s elected and trained to serve and comfort patients without family or friends present during their hospital stay Activities may include reading, writing letters, taking walks, playi ng 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 usual ly performed by a family member or friend but often overlooked for patients who lack a com panion In FY 2018, 14 CCP volunteers devoted nearly 430 hours to approximately 440 patien t visits The Cushman Wellness Center Community Health Library and SMH Volunteer Departmen t continued to offer the Health Information Ambassador program in FY 2018 Serving SMH, th e SMH Rehabilitation Center and SMBHWN's perinatal special care unit, the program brings t he 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 specia lized training to become Health Information Ambassadors, who offer to bring patients and f amily members additional resources on their diagnosis during their hospital stay Informat ion requests are brought to the consumer health librarian who then prints consumer-oriente d 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 given access to an online database of reliable health information as well as the oppo rtunity to keep in touch with the library to ensure they continue to receive quality healt h information at home Throughout the year, the Health Information Ambassadors visited mor e than 2,300 patient rooms and filled over 580 information requests In response to the va st number of Americans demonstrating basic or below health literacy, in FY 2018 the consum er health librarian created a</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>pamphlet titled Health Literacy 101 to support the Health Information Ambassadors as they communicate with patients about their diagnosis. The pamphlet emphasizes the importance of verbally explaining a patient's diagnosis to them and describes a protocol to help patients better understand medical information. Established in 2007, the Arts for Healing program at SMMC uses art and music to reduce feelings of fear, stress, pain and isolation among patients facing significant medical challenges as well as their loved ones. The program brings a variety of activities to patients at their bedside - including painting, beading, creative writing, card-making, seasonal crafts, scrapbooking, quilting, music and drumming - to improve emotional and spiritual health, and promote a faster recovery. The program also engages visitors and members of the community during hospital and community events. Funded completely by donations, Arts for Healing is led by Sharp's Spiritual Care Department and is implemented with help from licensed music and art therapists as well as a team of trained volunteers. At SMH, Arts for Healing typically serves patients who are receiving cancer treatment, recovering from surgery or stroke, awaiting organ transplantation, receiving palliative care, or facing life with newly acquired disabilities following catastrophic events. At SMBHWN, Arts for Healing supports mothers with high-risk pregnancies who are susceptible to stress and loneliness during extended hospital stays prior to childbirth. Music therapy is also provided in 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 or depression. In collaboration with SMMC's social workers and palliative care nurses, in FY 2018 Arts for Healing facilitated the donation of more than 350 handcrafted blankets and quilts for patients receiving end-of-life care at SMH and patients of the Sharp Senior Health Center Downtown. Throughout the year, Arts for Healing led art and music activities for hundreds of patients and community members in recognition of various holidays and Sharp events, including Saturday with Santa, a public event hosted each December by the SMH Auxiliary, Valentine's Day, National Hospital Week in May, Cancer Awareness activities in October and June, two Sharp blood drives, and Sharp's annual Disaster Preparedness Expo.</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>Arts for Healing celebrated its 10th anniversary in FY 2018. Throughout the year, more than 50 volunteers and four staff members facilitated art and music activities for approximately 35,000 patients, guests and staff. Since its inception, more than 140,000 patients and their families have benefited from the time and talent provided by the program's dedicated volunteers, licensed therapists and staff.</p> <p><b>Other Sharp Community Efforts</b> In FY 2018, 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> <p>According to the January 2018 WeAllCount Annual Report, there are nearly 8,600 individuals experiencing homelessness in SDC, nearly 5,000 of whom are unsheltered. This represents a decrease of six percent region-wide from 2017. 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 San Diego. Through the program, homeless outreach coordinators from the Downtown San Diego Partnership's Clean &amp; 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 nearly 2,200 homeless individuals in Downtown San Diego with friends and family across the nation.</p> <p>The University of California, Los Angeles Center for Health Policy and Research's Elder Index states that two in five (41 percent) San Diego seniors will have to choose between buying food and paying rent. Through the Giving Tree program at the Downtown Sharp Senior Health Center, community members and staff donate gift cards to make the holidays brighter for seniors in need. In December 2017, each patient who visited the Downtown Sharp Senior Health Center left with a gift bag and a gift card to a local drug store, grocery store or restaurant.</p> <p>The SGH Engineering Department led a variety of volunteer initiatives in FY 2018. 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 2018, the team delivered two to four vases of flowers with an inspirational quote each week, with as many as six vases or more during peak flower season and upon additional requests. In addition, nearly 40 vases of flowers were delivered to new mothers staying in the hospital on Mother's Day. This Bud's for You also supports the SGH Senior Re</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>source Center and Meals on Wheels partnership by providing floral centerpieces for fundraising events benefitting East County seniors, as well as offers roses for SGH's annual patient remembrance service. Now in its eighth year, the program has become a natural part of the landscape team's day - an act that is simply part of what they do to enhance the experience of hospital visitors and community members. The SGH Engineering Department further extends the spirit of caring through the creation of Cheers Bouquets for patients or visitors who appear to need encouragement, cheer or get well wishes, as well as to recognize patient birthdays, anniversaries and other special moments. The engineers quickly assemble a bouquet of balloons, ribbon, a Sodexo care bear or football, and a chocolate pastry created by SGH and Sodexo chefs, and deliver it to the individual. In FY 2018, the team assembled up to eight Cheers Bouquets per month, including bouquets for more than 40 new fathers on Father's Day weekend. For the past eight years, the SGH Engineering Department, landscape team and Auxiliary have collaborated with local businesses to bring The Shirt Off Our Backs Program to community members in need during the holidays. Through the program, volunteers collect and donate a variety of items to help meet the basic needs of homeless or low-income children and adults. In FY 2018, volunteers filled two trucks with donated food and other essential items, including 50 hygiene kits (shampoo, soap, wipes, toothbrushes, etc.), 250 handmade sandwiches and 100 water bottles as well as clothing, socks, shoes, toys, towels, blankets, pet food and other household items. The SGH landscape team created the award-winning Heart 2 Heart project through which the team places heart-shaped stones etched with reflections around the hospital campus for patients, visitors and staff to search for and reflect upon. The team also installed other various heart shapes made out of flagstone or cobble on planters and stone areas of the campus to encourage walking and engage campus walkers in the scenery. The Heart 2 Heart project earned the team the 2016 Spirit of Sodexo Award for North America after competing against 1,100 nominations from across all Sodexo business units in the U.S. and Canada. As a Gold Level finalist - the company's highest honor - the SGH landscape team demonstrates Sodexo's commitment to clients and customers as the heart of their business. Since 2014, SGH nurses have organized an annual backpack drive in collaboration with Christie's Place - a nonprofit organization that supports women, children and families affected by human immunodeficiency virus or AIDS - to prepare children and teens for academic success. Team members from a variety of departments help provide a backpack with school supplies and personal notes wishing the students all the best for the coming school year. Each year, the team distributes more than 260 backpacks to youth during a back-to-school p</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>arty in Balboa Park For more than 30 years, SGH has held its annual Santa's Korner giving event to provide for those in need during the holidays Through this effort, various hospital departments adopt a family that has been vetted and referred by local service agencies, and dedicate personal time to making the holidays the best they can be for them 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 During the 2017 holiday season, Santa's Korner served more than 120 individuals from 36 families For the past four years, SCVMC has supported Operation Gobble, an event started by Assemblywoman Lorena Gonzalez Fletcher that provides a turkey and fresh produce to those in need during the Thanksgiving holiday In 2017, Operation Gobble served 40 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 children develop to their fullest potential In FY 2018, the holiday bike giveaway provided bicycles as holiday gifts to ten children of SCVMC cancer patients Lastly, for the past two years, Sharp employees have supported students in need from elementary schools within the San Diego Unified School District During their school supply drive in August, employees donated approximately 170 pounds' worth of new backpacks, binders, pens, pencils, crayons and other school supplies - more than doubling last year's efforts - to students from low-income households</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>All Ways Green Initiative Sharp is dedicated to minimizing adverse environmental impacts by creating healthy green practices for employees, physicians and patients Sharp promotes a culture of environmental responsibility through education, outreach, and collaboration with San Diego's earth-friendly businesses to help identify best practices, reduce the costs of green practices, and facilitate the implementation of sustainable initiatives Sharp's Environmental Policy serves to guide the organization in identifying and implementing green practices within the health care system Through the All Ways Green initiative, Sharp maintains an environmentally conscious footprint and communicates sustainability throughout the organization and the San Diego community Sharp's systemwide All Ways Green Committee is responsible for spearheading the organization's sustainability efforts Sharp's environmental initiatives are concentrated in five domains (1) energy efficiency, (2) water conservation, (3) waste minimization, (4) sustainable food practices, and (5) commuter solutions Specialized committees are responsible for each of these domains (see Table 3), while established Green Teams at each Sharp entity are responsible for developing new programs at the local level to educate and motivate Sharp employees to conserve natural resources and reduce, reuse and recycle Table 3 All Ways Green Committees/Subcommittees and Domains Natural Resource Subcommittee Energy efficiency and water conservation Waste Minimization Committee Waste minimization Food and Nutrition Best Health Committee Sustainable food practices Commuter Solutions Subcommittee Commuter solutions To monitor progress and measure tangible results, All Ways Green utilizes a Sharp-developed report card, which trends each domain's annual performance against a baseline The report card shows where the desired results have been achieved as well as identifies opportunities for improvement These opportunities for improvement are used to strategically plan initiatives that engage Sharp's workforce in reducing the organization's carbon footprint Sharp continues to invest in technology and programs that reduce carbon emissions and minimize waste Through these efforts, in FY 2018, Sharp hospitals prevented nearly 210,000 pounds of cardboard and plastic from entering landfills, and reduced carbon dioxide emissions by more than 115,000 pounds 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, emitting roughly eight percent of the nation's greenhouse gas emissions In the U S , hospital water use constitutes seven percent of the total water used in commercial and institutional buildings Sharp's goal is to optimize the use of electricity, gas and water across its facilities, identify and evaluate opportunities for i</p>



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Form 990, Part III, 4a, Section 1 Con't	<p>improvement, implement initiatives in the most cost-effective manner, and track progress. A World Health Organization report published in 2017 encouraged hospitals to proactively address the environmental footprint of the health care sector by reducing power consumption, utilizing alternative energy generation, recycling and conserving resources. Sharp's Natural Resource Subcommittee is addressing this call 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 is responsible for communications to employees about the energy-conscious behaviors that can be practiced in the workplace and at home to promote continuous energy and water savings. Sharp was one of the first health care organizations in the county to commit to environmental best practices in information technology. In 2013, Sharp became the first health care system in San Diego to implement a computer management program that places computers and monitors into a low-power sleep mode after a one-hour period of inactivity. Since its implementation, the program has been installed on all computers at the organization 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 essentially off the electrical grid due to the completion of a new state-of-the-art Central Energy Plant (CEP), named the Brady Family Cogen. The CEP includes a 52-ton, 4.4-megawatt combustion turbine generator that generates enough electricity to meet up to 95 percent of the hospital's needs while reducing 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 as well as provides hot and cold water to the hospital. The new CEP fully complies with state and local standards for air emissions. In 2017, new software was installed on ten 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 addition, after implementing TSO Logic software in 2015, Sharp can conservatively reduce hardware electrical consumption by more than five percent each year through identification of the inefficient, energy-consuming or underutilized hardware. During California's recent five-year drought, Sharp adopted a focused water conservation program at all sites. Although the drought restrictions were officially lifted in 2017, Sharp remains dedicated to using water</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>wisely 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 In May 2018, Sharp opened the new Copley building, which houses administrative space for SRSMG along with the high-complexity, consolidated Sharp HealthCare Laboratory that services the entire Sharp system Sharp is in the process of implementing a fuel-cell energy project at Copley, the first in the Sharp system A fuel cell uses the chemical energy of hydrogen or another fuel to produce electricity cleanly and efficiently Using these fuel cells could lead to a reduction of more than 90 percent in the plants' carbon dioxide emissions, while also producing large amounts of useful hydrogen The Copley building will also be the first in the Sharp system to implement the Aircuity system, which continuously monitors environmental parameters and adjusts air supply and exhaust delivery based upon indoor contaminant levels and thermal load This automated system samples and analyzes packets of air remotely, which are routed to a centralized suite of sensors The system provides input to the building ventilation systems to optimize indoor environmental quality and energy efficiency 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 2018 (SCHHC first earned the ES certification in 2007, and then again each year from 2010 through 2013, and again in 2017, while SCVMC received ES certification from 2009 to 2011, 2013, 2015, and 2017)</p>

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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>Sharp partners with the Center for Sustainable Energy (CSE) to promote and strengthen its work with the ES. From July to August 2017, a CSE benchmarking coach worked with Sharp facility managers to identify and correct data quality issues in the measurement of Sharp's energy and water consumption. As the result of this endeavor, in December 2017, the CSE featured Sharp in a case study highlighting the organization's dedication to improving the welfare of the environment and the communities it serves. 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 of its kind in San Diego. In 2017, Sharp received the Environmental Stewardship Award in the large business category from the BBB, serving San Diego, Orange and Imperial counties. The award recognizes businesses that increase efforts toward a more sustainable footprint and green initiatives. In May 2017, Sharp was named San Diego's Grand Energy Champion by SDG&amp;E in recognition of its continuous commitment to implementing energy efficiency measures. The award specifically noted the particular challenges faced by health care organizations trying to conserve energy, given the need to maintain comfortable, clean and safe environments for patients, visitors and staff, 24 hours a day, seven days a week.</p> <p>Table 4 outlines Sharp's numerous natural resource conservation initiatives.</p> <p>Table 4 Natural Resource Projects by Sharp HealthCare Entity</p> <p>Establish Energy and Water Use Baseline SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Energy Star Participation SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC</p> <p>Air Handler Projects SCHHC, SMH/SMBHWN</p> <p>Cogeneration Plant SGH</p> <p>Drip Irrigation/Landscape Water Reduction Systems SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Drought-Tolerant Landscaping SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Electric Vehicle Charging Stations SCVMC, System Offices, SMH/SMBHWN, SRSMG</p> <p>Electronic/Low-flow Faucets SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Energy-efficient Kitchen/Cafe Appliances SCHHC, SCVMC, SGH, SMH/SMBHWN</p> <p>Energy-efficient Chillers/ Motors SCHHC, SCVMC, SGH, SMH/SMBHWN</p> <p>Faucets and Toilet Retrofits SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>HVAC projects SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Lighting Retrofits to LEDs SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Occupancy Sensors SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Mist Eliminators SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Moisture-sensitive Sprinkler Controls SCHHC, SGH, SMH/SMBHWN</p> <p>Plumbing Projects to Address Water Leaks SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p> <p>Thermostat Control Software &amp; Temperature Setback Projects</p>

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Form 990, Part III, 4a, Section 1 Cont'	<p>SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Filtered Water Dispens ers to Replace Water Bottles SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC , SRSMG Water-efficient Dishwashing/ Equipment Washing/ Chemical Dispensing System SCHHC , SCVMC, SGH, SMH/SMBHWN Waste Minimization U S hospitals generate an average of 26 poun ds of waste per staffed bed each day, approximately 15 percent of which is considered haza rdous material Sharp is committed to significantly reducing waste at each entity and exte nding the lifespan of local landfills Sharp's Waste Minimization Committee provides overs ight of systemwide waste minimization initiatives, including proper waste segregation and enhanced recycling efforts Sharp made the following achievements in waste minimization in FY 2018 * Sharp proactively recycled more than 1,700 tons of construction debris from it s major building project at SCVMC * Sharp's single-waste stream recycling program diverte d more than 2 5 million pounds of trash from the landfill, including nonconfidential paper , cardboard, exam table paper, plastic, aluminum cans and glass containers * Sharp collec ted, reprocessed and sterilized 136,000 pounds of surgical instruments for further use * Sharp donated over 64,000 pounds of computer equipment in place of utilizing e-waste dispo sal * Sharp diverted nearly 120,000 pounds of plastic and cardboard from the landfill thr ough the use of reusable sharps containers Sharp was named the 2017 Outstanding Recycling Program by the CRRRA for its innovative waste minimization initiatives In addition, the C ity of San Diego's Environmental Services Department named Sharp as one of the Recyclers o f the Year in its 2016 Waste Reduction and Recycling Awards Program Sharp was an early ad opter in its commitment to waste diversion and consistently diverts over 37 percent of was te through recycling, donating, composting, reprocessing and reusing programs Sharp's was te minimization efforts have resulted in more than 4,500 tons of waste diverted from the l andfill See Table 5 for waste diversion rates and Table 6 for specific waste minimization efforts at Sharp in FY 2018 Table 5 Sharp HealthCare Waste Diversion - FY 2018 Sharp Ch ula Vista Medical Center Recycled Waste Per Year (pounds)- 4,264,722 Total Waste Per Year (pounds)- 7,174,063 Percent Recycled - 59% Sharp Coronado Hospital and Healthcare Center Recycled Waste Per Year (pounds)- 551,442 Total Waste Per Year (pounds)- 2,062,355 Percen t Recycled - 27% Sharp Grossmont Hospital Recycled Waste Per Year (pounds)- 1,558,396 Tot al Waste Per Year (pounds)- 4,940,651 Percent Recycled - 32% Sharp Memorial Hospital and S harp Mary Birch Hospital for Women &amp; Newborns Recycled Waste Per Year (pounds)- 1,592,405 Recycled Waste Per Year (pounds)- 6,408,972 Percent Recycled - 25% Sharp Mesa Vista Hospi tal Recycled Waste Per Year (pounds)- 196,420 Total Waste Per Year (pounds)- 494,786 Perc ent Recycled - 40% Sharp Rees-</p>

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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>Stealy Medical Group Recycled Waste Per Year (pounds)- 400,598 Recycled Waste Per Year (p ounds)- 2,070,810 Percent Recycled - 19% System Offices Recycled Waste Per Year (pounds)- 594,826 Total Waste Per Year (pounds)- 1,481,007 Percent Recycled - 40% Total Sharp HealthCare Recycled Waste Per Year (pounds)- 9,158,808 Total Waste Per Year (pounds)- 24,632,644 Percent Recycled - 37% Table 6 Waste Minimization Efforts by Sharp HealthCare Entity SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Establish Waste Diversi on Baseline SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Single-str eam Recycling SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Recycle d Paper SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Blue Wrap Rec ycling SCHHC, SCVMC, SGH, SMH/SMBHWN Composting SCHHC, SCVMC, SGH, SMH/SMBHWN, SMV/SMC Construction- Debris Recycling SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/S MC, 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, SM H/SMBHWN, SMV/SMC, SRSMG Electronic and Pharmaceutical Waste Recycling Events SCHHC, SCV MC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Organic Waste Recycling (Green W aste) 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, S MH/SMBHWN Single Serve Paper Napkins and Plastic Cutlery Dispensers SCHHC, SCVMC, SGH, S ystem Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG Surgical Instrument Reprocessing SCHHC, S CVMC, SGH, SMH/SMBHWN, SMV/SMC Replacement of Bottled Water with Spa Water SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, SRSMG</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>Sustainable Food Practices Sharp offers healthy, nutritious and delicious food options to support the health of patients, employees and the community Sharp's commitment to healthy food and nutrition sustainability practices began over seven years ago with a strategy to increase the selection of organic and sustainable food options to improve engagement In collaboration with its food service partner Sodexo, Sharp continues to be an innovator and early adopter of a variety of sustainable, healthy practices to help educate and motivate consumers and reduce its carbon footprint The goal of Sharp's Food and Nutrition Best Health Committee is to promote food sustainability efforts throughout the health care system and within the greater San Diego community This includes a focus on Sharp's sustainable Mindful Food program to provide education and healthy food options designed to improve the health of Sharp's patients, staff, community and environment Sharp's Mindful Food program includes the promotion of Meatless Mondays to reduce meat consumption, increased purchases of beef and poultry raised without the routine use of antibiotics, menus that highlight wellness options, participation in Community Supported Agriculture (CSA), a community of individuals who pledge support to a farm operation in order for it to become, either legally or spiritually, the community's farm, increased use of locally sourced fresh, organic and sustainable food, food composting, increased recycling activities, the promotion of sugarless beverages, and the use of post-consumer recycled packaging solutions Up to 40 percent of food in the U S is never eaten and instead goes to waste In FY 2018, Sodexo teams at SCVMC and SMH were invited by the San Diego Food System Alliance and Smart Kitchens San Diego to participate in LeanPath - a pilot program funded by a City of San Diego grant to combat food waste and facilitate compliance with new composting and recycling laws Lean Path provides an advanced food waste tracking software system to help kitchen teams measure food prior to discarding or donating in order to prevent pre-consumer food waste (waste generated in the kitchen) as well as post-consumer food waste (food the consumer throws away) from entering the landfill 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's partnership with FSD and SCHHC's partnership with the Food Bank makes Sharp the first health care system in the county to donate food to San 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 2018, Sharp donated</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>almost nine tons of food to these safety-net organizations. Also in 2018, Sharp's imperfect produce program purchased more than 6,500 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. Four Sharp hospitals are now participating in composting efforts. SMMC was the first hospital in SDC to participate in the City of San Diego's food scraps composting program in 2012. In 2017, the program expanded to SCVMC in partnership with the City of Chula Vista. Also in 2017, SGH collaborated with Resource Management Group recycling center to begin a composting program, which was expanded to SCHHC in September 2018. Through these programs, food waste at these Sharp sites is processed into a rich compost product and is provided to residents at no charge for volumes of up to two cubic yards. The compost offers several benefits including improving the health and fertility of soil, reducing the need to purchase commercial fertilizers, increasing the soil's ability to retain water and helping the environment by recycling valuable organic materials. In FY 2018, Sharp's composting programs diverted approximately 480,000 pounds of waste from landfills. Sharp's waste-mindful operations, including self-audit checklists, continue to help kitchen teams reduce their carbon footprint between food preparation and cleanup. Sharp is also in the process of eliminating oil fryers in its kitchens. SCHHC and SMMC have already switched to healthier methods of food preparation. SGH and SCVMC are participating in the cooking oil recycling program, which, in 2018, collected more than 8,000 pounds of oil, which is converted into safe biodiesel oil. Further, 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 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. In FY 2018, Sharp reduced animal protein purchases by more than 550,000 pounds. This represents a 31 percent reduction in animal protein purchases since FY 2014. In FY 2018, 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. In FY 2018, Sharp purchased more than 13,000 pounds of sustain</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>able animal protein, representing a 50 percent increase from FY 2014. Sustainable animal protein includes beef and cage-free chicken that is grass-fed and antibiotic- and hormone-free. Sharp was a recipient of the 2018 EMIES UnWasted Food award from the San Diego Food System Alliance for its collaboration as an innovator and early adopter with upstream "unusual but usable" procurement, soup stock program, organic gardens, animal feed and composting. Named after the Federal 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 previously earned this award in 2016. Sharp and Sodexo remain committed to increasing healthy food offerings in an effort to 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, SGH, SMH/SMBHWN, SMV/SMC. Imperfect Produce. SCVMC, SMV/SMC. Composting. SCVMC, SGH, SMH/SMBHWN, SMV/SMC. Oil Recycling. SCVMC, SGH. Fryers Eliminated. SCHHC, SMH/SMBHWN, SMV/SMC. Commuter Solutions. Sharp supports ride sharing, public transit programs and other transportation efforts to reduce carbon emissions generated by its facilities and employees. Sharp's Commuter Solutions Subcommittee works to develop innovative and accessible programs and marketing campaigns to educate employees about the benefits of ride sharing and other alternative modes of transportation. Sharp's ongoing efforts to promote alternative commuter choices in the workplace have led to recognition as a SANDAG iCommute Diamond Award recipient consistently between 2001 and 2010, and again from 2013 through 2018. 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. Sharp was the first health care system in San Diego to offer electric vehicle charge stations (EVCs), supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on petroleum. As part of the nationwide Electric Vehicle Project, Sharp installed EVCs at its corporate office location, SCVMC, SMMC and some SRSMG sites. Twenty-five EVCs were added at the new Copley building in 2018. Sharp will continue efforts to expand EVCs at its other entities.</p>



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<p>Form 990, Part III, 4a, Section 1 Cont'</p>	<p>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. Furthermore, Sharp participates in SANDAG's annual Bike to Work Day event each May. In 2018, Sharp employees were once again among almost 10,000 San Diegans who opted to ride their bike to work. Sharp hosted several pit stops, providing food and beverages, at various sites throughout SDC. Sharp also encourages employees to participate in alternate commuting, including SANDAG's iCommute program that can match commuters in an area based on their work schedule, departure location and destination. Employees can monitor their cost and carbon savings resulting from their alternate commuting methods - such as using public transit, carpooling, vanpooling, biking, walking, or telecommuting - and log their miles in an internal tracking tool on Sharp's intranet site, which has replaced SANDAG's discontinued TripTracker. 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. Further, Sharp employees can also purchase discounted monthly bus passes. 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. 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 700 employees who are able to efficiently and effectively telecommute to work. These employees work in areas that do not require an on-site presence, such as 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 workdays and thus reduces commute costs, lowers parking demand and helps the environment. Community Education and Outreach Sharp actively educates the community about its sustainability programs. In FY 2018, 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 Earth Week celebration, including Earth Fairs at each Sharp hospital and system office. During the fairs, employees learned how to de</p>

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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>crease 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 these fairs to help raise awareness of green initiatives an d how Sharp is involved in those programs * Sharp held a community recycling event that i ncluded free e-waste recycling and confidential document destruction The event also inclu ded the U S Drug Enforcement Agency's Drug Take Back Program, which provides a safe, conv enient, and responsible method of drug disposal and educates the general public about the potential for prescription medication abuse * Sharp participates in San Diego County's Ha zmat Stakeholder meetings to discuss best practices for medical waste management with othe r hospital leaders in SDC Additional community environmental education and outreach initi atives at Sharp are highlighted in Table 8 Table 8 Environmental Community Education and Outreach America Recycles Day SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SM C, SRSMG Bike to Work Day SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBHWN, SMV/SMC, S RSMG 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/SMBH WN, SMV/SMC, SRSMG Ride Share Promotion SCHHC, SCVMC, SGH, System Offices, SHP, SMH/SMBH WN, SMV/SMC, SRSMG Emergency and Disaster Preparedness Sharp contributes to the health an d safety of the San Diego community through essential emergency and disaster planning acti vities and services In FY 2018, Sharp provided disaster preparedness education to staff, community members and community health professionals, as well as collaborated with numerou s state and local organizations to prepare the community for a potential emergency or disa ster Sharp's disaster preparedness team offered several education courses to first respon ders and community health care providers throughout SDC This included a standardized, on- scene federal emergency management training for hospital management titled National Incide nt Management System/Incident Command System/Hospital Incident Command System (HICS) as we ll as a training focused specifically on HICS, an incident management system that can be u sed by hospitals to manage threats, planned events or emergencies In addition, a course w as offered to train participants to use the WebEOC crisis information management system, w hich provides real-time information sharing between health care systems and outside agenci es during a disaster In Septe</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>mber, Sharp hosted its seventh annual Disaster Preparedness Expo to educate San Diego community members about effective disaster preparedness and response in the event of an earthquake, fire, power outage or other emergency. Held at Balboa Park, the free event provided more than 800 community members with a variety of disaster exhibitors, demonstrations and displays, as well as education on personal and family disaster planning. In addition, in FY 2018, the team provided education on personal disaster preparedness to the Rotary Club of Chula Vista as well as during the County of San Diego's Aging Summit 2018: Age Well in Action. In FY 2018, Sharp's disaster leadership donated their time to state and local organizations and committees, including County of San Diego Emergency Medical Care Committee, California Hospital Association Emergency Management Advisory Committee, California Department of Public Health Joint Advisory Committee, Ronald McDonald House Operations Committee and San Diego County Civilian/Military Liaison Work Group. In addition, Sharp's disaster leadership participates in the County of San Diego Healthcare Disaster Coalition. Healthcare disaster coalitions are multi-agency groups of representatives who play a critical role in public safety during emergencies and disasters by assisting counties in improving mitigation, preparedness, response and recovery activities. As part of this coalition, in FY 2018, Sharp's disaster leadership led a subcommittee to review hospital evacuation planning and identify tools and best practices for dissemination to community health care professionals. Sharp's disaster leadership also continued to participate in the Statewide Medical Health Exercise Program. This work group of representatives from local, regional and State agencies - including health departments, emergency medical services, environmental health departments, hospitals, law enforcement, fire services and more - is designed to guide local emergency planners in developing, planning and conducting emergency responses.</p>

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<p>Form 990, Part III, 4a, Section 1 Con't</p>	<p>Through participation in the U S Department of Health &amp; Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership. The partnership includes Sharp and other SDC hospitals, health clinics and other health care services providers. The partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning and sharing resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY 2018, the partnership assisted with training and education of non-hospital health care entities to better prepare them to develop emergency operations plans and responses. Sharp supports safety efforts of the State and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH to be used in response to an event requiring mass decontamination. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event of an interruption to the system's normal water supply. In recent years, global endemic events potentially impacted public health in the San Diego community. Sharp continues to collaborate with community agencies, County of San Diego Public Health Services and first responders to develop protocols, provide joint trainings, and establish safe treatment methods and locations. This allows for the delivery of uninterrupted care to the community in the face of public health threats.</p> <p><b>Employee Wellness</b> Sharp Best Health Sharp recognizes that improving the health of its team members benefits the health of the broader community. Since 2010, the Sharp Best Health employee wellness program has created initiatives to improve the overall health, safety, happiness and productivity of Sharp's workforce. Each Sharp hospital, SRSMC 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 2018, nearly 10,000 employees received health screening.</p>

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Form 990, Part III, 4a, Section 1 Cont'	<p>enings 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 promote overall health To align with this goal, Sharp Best Health encourages team members to use Fitbit wireless activity monitors to track their steps, distance, calories burned, sleep patterns and more By syncing statistics to computers or smartphones, these devices inspire team members to achieve their personal fitness goals one step at a time Throughout the year, Sharp Best Health held both entity-specific and systemwide Fitbit Step Challenges to encourage team members to set personal goals and compete for prizes During FY 2018, more than 1,500 participants across the Sharp system walked an average of 8,700 steps per day Since the Fitbit program's inception in 2014, participating employees have increased their average total steps by 24 percent In addition, Sharp's acceptable footwear policy permits employees to wear walking shoes each day of the week at Sharp corporate offices to promote safety along with increased physical activity 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 90 participants completed six hikes during FY 2018 Sharp Best Health participated in community health events throughout the year, including the American Cancer Society Great American Smoke Out, American Heart Month, National Nutrition Month, National Health and Fitness Month, National Fresh Fruits &amp; Vegetables Month, Stress Management Month and National Walking Month Sharp Best Health also supported the San Diego Heart &amp; Stroke Walk by hosting donation-based indoor cycling classes at Toby Wells YMCA 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 "Animal-Based Stress Relief" 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 and workshops for employees throughout FY 2018 This included workshops led by registered dietitians (RDs) on topics such as engaging in and sustaining healthy eating habits, strategies for managing cravings, intuitive eating, the truth about counting calories, and the impact of sleep, stress and aging on health Classes wer</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>e also offered on stress management techniques and the importance of taking micro-breaks Fitness offerings included yoga, Zumba, weight training and aquatics classes Sharp Best Health also offered recipe demonstrations to encourage healthy meal preparation at home Sharp Best Health offered employees a new wellness initiative in FY 2018 called the Better Balance Project, which is intended to help attendees achieve a better sense of balance and well-being Instead of making radical, time-consuming changes, participants were encouraged to make small but powerful health adjustments that are frequently overlooked Each week throughout the four-week program, participants were provided tools and tasks to address a specific self-care subject, such as mindfulness, prioritizing sleep, organization and gratitude Sharp Best Health also debuted a new podcast called "Coffee Break with Sharp Best Health," which features group discussions and interviews with health and wellness experts on a variety of topics to help listeners live in good health In FY 2018, Sharp Best Health continued to go beyond nutrition and physical fitness to support the overall health and happiness of employees by offering a digital mindfulness and yoga training platform from the vendor Whil Whil's program is designed to help employees manage stress and improve their well-being by offering more than 1,200 mindfulness and yoga sessions Whil's sessions are of various lengths and skill levels, providing employees the flexibility to move at their own pace and set their own goals Whil has also been used throughout the system as a tool during staff meetings, department huddles and shift changes Since Whil's launch, more than 2,400 employees have become active users Another mindfulness initiative involved a collaboration between Sharp Best Health and certified mindfulness facilitators to provide on-site mindfulness programming at six Sharp locations, including both series and drop-in classes Throughout FY 2018, Sharp Best Health continued to provide Wellness on Wheels, a monthly educational event offered to Sharp employees to address the challenge of accessing health resources and programs during work hours Wellness on Wheels involves "rounding" in staff lounges, hospital units, and nursing stations to promote a new and relevant subject each month Each session includes an educational component, an interactive activity and a call to action Wellness on Wheels brings wellness education to employees where they work, accommodating their unique schedules and dedication to patient care Keeping the experience relevant and quick improves access to wellness resources for busy staff with complex schedules During FY 2018, Wellness on Wheels topics included holiday food myths, essential oils, mindful eating, yoga poses for relaxation, heart health and common safety hazards</p>

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Form 990, Part III, 4a, Section 1 Con't	<p>Since 2015, Sharp has provided a systemwide Mindful healthy food initiative in partnership with Sodexo. As part of the Mindful program, Sharp's cafeteria menus were redesigned to include sustainable, nutritious and enticing food options that foster a healthy lifestyle among patients, visitors and staff. In 2018, Sharp continued its partnership with Farm Fresh to You to make customizable boxes of organic, locally-grown produce available for purchase by employees. This CSA service offers a convenient method for employees and their families to incorporate more fruits and vegetables into their diet while supporting local farmers.</p> <p>Weight Watchers offers weight-loss services and products founded on a scientifically-based approach to weight management that encourages healthy eating, increased physical activity and other healthy lifestyle behaviors. Sharp Best Health continued its partnership with Weight Watchers to offer employees a subsidized membership rate to any Weight Watchers program. With program availability at work, in the community and online, this partnership has offered Sharp team members a variety of healthy eating and physical activity options that can be tailored to different lifestyles and schedules. At any given time during FY 2018, approximately 530 Sharp employees were actively using Weight Watchers. Since the program's inception in 2016, participating employees have lost an estimated 4,000 pounds. In addition to providing Weight Watchers at work, during FY 2018, 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 RD to ensure continued support and accountability. During FY 2018, 240 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 2017 holiday season, Sharp Best Health and Sharp Community Benefit continued to partner 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 - to provide a "super food drive," encouraging nonperishable food donations that are also nutritious, sustaining and essential for a healthy life. Through the six-week holiday superfood drive, locations throughout the Sharp system collected more than 2,300 pounds of nutritious food. In addition, Sharp team members donate</p>

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Form 990, Part III, 4a, Section 1 Con't	d nearly \$1,000 through a Sharp Virtual Food Drive specifically benefiting the Food Bank Combined, these donations and funds provided nearly 7,000 healthy meals for San Diegans in need of assistance with putting food on the table during the holidays



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<p>Form 990, Part III, 4a, Section 2</p>	<p>Section 2 Executive Summary In addition to providing outstanding patient care, our Sharp community extends all across San Diego County We are involved in helping others by offering free blood pressure screenings and interactive presentations on a wide range of wellness topics and many other efforts We are proud to support the community - Stacey Hrontas, Chief Executive Officer, Sharp Rees-Stealy Medical Centers This Executive Summary provides an overview of community benefit planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefit Plan and Report, and a summary of community benefit programs and services provided by Sharp in fiscal year (FY) 2018 (October 1, 2017, through September 30, 2018) In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities * Sharp Chula Vista Medical Center * Sharp Coronado Hospital and Healthcare Center * Sharp Grossmont Hospital * Sharp Mary Birch Hospital for Women &amp; Newborns * Sharp Memorial Hospital * Sharp Mesa Vista Hospital and Sharp McDonald Center * Sharp Health Plan Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital For details on Sharp's CHNA process, please see Section 3 Community Benefit Planning Process Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2018 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, obesity, 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 for community health care professionals * Student and intern 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 2018 The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2018 * Medical Care Services included uncompensated</p>

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Form 990, Part III, 4a, Section 2	<p>are for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent 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, telephone reassurance calls and other services for seniors, financial and other support to community clinics to assist in providing and improving access to health services, Project HELP, Meals on Wheels, contribution of time to Stand Down for Homeless Veterans, the San Diego Food Bank and Feeding San Diego, financial and other support to the Sharp Humanitarian Service Program, 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 2018 In FY 2018, Sharp provided a total of \$437,406,616 in community benefit programs and services that were unreimbursed Table 9 displays a summary of unreimbursed costs based on the categories specifically identified in SB 697 These financial figures represent unreimbursed community benefit costs after the impact of the Medi-Cal Hospital Fee Program Table 9 Sharp HealthCare Total Community Benefit by SB 697 Category - Estimated FY 2018 Unreimbursed Costs ( see Note 1) Medical Care Services Shortfall in Medi-Cal (see Note 2) - \$129,308,822 Shortfall in Medicare (see Note 2) - \$248,662,360 Shortfall in San Diego County Indigent Medical Services (CMS) (see Note 2)</p>

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Form 990, Part III, 4a, Section 2	<p>- \$9,201,550 Shortfall in CHAMPVA/TRICARE (see Note 2) - \$7,612,667 Shortfall in Workers' Compensation - \$29,656 Charity Care (see Note 3) - \$24,969,673 Bad Debt (see Note 3) - 6,511,004 Other Benefits for Vulnerable Populations Patient transportation and other assistance for the needy (see Note 4) - \$3,685,141 Other Benefits for the Broader Community Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events (see Note 4) - \$1,869,835 Health Research, Education and Training Programs Education and training programs for students, interns and health care professionals (see Note 4) - \$5,555,908 TOTAL - \$437,406,616 Table 9 Notes Note 1 - Economic value is based on unreimbursed costs Note 2 - Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population Note 3 - Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered Note 4 - 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 2018, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 1, 2017, through June 30, 2019 This resulted in recognition of supplemental revenues totaling \$248.5 million and quality assurance fees and pledges totaling \$161.1 million in FY 2018 The net FY 2018 impact of the program totaling \$87.4 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 2018 understate the true unreimbursed medical care services performed for the past fiscal year Table 10 illustrates the impact of the Medi-Cal Hospital Fee Program on Sharp's unreimbursed medical care services in FY 2018</p>

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<p>Form 990, Part III, 4a, Section 2, Cont</p>	<p>Table 10 Sharp HealthCare Unreimbursed Medical Care Services Medi-Cal Hospital Fee Program Impact - FY 2018 Medicare &amp; Medicare HMO - \$125,364,745 Medicare Capitated - \$123,297,615 Medi-Cal, Medi-Cal HMO &amp; CMS Before Provider Fee - \$187,303,059 Provider Fee - \$(48,792,687) Medi-Cal, Medi-Cal HMO &amp; CMS After Provider Fee - \$138,510,372 CHAMPVA &amp; Workers' Comp - \$7,642,323 Bad Debt - \$6,511,004 Charity Care - \$24,969,673 Total Before Provider Fee - \$475,088,419 Provider Fee - \$(48,792,687) Total Before Provider Fee - \$426,295,732 Table 11 lists community benefit costs provided by each Sharp entity Table 11 Total Economic Value of Community Benefit Provided By Sharp HealthCare Entities - Estimated FY 2018 Unreimbursed Costs Sharp Chula Vista Medical Center - \$90,298,683 Sharp Coronado Hospital and Healthcare Center - \$21,258,431 Sharp Grossmont Hospital - \$128,924,916 Sharp Mary Birch Hospital for Women &amp; Newborn - \$9,761,499 Sharp Memorial Hospital - \$167,314,062 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$19,779,122 Sharp Health Plan - \$69,903 TOTAL FOR ALL ENTITIES - \$437,406,616 Table 12 includes a summary of unreimbursed costs for each Sharp hospital entity based on the categories specifically identified in SB 697 For a detailed summary of unreimbursed costs of community benefit provided by each Sharp entity in FY 2018, see tables presented in individual entity sections Table 12 Detailed Economic Value of SB 697 Categories - Estimated FY 2018 Unreimbursed Costs Sharp Chula Vista Medical Center Medical Care Services - \$87,878,861 Other Benefits for Vulnerable Populations - \$571,854 Other Benefits for the Broader Community - \$364,393 Health Research, Education and Training Programs - \$1,483,575 Total - \$90,298,683 Sharp Coronado Hospital and Healthcare Center Medical Care Services - \$20,564,090 Other Benefits for Vulnerable Populations - \$84,351 Other Benefits for the Broader Community - \$89,574 Health Research, Education and Training Programs - \$520,416 Total - \$21,258,431 Sharp Grossmont Hospital Medical Care Services - \$125,643,033 Other Benefits for Vulnerable Populations - \$1,157,648 Other Benefits for the Broader Community - \$559,470 Health Research, Education and Training Programs - \$1,564,765 Total - \$128,924,916 Sharp Mary Birch Hospital for Women &amp; Newborns Medical Care Services - \$9,316,725 Other Benefits for Vulnerable Populations - \$87,059 Other Benefits for the Broader Community - \$119,237 Health Research, Education and Training Programs - \$238,478 Total - \$9,761,499 Sharp Memorial Hospital Medical Care Services - \$163,867,752 Other Benefits for Vulnerable Populations - \$1,323,591 Other Benefits for the Broader Community - \$561,771 Health Research, Education and Training Programs - \$1,560,948 Total - \$167,314,062 Sharp Mesa Vista Hospital and Sharp McDonald Center Medical Care Services - \$19,025,271 Other Benefits for Vulnerable Populations - \$448,871 Other Benefits for the Broader Community - \$127,420 Health</p>

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Form 990, Part III, 4a, Section 2, Con't	Research, Education and Training Programs - \$177,560 Total - \$19,779,122 Sharp Health Plan Medical Care Services - \$0 Other Benefits for Vulnerable Populations - \$11,767 Other Benefits for the Broader Community - \$47,970 Health Research, Education and Training Programs - \$10,166 Total - \$69,903 ALL ENTITIES Medical Care Services - \$426,295,732 Other Benefits for Vulnerable Populations - \$3,685,141 Other Benefits for the Broader Community - \$1,869,835 Health Research, Education and Training Programs - \$5,555,908 Total - \$437,406,616

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<p>Form 990, Part III, 4a, Section 3</p>	<p>Section 3 Community Benefit Planning Process Navigating the maze of health care can be daunting to say the least, and Sharp is committed to assisting community members in this process. Because it involves a loved one, the appreciation expressed is extremely meaningful. - Sara Steinhoffer, Vice President of Government Relations, Sharp HealthCare. For more than 20 years, Sharp HealthCare (Sharp) has based its community benefit planning on findings from its triennial Community Health Needs 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. Methodology to Conduct the 2016 Sharp HealthCare Community Health Needs Assessments. Sharp has been a longtime partner in the process of identifying and responding to the health needs of the San Diego community. Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations and community agencies to conduct a triennial CHNA that identifies and prioritizes health needs for San Diego County (SDC). In addition, to address the requirements for not-for-profit hospitals under the Patient Protection and Affordable Care Act, Sharp has developed CHNAs for each of its individually licensed hospitals since 2013. This process gathers both salient hospital data and the perspectives of health leaders and residents in order to identify and prioritize health needs for community members across the county, with a special focus on vulnerable populations. Further, the process seeks to highlight health needs that hospitals could impact through programs, services and collaboration. For the 2016 CHNA process, Sharp actively participated in a collaborative CHNA effort led by the Hospital Association of San Diego and Imperial Counties (HASD&amp;IC) and in contract with the Institute for Public Health (IPH) at San Diego State University. The process and findings of the collaborative HASD&amp;IC 2016 CHNA significantly informed the process and findings of Sharp's individual hospital CHNAs. The complete HASD&amp;IC 2016 CHNA is available for public viewing and download at <a href="http://www.hasdic.org">http://www.hasdic.org</a>. To develop its individual hospital CHNAs, Sharp analyzed hospital-specific data and contracted separately with IPH to conduct community engagement activities expressly for the patients and community members it serves. In accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2016 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women &amp; Newborns, as the two hospitals share a license, and report all utilization and financial data as a single entity to California's Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2016 CHNA summarizes the processes and findings for commu</p>

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<p>Form 990, Part III, 4a, Section 3</p>	<p>nities served by both hospital entities The 2016 CHNAs for each Sharp hospital help inform current and future community benefit programs and services, especially for community members facing inequities This section describes the general methodology employed for Sharp HealthCare's 2016 CHNAs CHNA Committee The HASD&amp;IC Board of Directors convened a CHNA Committee to plan and implement the collaborative 2016 CHNA process The CHNA Committee includes representatives from all seven participating hospitals and health care systems * Kaiser Foundation Hospitals - San Diego * Palomar Health * Rady Children's Hospital - San Diego * Scripps Health (Chair) * Sharp HealthCare (Vice Chair) * Tri-City Medical Center * University of California (UC), San Diego Health CHNA Objectives In response to community feedback on the 2013 CHNA process and findings, and in recognition of the challenges that health providers, community organizations and residents face in their efforts to prevent, diagnose and manage chronic conditions, the HASD&amp;IC 2016 CHNA process focused on gaining deeper insight into the top health needs identified for SDC through the 2013 CHNA process Top 15 Health Needs Based on 2013 Initial Quantitative Analysis were as follows Acute Respiratory Infections Asthma Back Pain Breast Cancer Cardiovascular Disease Colorectal Cancer Dementia and Alzheimer's Diabetes (Type 2) High Risk Pregnancy Lung Cancer Mental Health/ Mental Illness Obesity Prostate Cancer Skin Cancer Unintentional Injuries Sharp's 2013 CHNA process and findings were significantly informed by the collaborative HASD&amp;IC CHNA model Consequently, Sharp's 2016 CHNA process sought to gain further insight into the needs identified across its different hospitals in 2013, including (in alphabetical order) behavioral health, cancer, cardiovascular disease, Type 2 diabetes, high-risk pregnancy, obesity and senior health Specific objectives of Sharp's 2016 CHNA process included * Gather in-depth feedback to aid in the understanding of the most significant health needs impacting community members in SDC, particularly Sharp patients * Connect the identified health needs with associated social determinants of health (SDOH) to further understand the challenges that community members and Sharp patients - particularly those in communities of high need - face in their attempts to access health care and maintain health and well-being * Identify currently available community resources that support identified health conditions and health challenges * Provide a foundation of information to begin discussions of opportunities for programs, services and collaborations that could further address the identified health needs and challenges for the community Study Area Defined For the purposes of the collaborative HASD&amp;IC 2016 CHNA, the study area is the entire County of San Diego due to a broad representation of hospitals in the area With more than three million residents, SDC is socially and ethnically</p>

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Form 990, Part III, 4a, Section 3	<p>diverse Information on key demographics, socioeconomic factors, access to care, health behaviors, and the physical environment can be found in the full HASD&amp;IC 2016 CHNA report at <a href="http://hasdic.org">http://hasdic.org</a> As the study area for both the collaborative HASD&amp;IC 2016 and Sharp 2016 CHNAs cover SDC, the HASD&amp;IC 2016 CHNA process and findings significantly informed Sharp's CHNA process/findings, and as such, are described as applicable throughout Sharp's CHNAs For complete details on the HASD&amp;IC 2016 CHNA process, please visit the HASD&amp;IC website or contact Lindsey Wade, Vice President, Public Policy at HASD&amp;IC at <a href="mailto:lwade@hasdic.org">lwade@hasdic.org</a> For the collaborative HASD&amp;IC 2016 CHNA process, the IPH employed a rigorous methodology using both community input and quantitative analysis to provide a deeper understanding of barriers to health improvement in SDC The 2016 CHNA process began with a comprehensive scan of recent community health statistics in order to validate the regional significance of the top four health needs identified in the HASD&amp;IC 2013 CHNA Quantitative data for both the HASD&amp;IC 2016 CHNA and Sharp 2016 CHNAs included 2013 OSHPD demographic data for hospital inpatient, emergency department (ED), and ambulatory care encounters to understand the hospital patient population Clinic data was also gathered from OSHPD and incorporated in order to provide a more holistic view of health care utilization in SDC Additional variables analyzed in the 2016 CHNA processes are included in Table 13, variables were analyzed at the ZIP code level wherever possible</p>



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Form 990, Part III, 4a, Section 3, Con't	<p>Table 13 Data Variables in the HASD&amp;IC and Sharp 2016 CHNAs * 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 The types of community engagement activities conducted as part of the collaborative HASD&amp;IC 2016 CHNA included key informant interviews, facilitated discussions with care coordinators (community partner discussions), and community resident input through a Health Access and Navigation Survey 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 More than 40 Sharp providers and nearly 150 Sharp patients or community members were reached through these engagement efforts Findings The collaborative HASD&amp;IC 2016 CHNA prioritized the top health needs for SDC through application of the following five criteria 1 Magnitude or Prevalence 2 Severity 3 Health Disparities 4 Trends 5 Community Concern Using these criteria, IPH created a summary matrix for review by the CHNA Committee As a result, the CHNA Committee identified behavioral health as the number one health need in SDC In addition, cardiovascular disease, Type 2 diabetes and obesity were identified as having equal importance due to their interrelatedness Health needs were further broken down into priority areas due to the overwhelming agreement among all data sources and in recognition of the complexities within each health need As the HASD&amp;IC 2016 CHNA process included robust representation from the communities served by Sharp, the findings of the prioritization process applied to the same four priority health</p>

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Form 990, Part III, 4a, Section 3, Con't	<p>th needs identified for Sharp (behavioral health, cardiovascular, Type 2 diabetes and obesity) In addition, findings from Sharp's 2016 CHNAs continued to prioritize cancer, high-risk pregnancy and senior health among the top health needs for its community In addition, analysis of feedback from the 2016 CHNA community engagement activities identified SDOH to be a key theme among community health needs Ten SDOH were consistently referenced across the different community engagement activities conducted in both HASD&amp;IC's and Sharp's CHNAs The importance of these SDOH was also confirmed by quantitative data Hospital programs and community collaborations have the potential to impact these SDOH, which are listed below in order of priority 2016 CHNA Social Determinants of Health 1 Food Insecurity &amp; Access to Healthy Food 2 Access to Care or Services 3 Homeless/Housing Issues 4 Physical Activity 5 Education/Knowledge 6 Cultural Competency 7 Transportation 8 Insurance Issues 9 Stigma 10 Poverty The health needs and SDOH identified in the 2016 CHNA process will not be resolved with a quick fix Rather, they will require time, persistence, collaboration and innovation The entire Sharp system is committed to this journey, and remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegoans Programs designed to address the needs identified in Sharp's 2016 CHNA are detailed in Sharp's fiscal year (FY) 2019-FY 2022 implementation strategies, which are publicly available online at <a href="http://www.sharp.com/about/community/health-needs-assessments">http://www.sharp.com/about/community/health-needs-assessments</a> cfm Sharp's 2019 CHNAs and FY 2020-FY2023 implementation strategies will be completed and publicly available by September 30, 2019 The findings of Sharp's 2016 CHNAs help inform the programs and services provided to improve the health of its community members and are a critical component of Sharp's community benefit report process, outlined below Steps Completed to Prepare Sharp's Community Benefit Report On an annual basis, each Sharp hospital performs the following steps in the preparation of its Community Benefit Report</p> <ul style="list-style-type: none"> <li>* Establishes and/or reviews hospital-specific objectives taking into account results of the entity CHNA and evaluation of the entity's service area and expertise/services provided to the community</li> <li>* Verifies the necessity for an ongoing focus on identified community needs and/or adds newly identified community needs</li> <li>* Reports on activities conducted in the prior fiscal year - FY 2018 Report of Activities</li> <li>* Develops a plan for the upcoming fiscal year, including specific steps to be undertaken - FY 2019 Plan</li> <li>* Reports and categorizes the economic value of community benefit provided in FY 2018, according to the framework specifically identified in Senate Bill 697</li> <li>* Reviews and approves a Community Benefit Plan</li> <li>* Distributes the Community Benefit Plan and Report to members of the Sharp Board of Directors and each of the Sharp hospital boards of direc</li> </ul>

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Form 990, Part III, 4a, Section 3, Con't	tors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year * Implement community benefit activities identified for the upcoming fiscal year 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&I C, and a variety of local collaboratives including but not limited to the San Diego Hunger Coalition, the San Diego Regional Chamber of Commerce and 2-1-1 San Diego

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Form 990, Part III, 4a, Section 4	<p>Section 4 Sharp Health Plan Sharp Health Plan is committed to serving the community by being a good neighbor Through collaborative partnerships, financial assistance and volunteer work, Sharp Health Plan supports community programs that improve the health and well-being of all San Diegans - 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 is SHP required to conduct 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 (FY) 2018, a selection of which are highlighted in this section SHP services include health plans for both large and small employers, and individual family plans FY 2018 Community Benefit Program Highlights SHP provided a total of \$69,903 in community benefit in FY 2018 See Table 57 in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697 Table 57 Economic Value of Community Benefit Provided by SB 697 Category Sharp Health Plan - Estimated FY 2018 Unreimbursed Costs Other Benefits for Vulnerable Populations 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 (note 1) - \$11,767 Other Benefits for the Broader Community Health education programs, donations to community organizations, meeting room space, and participation in community organizations (Note 1) - \$47,970 Health Research, Education and Training Programs Support of education and training programs for students, interns and health care professionals (Note 1) - \$10,166 TOTAL - \$69,903 Key highlights * Other Benefits for Vulnerable Populations included contribution of time to Stand Down for Homeless Veterans, Ssubi is Hope, Feeding San Diego and the San Diego Food Bank (Food Bank), the Sharp Humanitarian Service Program, 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 the 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), Food Bank, Girl Scouts San Diego and others See Appendix A for a listing of Sharp HealthCare's (Sharp's) involvement in community organizations in FY 2018 In addition, the category includes costs associated with planning and operating community benefit programs, such as</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, 4a, Section 4	<p>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 references the findings of the Sharp HealthCare 2016 CHNAs, HASD&amp;IC 2016 CHNA or the most recent SDC community health statistics unless otherwise indicated 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 Sharp Health Plan * The HASD&amp;IC and Sharp 2016 CHNA community engagement activities emphasized 10 social determinants of health (SDOH) 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, homeless /housing issues, physical activity, education/knowledge, cultural competency, transportation, insurance issues, stigma, and poverty * The HASD&amp;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 recognizes that collaborations, specifically partnerships between hospitals/health care and community organizations, are essential to addressing community health issues and creating a greater impact on health Fostering effective and sustainable partnerships is integral for expanding opportunities for community health improvement (A Playbook for Fostering Hospital-Community Partnerships to Build a Culture of Health, Health Research &amp; Educational Trust, Robert Wood Johnson Foundation, American Hospital Association, 2017) * Hospital-community partnerships are critical to building a culture of health Developing a strong structure and plan for effective operations is a key aspect of successful partnerships This includes a clear and well-defined mission, vision, and values, a culture of collaboration among parties, identified goals and objectives, a durable organizational structure, designated leadership, effectively operated and sustainable programs, and ongoing performance evaluation and improvement (Health Research &amp; Educational Trust, 2016) * According to the latest research provided by the San Diego Hunger Coalition, an estimated 486,000 people living in San Diego County (SDC), or approximately 15 percent of SDC's total population, experienced food insecurity in 2016 This represents 1 in 8 adults, 1 in 11 seniors and 1 in 5 children who did not always have enough food for an active, healthy life (San Diego Hunger Coalition Hunger Free San Diego Issue Brief, 2018) * According to data from the San Diego Hunger Coalition, one in seven (15 percent) percent of the SDC population experienced food insecurity An additional one in five San Diegans were</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, 4a, Section 4	<p>e food secure but relied on supplemental nutrition assistance to support their food budget (San Diego Hunger Coalition Hunger Free San Diego Issue Brief, 2018) Objective * Participate in community-sponsored events and support nonprofit community health and social service organizations through financial donations, board service and other contributions FY 2018 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 causes SHP provided financial support to numerous organizations in FY 2018, including but not limited to 2-1-1 San Diego, Alliance for African Assistance, AHA, The Arc of San Diego, Asian Business Association of San Diego, BAME CDC, Barney &amp; Barney Foundation, Chicano Federation, County of San Diego, FHCS, Food Bank, Friends of Scott Foundation, Girl Scouts San Diego, Hands United for Children, Health Industry Collaboration Effort, Inc., Home Start, Inc., Las Patronas, Lightbridge Hospice, Neighborhood House Association (NHA), North San Diego Business Chamber, Pacific Arts Movement, San Diego Humane Society, SAY 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 2018, several are devoted to San Diego's most vulnerable populations, including the disabled, the homeless and other community members facing inequities SHP is committed to supporting the Food Bank and other organizations dedicated to providing San Diegans in need with access to healthy food Among SDC's 3.2 million residents, every day 15 percent (approximately 486,000 people, including 163,000 children) face food insecurity - a household-level economic and social condition of limited or uncertain access to adequate, healthy food To address this issue, the Food Bank feeds 370,000 people per month in collaboration with 400 nonprofit community partners that operate feeding programs including food pantries, soup kitchens, shelters, low-income daycare centers, senior centers, schools, faith-based organizations and day centers for the elderly and disabled In its fiscal year 2017-2018, the Food Bank distributed 28 million pounds of food, including 9.5 million pounds of fresh produce - the equivalent of 23.3 million meals SHP supports the Food Bank through food drives as well as financial donations for events including its Chefs, Cork &amp; Craft Gala, which donates proceeds to hunger-relief programs serving SDC children, adults and seniors Further, SHP supports other organizations in their efforts to fight hunger in SDC, including the Chicano Federation, NHA, UPAC and others</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, 4a, Section 4, Con't	<p>SHP is dedicated to investing in services that support the healthy development and safety of children in SDC through its support of and collaboration with the Chicano Federation. As one of San Diego's leading social service agencies, the Chicano Federation provides empowering opportunities for diverse communities in SDC, including children. Programs such as affordable housing, daycare, preschool, children's nutrition and home visits aim to foster optimal child development and build a strong foundation for a successful future. Through its nutrition program, the organization works to end hunger, increase access to healthy food and decrease obesity among children by providing balanced meals and snacks as well as education about healthy eating habits. More than 7,000 children are served healthy meals each day through the Chicano Federation's network of over 850 licensed daycare homes in San Diego, Orange and Riverside Counties. For the past decade, SHP has sponsored the Chicano Federation's annual Unity Luncheon to help raise funds to support the organization's programs and services. In May, SHP team members were among more than 400 community members who attended the event at the Wyndham San Diego Bayside to help people build a better life for themselves, their families and their communities. Since 1914, NHA has committed to enriching the lives of underserved individuals through a continuum of education and wellness services. The NHA's programs address a range of needs including health care, mental health, human immunodeficiency virus and acquired immunodeficiency syndrome, employment, nutrition, food distribution, and support for youth and seniors. Led by a registered dietitian, the organization's nutrition services are located within 16,000 square feet of space in the heart of San Diego where staff serve breakfast, lunch, snacks and dinner to thousands of children each day. Meals are made from scratch and utilize whole, nutritious and natural foods designed to provide each child with optimal nutrition. NHA also strives to teach children about healthy lifestyles by introducing them to a variety of foods that are flavorful, balanced, nutritious and culturally diverse. In FY 2018, SHP sponsored NHA's Virtual Gala, a fundraising event where all the activities of a traditional gala are simulated online. The virtual event reduced costs by more than 200 percent compared to a live gala, enabling a greater percentage of contributions to go towards NHA's efforts to support San Diegans in need. UPAC is a nonprofit organization that provides a variety of health and human services to more than 34,000 low-income, ethnically diverse individuals in SDC. The organization's culturally competent staff members speak over 30 different languages and dialects, which helps them to provide a personalized approach to guiding clients through life challenges, building trust and achieving sustainable results. UPAC's services focus on mental health for children, adolescents, ad</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, 4a, Section 4, Con't	<p>ults and older adults, addiction treatment and recovery, community and economic development, successful home ownership, community violence prevention and support, Covered California enrollment, and senior nutrition. The senior nutrition program provides ethnically appropriate, nutritious meals and nutrition education to seniors ages 60 and older at meal sites in Southeast San Diego and Escondido. The program encourages healthy eating habits, reduces social and emotional isolation, and engages seniors in planning, preparing and serving all of the meals. For more than 10 years, SHP has sponsored UPAC's annual Leadership Awards Dinner, which celebrates the unification of people across diverse cultures, languages and generations through courage, compassion and innovation. More than 400 community members attended the event at the Hilton San Diego Resort &amp; Spa in May. Throughout the year, SHP also 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 programs provided by Girl Scouts San Diego and the YMCA, youth scholarships from the Asian Business Association of San Diego, and arts education from Pacific Arts Movement.</p> <p>FY 2019 Plan SHP will do the following:</p> <ul style="list-style-type: none"><li>* Participate in community-sponsored events to address identified health needs for San Diegans and provide health information and education.</li><li>* Provide coordination, financial support and fundraising-related activities for local nonprofit organizations - particularly organizations that support SDC community members who face inequities.</li><li>* Continue to serve on various community boards that support the health and well-being of the community.</li></ul>



**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, 4a, Appendix A	<p>Appendix A Sharp HealthCare Involvement in Community Organizations</p> <p>The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2018. Community organizations are listed alphabetically.</p> <ul style="list-style-type: none"> <li>* 2-1-1 San Diego Board</li> <li>* A New PATH (Parents for Addiction, Treatment and Healing)</li> <li>* Adult Protective Services</li> <li>* Alliance for African Assistance</li> <li>* Altrusa International Club of San Diego</li> <li>* Alzheimer's Project Safety Workgroup</li> <li>* Alzheimer's San Diego</li> <li>* Alzheimer's San Diego Client Advisory Board</li> <li>* American Academy of Nursing</li> <li>* American Association of Colleges of Nursing</li> <li>* American Association of Critical-Care Nurses</li> <li>* American Cancer Society</li> <li>* American College of Healthcare Executives</li> <li>* American Congress of Obstetricians and Gynecologists</li> <li>* American Diabetes Association</li> <li>* American Foundation for Suicide Prevention</li> <li>* American Heart Association</li> <li>* American Hospital Association</li> <li>* American Hospital Association Regional Policy Board</li> <li>* American Lung Association</li> <li>* American Nurses Association</li> <li>* American Psychiatric Nurses Association</li> <li>* American Red Cross of San Diego</li> <li>* Angels Foster Family Network</li> <li>* The Arc of San Diego</li> <li>* Asian Business Association of San Diego</li> <li>* Association for Ambulatory Behavioral Healthcare</li> <li>* Association for Clinical Pastoral Education</li> <li>* Association for Community Health Improvement</li> <li>* Association for Contextual Behavioral Science - Aging Special Interest Group</li> <li>* Association of California Nurse Leaders</li> <li>* Association of Fundraising Professionals - San Diego Chapter</li> <li>* Association of Women's Health, Obstetric and Neonatal Nurses</li> <li>* Azusa Pacific University</li> <li>* Balboa Institute of Transplantation</li> <li>* BAME Renaissance, Inc (BAME CDC)</li> <li>* Bayside Community Center</li> <li>* Beacon Council's Patient Safety Collaborative</li> <li>* Behavioral Health Recognition Dinner Planning Team</li> <li>* Borrego Health</li> <li>* Boys and Girls Club of South County</li> <li>* Cabrillo Credit Union Sharp Division Board</li> <li>* Cabrillo Credit Union Supervisory Committee</li> <li>* California Academy of Nutrition and Dietetics - San Diego District</li> <li>* California Association of Health Plans</li> <li>* California Association of Hospitals and Health Systems Committee on Volunteer Services and Directors' Coordinating Council</li> <li>* California Association of Marriage and Family Therapists San Diego Chapter</li> <li>* California Association of Physician Groups</li> <li>* California Board of Behavioral Health Sciences</li> <li>* California College San Diego</li> <li>* California Department of Public Health (CDPH)</li> <li>* CDPH Healthcare Acquired Infections/Antimicrobial Stewardship Program subcommittee</li> <li>* CDPH Healthcare Associated Infection Advisory Committee</li> <li>* CDPH Joint Advisory Committee</li> <li>* California Dietetic Association</li> <li>* California Emergency Medical Services Authority</li> <li>* California Health Care Foundation</li> <li>* California Health Information Association</li> <li>* California Hospice and Palliative Care Association</li> <li>* California Hospital Association (CHA)</li> <li>* CHA Board of Trustees</li> <li>* CHA Center for Behavioral Health</li> <li>* CHA Emergency Management A</li> </ul>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, 4a, Appendix A	Advisory Committee * CHA Hospital Quality Institute Regional Quality Leaders Network * CHA San Diego Association of Directors of Volunteer Services * CHA Workforce Committee * California Immunization Coalition * California Library Association * California Maternal Quality Care Collaborative * California Perinatal Quality Care Collaborative * California Society for Clinical Social Work Professionals * California State University San Marcos * California Teratogen Information Service * Cameron Family YMCA * CHIP Behavioral Health Work Team * Chula Vista Chamber of Commerce * Chula Vista Community Collaborative * Chula Vista Police Foundation * City of Chula Vista * City of San Diego * City of San Diego Park & Recreation * Clairemont Lutheran Church * Community Center for the Blind and Visually Impaired * Consortium for Nursing Excellence, San Diego * Coronado Chamber of Commerce * Coronado Public Library * Coronado SAFE (Student and Family Enrichment) * Coronado Senior Center Planning Committee * Council of Women's and Infants' Specialty Hospitals * County Service Area - 69 Advisory Board * 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 * Father Joe's Villages * 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 * 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 and Science Pipeline Initiative * Health Care Communicators Board * Health Industry Collaboration Effort, Inc. * Health Insurance Counseling and Advocacy Program * Health Sciences High and Middle College (HSHMC) * Healthy Chula Vista Advisory Commission * Helix Charter High School * Hidden Heroes campaign * 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 * Institute for Public Health, San Diego State University (IPH) * Integrative Therapies Collaborative * 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 * Kiwanis Club of Bonita * La Maestra Community Health Centers * La Mesa Lion's Club * La Mesa Parks and Recreation * Lantern C

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part III, 4a, Appendix A	<p>rest Senior Living Advisory Board * Las Damas de San Diego International Nonprofit Organiz ation * Las Patronas * Las Primeras * Life Rolls On * Live Well San Diego Check Your Mood Committee * Live Well San Diego - South Region * Lightbridge Hospice * Mama's Kitchen * Ma rch of Dimes * Meals on Wheels San Diego County * Meals on Wheels Greater San Diego East C ounty Advisory Board * Mental Health America * Miracle Babies * MRI Joint Venture Board * National Active and Retired Federal Employees Association * National Alliance on Mental Il Iness * National Association of Hispanic Nurses, San Diego Chapter * National Association of Perinatal Social Workers * National Association of Neonatal Nurses * National Associati on of Orthopedic Nurses * National Hospice and Palliative Care Organization * National Ins titute for Children's Health Quality * National University Neighborhood Healthcare * Nei ghborhood House Association * North San Diego Business Chamber * Pacific Arts Movement * P alomar Community College * Paradise Village * Partnership for Smoke-Free Families * Partne rships with Industry * Peninsula Family YMCA * Peninsula Shepherd Senior Center * Perinata l Safety Collaborative * Perinatal Social Work Cluster * Planetree Board of Directors * Po int Loma/Hervey Library * Point Loma Nazarene University * Postpartum Health Alliance * Pr actice Greenhealth * Promises2Kids * Psychiatric Emergency Response Team * Public Health E mergency Hospital Preparedness Program * Regional Perinatal System * Residential Care Comm ittee * Ronald McDonald House Operations Committee * Rotary Club of Chula Vista * Rotary C lub of Coronado * San Diego Association of Diabetes Educators * San Diego Association of G overnments * San Diego Blood Bank * San Diego Community Action Network * San Diego Communi ty College District * San Diego County * San Diego County Aging and Independence Services * San Diego Dietetic Association * San Diego East County Chamber of Commerce * San Diego E ye Bank Nurses' Advisory Board * San Diego Fire-Rescue Department * San Diego Food System Alliance * San Diego Freedom Ranch * San Diego Habitat for Humanity * San Diego Health Inf ormation Association * San Diego Housing Commission * San Diego Human Dignity Foundation * San Diego Humane Society * San Diego Hunger Coalition * San Diego Imaging - Chula Vista * San Diego Immunization Coalition * San Diego-Imperial County Council of Hospital Voluntee rs * San Diego North Chamber of Commerce * 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 Psychological Association Su pervision Committee * San Diego Regional Chamber of Commerce * San Diego Regional Healthca re Sustainability Collaborative * San Diego Regional Home Care Council * San Diego Rescue Mission * San Diego River Park Foundation * San Diego Square</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part III, 4a, Appendix A, Con't	* San Diego State University * San Diego Unified School District * San Diego Workforce Partnership (SDWP) * Santee-Lakeside Rotary Club * SAY San Diego * Serving Seniors * Sharp and Children's MRI Board * Sharp and UC San Diego Health's Joint Venture * Smart Kitchens San Diego * South Bay Community Services * South Bay Senior Providers * South County Action Network * South County Economic Development Council * Southern Caregiver Resource Center * Southwestern College * Special Needs Trust Foundation * Special Olympics * Ssubi is Hope * St Paul's PACE * St Paul's Retirement Home Foundation * Statewide Medical Health Exercise Program * SuperFood Drive * The Meeting Place * Transitional Age Youth Behavioral Health Services Council * Trauma Center Association of America * Union of Pan Asian Communities * University of California, San Diego * University of San Diego * University of Southern California * USS Midway Museum * VA San Diego Healthcare System * VA San Diego Mental Health Council * 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 * YWCA Board of Directors * YWCA In the Company of Women Event

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

OMB No 1545-0047  
**2017**  
**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
<b>(1)</b> SHARP CORONADO HOSPITAL AND HEALTHCARE 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
<b>(2)</b> SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
<b>(3)</b> SHARP HEALTHCARE FOUNDATION (SHF) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
<b>(4)</b> SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
<b>(5)</b> SHARP HEALTHCARE (SHC) 8695 SPECTRUM CENTER BLVD  SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
<b>(6)</b> GROSSMONT HOSPITAL CORPORATION 555 GROSSMONT CENTER DRIVE  LA MESA, CA 91942 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
<b>(7)</b> 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	Yes	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	Yes	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	Yes	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	Yes	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	Yes	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Sharp Memorial Hospital	M	204,107,872	Accrual
(2) Grossmont Hospital Corporation	M	1,750,422	Accrual
(3) Sharp Chula Vista Medical Center	M	466,562	Accrual
(4) Sharp Coronado Hospital and Healthcare	M	252,720	Accrual
(5) Continous Quality Insurance SPC	R	1,702,192	Accrual





**Part VII**    **Supplemental Information**

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

# Additional Data

**Software ID:** 17005876  
**Software Version:** 2017v2.2  
**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
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3492461	HEALTHCARE FOUNDATION	CA	501(c)(3)	7	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327	HEALTHCARE ORGANIZATION	CA	501(c)(3)	3	NA		No
555 GROSSMONT CENTER DRIVE LA MESA, CA 91942 33-0449527	HOSPITAL	CA	501(c)(3)	3	SHARP HEALTHCARE	Yes	
8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488	HOSPITAL FOUNDATION	CA	501(c)(3)	7	GROSSMONT HOSPITAL CORPORATION	Yes	