

INSTRUCTIONS FOR FILING

FORM 990

RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX

- SHARP HEALTHCARE FOUNDATION
- YEAR ENDED SEPTEMBER 30, 2010

SIGNATURE

A signed e-file authorization form is enclosed and should also be signed by an officer or trustee of the Organization who is authorized to sign, title indicated, dated, and attached to the electronic copy before e-filing.

FILING

The Form 990 should be e-filed by your Organization.

WHEN TO E-FILE

On or before August 15, 2011

PAYMENT OF TAX

No payment of tax is required.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning OCT 1, 2009, and ending SEP 30, 2010

2009

Department of the Treasury
Internal Revenue Service

For use with Forms **990, 990-EZ, 990-PF, 1120-POL, and 8868**

▶ See instructions.

Name of exempt organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>12865404</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here

Signature of officer

Date

SVP/CEO FOUNDATION

Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶				EIN Phone no.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ <i>D. Magg Heiskala</i>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN Phone no.

ERNST & YOUNG U.S. LLP
4370 LA JOLLA VILLAGE DR, SUITE 500
SAN DIEGO, CA 92122

EIN **34-6565596**
Phone no. **8585357200**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning OCT 1, 2009 and ending SEP 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SHARP HEALTHCARE FOUNDATION Doing Business As		D Employer identification number 95-3492461
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8695 SPECTRUM CENTER BLVD	E Telephone number 858-499-5150	
City or town, state or country, and ZIP + 4 SAN DIEGO, CA 92123-1489		F Name and address of principal officer: WILLIAM S. LITTLEJOHN SAME AS C ABOVE		G Gross receipts \$ 24,624,839. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.SHARP.COM		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979		M State of legal domicile: CA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE SUPPORT AND ASSISTANCE TO SHARP HEALTHCARE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	33
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of employees (Part V, line 2a)	5	18
	6 Total number of volunteers (estimate if necessary)	6	100
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	13,595,968.	8,152,106.
	9 Program service revenue (Part VIII, line 2g)	672,674.	3,814,955.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	356,158.	876,790.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,336.	21,553.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,626,136.	12,865,404.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,350,329.	9,379,769.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,562,356.	2,525,089.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	15,217.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,451,115.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	921,410.	830,456.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,849,312.	12,735,314.
19 Revenue less expenses. Subtract line 18 from line 12	4,776,824.	130,090.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 58,682,166.	End of Year 60,038,566.
	21 Total liabilities (Part X, line 26)	12,733,272.	12,918,350.
	22 Net assets or fund balances. Subtract line 21 from line 20	45,948,894.	47,120,216.

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 WILLIAM S. LITTLEJOHN, SVP/CEO FOUNDATION		Date 07/27/2011	
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature DWAGH HEISKALA	Date 07/27/2011	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ERNST & YOUNG U.S. LLP 4370 LA JOLLA VILLAGE DR, SUITE 500 SAN DIEGO, CA 92122		EIN ▶	Phone no. ▶ 8585357200

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: SEE SCHEDULE O.

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

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

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 9,541,757. including grants of \$ 9,379,769.) (Revenue \$ 3,814,955.) PROVIDED SUPPORT AND ASSISTANCE TO SHARP HEALTHCARE.

SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT.

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 \$ 9,541,757.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; 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>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• 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>		
	• 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>		
	• 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>		
	• 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>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 12b regarding IRS filings and tax compliance.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
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?	X	
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a		X
10b		
11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	
12a	X	
12b	X	
12c		X
13	X	
14	X	
15		
15a	X	
15b	X	
16a		X
16b		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **STACI DICKERSON - 858-499-5150**
8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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, and 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ANETTE ASHER CHAIR	3.00	X		X			0.	0.	0.	
STEPHEN AUSTIN DIRECTOR	0.50	X					0.	0.	0.	
JOHN BELANICH DIRECTOR	0.50	X					0.	0.	0.	
BARBARA BROWN DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH BYRNES DIRECTOR	1.50	X					0.	0.	0.	
CHRISTOPHER CATE DIRECTOR	2.00	X					0.	0.	0.	
JOY CHARNEY DIRECTOR	20.00	X					0.	0.	0.	
STEVE FINDEN TREASURER	1.50	X		X			0.	0.	0.	
TERI FEATHERINGILL DIRECTOR	2.00	X					0.	0.	0.	
JUDI FREEMAN DIRECTOR	0.70	X					0.	0.	0.	
PHILIP L. GILDRED, JR. DIRECTOR	2.00	X					0.	0.	0.	
PEGGY GOLDEN DIRECTOR	2.00	X					0.	0.	0.	
JOHN HATTOX, M.D. DIRECTOR	2.00	X					0.	0.	0.	
HENRY M. KILLMAR DIRECTOR	1.00	X					0.	0.	0.	
MICHAEL R. LABELLE DIRECTOR	2.00	X					0.	0.	0.	
ERIC LINEBARGER, M.D. DIRECTOR	1.00	X					0.	0.	0.	
ELIZABETH GILDRED MACVEA DIRECTOR	0.30	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
LEROY MILLER, M.D. DIRECTOR	1.00	X						0.	0.	0.
KATHRYN MCCOY-O'NEILL DIRECTOR	2.00	X						0.	0.	0.
COLLEEN P. MCNALLY, M.D. DIRECTOR	0.20	X						0.	20,700.	0.
PATRICIA MONTALBANO, M.D. DIRECTOR	2.00	X						0.	0.	0.
MICHAEL W. MURPHY PRESIDENT	2.00	X		X				0.	1,361,469.	80,638.
CHRISTINE REEDER DIRECTOR	0.10	X						0.	0.	0.
JIM REOPELLE DIRECTOR	2.30	X						0.	0.	0.
HOWARD ROBIN, M.D. DIRECTOR	1.20	X						0.	59,000.	0.
KENNETH J. ROTH, M.D. SECRETARY	2.00	X		X				0.	38,250.	0.
RICHARD SANTORE, M.D. DIRECTOR	2.00	X						0.	0.	0.
1b Total								0.	1,998,879.	107,838.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
PRESENTATION DESIGN GROUP, LLC 1010 OBIE ST, EUGENE, OR 97402	SBHCC DONOR WALL	207,728.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	278,693.				
	d	Related organizations	1d	22,870.				
	e	Government grants (contributions)	1e	587,549.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,262,994.				
	g	Noncash contributions included in lines 1a-1f: \$		1,769,157.				
	h	Total. Add lines 1a-1f			8,152,106.			
Program Service Revenue	2 a	FUNDRAISING ACTIVITIES	Business Code	900099	3,040,499.	3,040,499.		
	b	HEALTHCARE EDUCATION		900099	720,365.	720,365.		
	c	SSA BACK-TO-WORK		900099	54,091.	54,091.		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			3,814,955.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			591,936.		591,936.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	10823360	1075190.		
		b	Less: cost or other basis and sales expenses		10012340	1601356.		
		c	Gain or (loss)		811,020.	-526166.		
		d	Net gain or (loss)			284,854.		284,854.
	8 a	Gross income from fundraising events (not including \$ 278,693. of contributions reported on line 1c). See Part IV, line 18	a		141,905.			
		b	Less: direct expenses	b	141,600.			
		c	Net income or (loss) from fundraising events			305.		305.
	9 a	Gross income from gaming activities. See Part IV, line 19	a		8,750.			
b		Less: direct expenses	b	4,139.				
c		Net income or (loss) from gaming activities			4,611.		4,611.	
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS		900099	16,637.			16,637.	
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			16,637.				
12	Total revenue. See instructions.			12865404.	3,814,955.	0.	898,343.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	9,379,769.	9,379,769.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	411,040.	20,552.	82,208.	308,280.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,690,212.	84,511.	338,042.	1,267,659.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	73,722.	3,686.	14,744.	55,292.
9 Other employee benefits	228,679.	11,434.	45,736.	171,509.
10 Payroll taxes	121,436.	6,072.	24,287.	91,077.
11 Fees for services (non-employees):				
a Management	43,429.	2,171.	8,686.	32,572.
b Legal	26,590.		5,318.	21,272.
c Accounting	4,405.	220.	881.	3,304.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	89,169.		89,169.	
g Other	73,661.	3,683.	14,732.	55,246.
12 Advertising and promotion	6,362.	318.	1,272.	4,772.
13 Office expenses	273,990.	13,699.	54,798.	205,493.
14 Information technology	44,927.	2,246.	8,985.	33,696.
15 Royalties				
16 Occupancy				
17 Travel	15,037.	752.	3,007.	11,278.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,417.	521.	2,083.	7,813.
20 Interest	5,221.	261.	1,044.	3,916.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,846.	1,792.	7,169.	26,885.
23 Insurance	754.	38.	151.	565.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a DUES, SUBSCRIPTION, FOO	200,648.	10,032.	40,130.	150,486.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	12,735,314.	9,541,757.	742,442.	2,451,115.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	1	
	2	Savings and temporary cash investments	4,350,187.	2 2,065,625.
	3	Pledges and grants receivable, net	15,491,436.	3 13,073,440.
	4	Accounts receivable, net		4
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	22,855.	9 26,443.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 84,391.	
	b	Less: accumulated depreciation	10b 53,403.	10c 30,988.
	11	Investments - publicly traded securities	18,763,181.	11 23,364,964.
	12	Investments - other securities. See Part IV, line 11		12
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	20,040,518.	15 21,477,106.
16	Total assets. Add lines 1 through 15 (must equal line 34)	58,682,166.	16 60,038,566.	
Liabilities	17	Accounts payable and accrued expenses	507,360.	17 473,552.
	18	Grants payable		18
	19	Deferred revenue	175,406.	19 141,760.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities. Complete Part X of Schedule D	12,050,506.	25 12,303,038.
	26	Total liabilities. Add lines 17 through 25	12,733,272.	26 12,918,350.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	2,431,023.	27 2,234,454.
	28	Temporarily restricted net assets	39,019,184.	28 40,381,936.
	29	Permanently restricted net assets	4,498,687.	29 4,503,826.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30
	31	Paid-in or capital surplus, or land, building, or equipment fund		31
	32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	45,948,894.	33 47,120,216.	
34	Total liabilities and net assets/fund balances	58,682,166.	34 60,038,566.	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

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

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization **SHARP HEALTHCARE FOUNDATION** Employer identification number **95-3492461**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9538813.	14948743.	19890398.	13595968.	8152106.	66126028.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	9538813.	14948743.	19890398.	13595968.	8152106.	66126028.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16308485.
6 Public support. Subtract line 5 from line 4.						49817543.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	9538813.	14948743.	19890398.	13595968.	8152106.	66126028.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	413,766.	490,128.	567,811.	585,651.	591,936.	2649292.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	197,692.	69,116.		1,336.	4,916.	273,060.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					16,637.	16,637.
11 Total support. Add lines 7 through 10						69065017.
12 Gross receipts from related activities, etc. (see instructions)					12	4,487,629.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	72.13 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	74.48 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

▶ Attach to Form 990, 990-EZ, or 990-PF.

2009

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

SHARP HEALTHCARE FOUNDATION

95-3492461

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>750,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
<u>2</u>		\$ <u>402,893.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
<u>3</u>		\$ <u>368,476.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
<u>4</u>		\$ <u>245,402.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
<u>5</u>		\$ <u>255,138.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
(a) No.		(c) Aggregate contributions	(d) Type of contribution
<u>6</u>		\$ <u>253,940.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9		\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10		\$ 249,460.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
--	---

Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>3</u>		\$ <u>368,476.</u>	<u>06/16/10</u>
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
<u>4</u>		\$ <u>245,402.</u>	<u>05/03/10</u>
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
<u>5</u>		\$ <u>255,138.</u>	<u>04/09/10</u>
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
<u>6</u>		\$ <u>253,940.</u>	<u>04/26/10</u>
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
<u>10</u>		\$ <u>249,460.</u>	<u>04/18/10</u>
(a) No. from Part I		(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

Name of organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
--	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" to 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 pleasure) 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, 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)?
- 9 In Part XIV, 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" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:
- a Revenues included in 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 XIV.

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 organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,616,919.	6,455,982.			
b Contributions	7,629.	231,572.			
c Net investment earnings, gains, and losses	966,905.	38,551.			
d Grants or scholarships	66,047.	66,504.			
e Other expenditures for facilities and programs	0.	42,682.			
f Administrative expenses	0.	0.			
g End of year balance	7,525,406.	6,616,919.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 1.00 %
- b Permanent endowment 99.00 %
- c Term endowment .00 %

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

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

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

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		84,391.	53,403.	30,988.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				30,988.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,865,404.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,735,314.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	130,090.
4	Net unrealized gains (losses) on investments	4	1,041,232.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,041,232.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,171,322.

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

1	Total revenue, gains, and other support per audited financial statements	1	4,449,673.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,041,232.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	136,051.
e	Add lines 2a through 2d	2e	1,177,283.
3	Subtract line 2e from line 1	3	3,272,390.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,045.
b	Other (Describe in Part XIV.)	4b	9,543,969.
c	Add lines 4a and 4b	4c	9,593,014.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,865,404.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,364,151.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	136,051.
e	Add lines 2a through 2d	2e	136,051.
3	Subtract line 2e from line 1	3	3,228,100.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	49,045.
b	Other (Describe in Part XIV.)	4b	9,458,169.
c	Add lines 4a and 4b	4c	9,507,214.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,735,314.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: SHARP HEALTHCARE FOUNDATION HAS 23 BOARD DESIGNATED

AND PERMANENT ENDOWMENTS RESTRICTED FOR A VARIETY OF PURPOSES, SUCH AS

REHABILITATION, EMERGENCY SERVICES, WOMEN'S RESEARCH, ONCOLOGY, NURSING

EDUCATION, LABORATORY, HOSPITAL EQUIPMENT AND TECHNOLOGY, HOSPITAL

LIBRARY, AND MORE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES

Part XIV Supplemental Information (continued)

LOSS ON SALE OF ASSETS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TEMPORARILY RESTRICTED REVENUE

PERMANENTLY RESTRICTED REVENUE

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES

LOSS ON SALE OF ASSETS

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

TEMPORARILY RESTRICTED EXPENSES

SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. SHARP RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET. SHARP RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA. AT SEPTEMBER 30, 2010 AND 2009, NO SUCH ASSETS OR LIABILITIES WERE RECORDED.

**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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

SHARP HEALTHCARE FOUNDATION

95-3492461

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 the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

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

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	FUNDRAISING		0.
Totals	0	0			0.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2009

95-3492461

SHARP HEALTHCARE FOUNDATION

Schedule F (Form 990) 2009

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. Check this box if no one recipient received more than \$5,000

Use Schedule F-1 (Form 990) if additional space is needed.

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

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

3 Enter total number of other organizations or entities

SHARP HEALTHCARE FOUNDATION

Schedule F (Form 990) 2009

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.

Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SMH GOLF (event type)	VICTORIES OF SPIRIT (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1	194,580.	136,135.	89,883.	420,598.
	2	133,637.	84,985.	60,071.	278,693.
	3	60,943.	51,150.	29,812.	141,905.
Direct Expenses	4				
	5	19,017.		14,125.	33,142.
	6				
	7	41,549.	51,150.	4,705.	97,404.
	8	500.			500.
	9			10,554.	10,554.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(
11	Net income summary. Combine line 3, column (d), and line 10				305.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1				
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)			()
8	Net gaming income summary. Combine line 1, column (d), and line 7				

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____ a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____ .			
c If "Yes," enter name and address of the third party:			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			

<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2009

Open to Public
Inspection

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

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

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part I General information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-3782169	501(C)3	5,875,539.	0.			PROGRAM SERVICE SUPPORT
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-3782169	501(C)3	0.	126,653.	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-6077327	501(C)3	1,245,141.	0.			PROGRAM SERVICE SUPPORT
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD LA MESA, CA 92123-1489	95-2367304	501(C)3	2,058,096.	0.			PROGRAM SERVICE SUPPORT
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-2367304	501(C)3	0.	20,374.	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
GROSSMONT HOSPITAL CORPORATION 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91942	33-0449527	501(C)3	16,741.	0.			PROGRAM SERVICE SUPPORT

2 Enter total number of section 501(c)(3) and government organizations **6.**

3 Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) 2009**

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE ORGANIZATION RAISES FUNDS ON BEHALF OF AND PROVIDES ASSISTANCE TO THE SHARP HEALTHCARE SYSTEM. THE FUNDS RAISED MAY BE RESTRICTED BY THE DONOR FOR A SPECIFIC PURPOSE OR MAY BE UNRESTRICTED. SHARP HEALTHCARE, SHARP MEMORIAL HOSPITAL, AND SHARP CHULA VISTA MEDICAL CENTER SUBMIT REQUESTS FOR SUPPORT BASED ON THE AVAILABILITY OF THESE SPECIFICALLY DESIGNATED FUNDS. FUNDS MAY ALSO BE DISPERSED TO GROSSMONT HOSPITAL CORPORATION AND SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER TO AFFECT A SYSTEM-WIDE INITIATIVE. THE ORGANIZATION MAY ALSO UTILIZE UNRESTRICTED FUNDS TO PROVIDE ADDITIONAL SUPPORT. IN THESE

SCHEDULE I-1
(Form 990)
 Department of the Treasury
 Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
 Attach to Form 990 to list additional information for
 Schedule I (Form 990), Part II or Part III.

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER - 8695 SPECTRUM CENTER BLVD - SAN DIEGO, CA 92123-1489	95-0651579	501(C)3	13,224.	0.			PROGRAM SERVICE SUPPORT
GROSSMONT HOSPITAL FOUNDATION 5555 GROSSMONT CENTER DRIVE LA MESA, CA 91942	33-0124488	501(C)3	6,750.	0.			PROGRAM SERVICE SUPPORT

Part IV Supplemental Information

INSTANCES, A COMMITTEE COMPRISED OF ORGANIZATION MANAGEMENT AND BOARD MEMBERS REVIEWS PROPOSALS AND REQUESTS FOR FUNDING AND DETERMINES WHICH PROJECTS TO FUND. ADDITIONALLY, THE MANAGEMENT TEAM EVALUATES REQUESTS FOR CONTRIBUTIONS FROM OUTSIDE ORGANIZATIONS TAKING INTO ACCOUNT HOW THEY ALIGN WITH THE ORGANIZATION'S MISSION. AFTER AMOUNTS ARE FUNDED THERE IS NO ADDITIONAL MONITORING THAT TAKES PLACE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part III Supplemental Information

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

PART I, LINE 1A: THE ORGANIZATION PAYS UNIVERSITY CLUB DUES FOR WILLIAM S. LITTLEJOHN, SVP/CEO FOUNDATIONS, FOR BUSINESS PURPOSES, AND THEREFORE, THE AMOUNT WAS NOT REPORTED AS TAXABLE COMPENSATION.

PART I, LINE 4B: SHARP HEALTHCARE ("COMPANY") SPONSORED THE EXECUTIVE FLEXIBLE BENEFIT PLAN ("OLD PLAN") DETAILED BELOW TO PROVIDE DESIGNATED EXECUTIVES WITH A REASONABLE LEVEL OF BENEFITS, WHILE PROVIDING THOSE EXECUTIVES WITH A GREATER CHOICE OF BENEFITS. THE OLD PLAN WAS RESTATED EFFECTIVE DECEMBER 31, 2008, AND ALL PARTICIPANT BALANCES HELD IN THE CAPITAL ACCUMULATION ACCOUNT AT THAT TIME WERE PAID OUT TO THE PARTICIPANTS IN FEBRUARY 2009. THE OLD PLAN WAS ADMINISTERED ON A PLAN YEAR BASIS OF JANUARY 1 TO DECEMBER 31. CHANGES IN FLEXIBLE BENEFIT OPTIONS WERE PERMITTED ANNUALLY, EFFECTIVE JANUARY 1 OF THE NEW PLAN YEAR. THE OLD PLAN WAS AVAILABLE TO THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS. THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PARTICIPANT EACH PLAN YEAR EQUALED THE SUM OF THE FOLLOWING:

Part III Supplemental Information

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

- A COMPANY PROVIDED BASE ALLOWANCE EQUAL TO 12% OF THE PARTICIPANT'S BASE

SALARY

- A PARTICIPANT DEFERRAL UP TO 6% OF THE PARTICIPANT'S PRE-TAX BASE SALARY

FOR SUCH PLAN YEAR AS ELECTED BY THE PARTICIPANT

- A COMPANY MATCH SHOULD THE PARTICIPANT MAKE AN ELECTIVE DEFERRAL FOR A

PLAN YEAR. THE COMPANY MATCH BEGINS AT 2% FOR THE FIRST 1% ELECTIVE

DEFERRAL AND INCREASES 0.5% FOR EACH ADDITIONAL 1% ELECTIVE DEFERRAL, TO A

MAXIMUM MATCH OF 4.5% ON A 6% ELECTIVE DEFERRAL.

- A PARTICIPANT MAY CONVERT UP TO 10 PAID LEAVE DAYS FOR ADDITIONAL

FLEXIBLE BENEFIT ALLOWANCE EACH PLAN YEAR. EACH PAID LEAVE DAY SHALL BE

CONVERTED TO FLEXIBLE BENEFIT ALLOWANCE AT THE RATE OF THE PARTICIPANT'S

BASE SALARY DIVIDED BY 260.

THE PARTICIPANT MADE THE BENEFIT ELECTION FOR A PLAN YEAR BY SUBMITTING TO

THE COMPANY, PRIOR TO THE END OF THE PRECEDING CALENDAR YEAR, A COMPLETED

WRITTEN ELECTION IN THE FORM PROVIDED BY THE COMPANY. A PARTICIPANT'S

BENEFIT ELECTION FOR ANY PLAN YEAR WAS IRREVOCABLE. A PARTICIPANT COULD

APPLY THE FLEXIBLE BENEFIT ALLOWANCE TO OBTAIN LONG-TERM DISABILITY

COVERAGE, LONG-TERM CARE COVERAGE, FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION

Part III Supplemental Information

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

BENEFITS (LIFE INSURANCE), AND/OR HAVE THE FLEXIBLE BENEFIT ALLOWANCE CREDITED TO A CAPITAL ACCUMULATION ACCOUNT.

FOR EACH SUCH CREDIT TO A CAPITAL ACCUMULATION ACCOUNT, THE PARTICIPANT DESIGNATED A DEFERRED VESTING DATE THAT WAS THE EARLIER OF (I) THE DATE THE PARTICIPANT ELECTED THAT WAS AT LEAST FIVE YEARS AFTER THE FIRST DAY OF THE PLAN YEAR FOR WHICH SUCH ELECTION IS MADE, OR (II) THE LATER OF THE PARTICIPANT'S 64TH BIRTHDAY OR TWO YEARS AFTER THE FIRST DAY OF SUCH PLAN YEAR. THE PARTICIPANT COULD ELECT TO POSTPONE THE ORIGINAL DEFERRED VESTING DATE FOR EACH CAPITAL ACCUMULATION ACCOUNT ONE TIME BY SELECTING A NEW DEFERRED VESTING DATE THAT WAS AT LEAST FIVE YEARS AFTER THE ORIGINAL DEFERRED VESTING DATE. IF THE PARTICIPANT (I) VOLUNTARILY SEPARATED FROM SERVICE WITH THE COMPANY, OR (II) WAS INVOLUNTARILY SEPARATED FROM SERVICE WITH REASONABLE CAUSE, THE PARTICIPANT WAS ENTITLED TO RECEIVE CAPITAL ACCUMULATION ACCOUNT BENEFITS ONLY IF THE PARTICIPANT DID NOT ENTER INTO COMPETITION WITH THE COMPANY DURING THE 24-MONTH PERIOD FOLLOWING THE PARTICIPANT'S SEPARATION FROM SERVICE. IF THE PARTICIPANT ENTERED INTO COMPETITION WITH THE COMPANY DURING SUCH PERIOD, THE PARTICIPANT FORFEITED ALL RIGHTS TO RECEIVE ANY UNPAID CAPITAL ACCUMULATION ACCOUNT BENEFIT UNDER

Part III Supplemental Information

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

THIS PLAN.

SHARP HEALTHCARE ("COMPANY") SPONSORS AN EXECUTIVE FLEXIBLE BENEFIT PLAN ("NEW PLAN") TO PROVIDE DESIGNATED EXECUTIVES WITH A REASONABLE LEVEL OF BENEFITS IN RETURN FOR THEIR CONTINUED EMPLOYMENT WITH THE COMPANY. THE NEW PLAN IS ADMINISTERED ON A PLAN YEAR BASIS OF JANUARY 1 TO DECEMBER 31. CHANGES IN FLEXIBLE BENEFIT OPTIONS ARE PERMITTED ANNUALLY, EFFECTIVE JANUARY 1 OF THE NEW PLAN YEAR. THE PROVISIONS OF THE NEW PLAN, WHICH WERE RESTATED EFFECTIVE AS OF DECEMBER 31, 2008, ARE DESCRIBED BELOW AS RESTATED. THE NEW PLAN IS AVAILABLE TO THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS. THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PARTICIPANT EACH PLAN YEAR SHALL EQUAL THE SUM OF THE FOLLOWING:

- A COMPANY PROVIDED BASE ALLOWANCE EQUAL TO 18% OF THE PARTICIPANT'S BASE SALARY
- A PARTICIPANT DEFERRAL UP TO 6% OF THE PARTICIPANT'S PRE-TAX BASE SALARY FOR SUCH PLAN YEAR AS ELECTED BY THE PARTICIPANT
- A COMPANY MATCH SHOULD THE PARTICIPANT MAKE AN ELECTIVE DEFERRAL FOR A

Part III Supplemental Information

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

PLAN YEAR. THE COMPANY MATCH BEGINS AT 2% FOR THE FIRST 1% ELECTIVE DEFERRAL AND INCREASES 0.5% FOR EACH ADDITIONAL 1% ELECTIVE DEFERRAL, TO A MAXIMUM MATCH OF 4.5% ON A 6% ELECTIVE DEFERRAL.

THE NEW PLAN ALLOWS PARTICIPANTS TO USE THE FLEXIBLE BENEFIT ALLOWANCE TO PURCHASE ADDITIONAL LONG-TERM DISABILITY COVERAGE, LONG-TERM CARE COVERAGE, AND FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS (LIFE INSURANCE). PARTICIPANTS IN THE FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS PLAN PREVIOUSLY COULD ELECT TO APPLY FLEXIBLE BENEFIT ALLOWANCE TO ACQUIRE ADDITIONAL SURVIVOR COVERAGE, OR TOWARD DEPOSITS TO THE SUPPLEMENTAL SURVIVOR ACCUMULATION BENEFIT PLAN ("SSAB") TO FUND POST-RETIREMENT SURVIVOR BENEFITS, SUBJECT TO THE ERISA LIMIT PROVIDED THEIR POLICIES WERE ISSUED PRIOR TO SEPTEMBER 18, 2003. THE COMPANY SHALL AUTOMATICALLY CONTINUE WHATEVER ELECTIVE COVERAGE AND ADDITIONAL DEPOSIT ELECTIONS THAT WERE IN PLACE FOR THE SSAB DURING THE 2008 PLAN YEAR. NO ELECTIVE COVERAGE OR ADDITIONAL DEPOSITS WERE AVAILABLE TO PARTICIPANTS WHOSE POLICIES WERE ISSUED ON OR AFTER SEPTEMBER 18, 2003. ANY FLEXIBLE BENEFIT ALLOWANCE THAT REMAINS AFTER PURCHASING THESE ADDITIONAL COVERAGES SHALL BE PAID TO THE PARTICIPANT IN CASH IN EQUAL INSTALLMENTS THROUGHOUT THE PLAN YEAR, NOT

Part III Supplemental Information

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

LESS FREQUENTLY THAN QUARTERLY. IF THE PARTICIPANT SEPARATES FROM SERVICE DURING THE PLAN YEAR, THE PARTICIPANT FORFEITS ANY UNPAID ALLOWANCE.

FOR CALENDAR YEAR 2009, THE FOLLOWING INDIVIDUALS HAD DEFERRALS, DISTRIBUTIONS, OR BOTH.

MICHAEL MURPHY: DISTRIBUTIONS - \$329,757

WILLIAM LITTLEJOHN: DISTRIBUTIONS - \$145,701

PART I, LINE 3:

THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE, THE PARENT ORGANIZATION, ESTABLISHES THE COMPENSATION OF THE CHIEF EXECUTIVE OFFICER. THE COMPENSATION COMMITTEE ENGAGES INDEPENDENT COMPENSATION CONSULTANTS AND THE AMOUNT IS APPROVED BY BOTH THE COMPENSATION COMMITTEE AND BOARD OF DIRECTORS.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization **SHARP HEALTHCARE FOUNDATION** Employer identification number **95-3492461**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications	X		200.	DONOR VALUATION
5	Clothing and household goods	X		14,036.	DONOR VALUATION
6	Cars and other vehicles	X	4	105,821.	SALE PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	6	1,387,199.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential	X	1	210,314.	APPRAISAL
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X	3	1,300.	DONOR VALUATION
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (<u>EQUIPMENT</u>)	X	2	42,242.	DONOR VALUATION
26	Other ▶ (<u>JEWELRY</u>)	X	1	4,430.	DONOR VALUATION
27	Other ▶ (<u>GIFT CERTIFIC</u>)	X	10	3,615.	FMV
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29** **10**

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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES.

SCHEDULE M, LINE 32B: STOCK GIFTS ARE TRANSFERRED TO THE INVESTMENT MANAGER TO BE SOLD. VEHICLES AND BOATS ARE SOLD AT AUCTION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009
Open to Public
Inspection

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

FORM 990, PART VI, SECTION A, LINE 2: DIRECTOR ELIZABETH GILDRED MACVEAN
AND DIRECTOR PHILIP L. GILDRED, JR. HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: SHARP HEALTHCARE (FEIN 95-6077327)
IS THE SOLE MEMBER OF SHARP HEALTHCARE FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A: SHARP HEALTHCARE, AS THE SOLE
MEMBER OF THE CORPORATION, HAS THE RIGHT TO ELECT AND REMOVE MOST BOARD
MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7B: 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).

FORM 990, PART VI, SECTION B, LINE 11: 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 EXECUTIVE OFFICER. ADDITIONALLY, THE ORGANIZATION
CONTRACTS WITH ERNST & YOUNG, AN INDEPENDENT ACCOUNTING FIRM, FOR REVIEW OF
THE FORM 990.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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2009

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Employer identification number
95-3492461

FORM 990, PART VI, SECTION B, LINE 12: THE CORPORATION 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. THIS PARTICULAR COMPONENT OF THE POLICY WAS NOT DONE IN FISCAL 2010, BUT STEPS ARE BEING TAKEN TO ENSURE THIS WILL BE COMPLETED ANNUALLY GOING FORWARD. ALL OTHER ASPECTS OF THE CONFLICT OF INTEREST POLICY WERE FOLLOWED AND ENFORCED. 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 SHARP HEALTHCARE 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

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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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.

FORM 990, PART VI, SECTION B, LINE 15: 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.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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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 FEBRUARY/MARCH 2011, AND
NOVEMBER/DECEMBER 2008 BEFORE THAT.

FORM 990, PART VI, SECTION C, LINE 19: 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) 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).

FORM 990, PART III, LINE 1:

ORGANIZATION'S MISSION

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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95-3492461

TO ENGAGE IN THE SOLICITATION, RECEIPT AND ADMINISTRATION OF PROPERTY,
AND FROM TIME TO TIME TO DISBURSE SUCH PROPERTY AND THE INCOME
THEREFROM TO, OR FOR THE BENEFIT OF, THE SAN DIEGO HOSPITAL
ASSOCIATION, A CALIFORNIA NONPROFIT PUBLIC BENEFIT CORPORATION WHICH IS
TAX-EXEMPT UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND
ITS NONPROFIT SUBSIDIARIES WHICH ARE TAX-EXEMPT UNDER SECTION 501(C)(3)
OF THE INTERNAL REVENUE CODE. DISTRIBUTIONS FOR SHARP REES-STEALY
CORPORATION SHALL BE LIMITED TO FUNDS DESIGNATED BY THE DONOR FOR THAT
PURPOSE. SUCH DISBURSEMENTS SHALL BE USED BY THE FOREGOING ENTITIES
FOR THE FOLLOWING PURPOSES: (1) MAJOR CAPITAL EXPENDITURES; (2) MAJOR
RENOVATION OF BUILDINGS; (3) MAJOR EQUIPMENT PURCHASES; (4) MEDICAL AND
OTHER PROFESSIONAL HEALTH CARE EDUCATION; (5) COMMUNITY HEALTH
EDUCATION; AND (6) MEDICAL RESEARCH. THE CORPORATION MAY ALSO SOLICIT,
RECEIVE AND ADMINISTER FUNDS IN THE FORM OF DONOR-ADVISED FUNDS,
SUBJECT TO THE FOLLOWING CONDITIONS: (1) THE BOARD OF DIRECTORS OF THE
CORPORATION MAY CONSIDER THE RECOMMENDATIONS OF DONORS FOR
DISTRIBUTIONS FROM SAID FUNDS BUT SHALL AT ALL TIMES HAVE AND RETAIN
SOLE AUTHORITY OVER SUCH DISTRIBUTIONS; AND (2) DISTRIBUTIONS FROM ANY
SUCH FUND MAY, IN THE SOLE DISCRETION OF THE CORPORATION'S BOARD OF
DIRECTORS, BE MADE TO OR FOR THE BENEFIT OF ONE OR MORE ORGANIZATIONS
OTHER THAN SAN DIEGO HOSPITAL ASSOCIATION OR A NONPROFIT TAX-EXEMPT
SUBSIDIARY OF SAN DIEGO HOSPITAL ASSOCIATION, PROVIDED THAT ANY SUCH
ORGANIZATION IS AN ORGANIZATION DESCRIBED IN SECTIONS 170(B)(1)(A),
170(C), 2055(A), AND 2522(A) OF THE INTERNAL REVENUE CODE OF 1986, AS
AMENDED.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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FORM 990, PART V, LINE 2A:

NUMBER OF EMPLOYEES:

SHARP HEALTHCARE FOUNDATION EMPLOYEES' SALARIES AND WAGES ARE PAID
UNDER SHARP HEALTHCARE'S TAX ID NUMBER (EIN 95-6077327), AND AS SUCH
ARE ALSO REPORTED ON SHARP HEALTHCARE'S FORM 990.

FORM 990, PART VII, SECTION A:

HOURS PER WEEK DEDICATED TO RELATED ORGANIZATIONS

MICHAEL W. MURPHY - 48-SHARP HEALTHCARE, 2-SHARP MEMORIAL HOSPITAL,
2-GROSSMONT HOSPITAL CORPORATION, 2-SHARP CHULA VISTA MEDICAL CENTER,
2-SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER, 2-SHARP HEALTH PLAN

KENNETH ROTH MD - 10-SHARP HEALTHCARE

ANETTE ASHER - 1.5-SHARP HEALTHCARE

CHRISTOPHER CATE - 8-SHARP MEMORIAL HOSPITAL

TERI FEATHERINGILL - 2-GROSSMONT HOSPITAL FOUNDATION

PHILIP GILDRED, JR. - 2-SHARP HEALTHCARE

HENRY KILLMAR - 3-SHARP HEALTHCARE

COLLEEN MCNALLY, M.D. - 2-SHARP MEMORIAL HOSPITAL

PEGGY GOLDEN - 2-SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

HOWARD ROBIN, M.D. - 5-SHARP MEMORIAL HOSPITAL

WILLIAM LITTLEJOHN - 100% OF HOURS REPORTED ON PART VII ARE DEDICATED
TO SHARP HEALTHCARE FOUNDATION.

FORM 990, PART XI, LINE 3A:

A-133 AUDIT

SHARP HEALTHCARE, ON A CONSOLIDATED BASIS, WAS REQUIRED TO UNDERGO AN

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AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133, AND
SUCH AN AUDIT WAS PERFORMED AS REQUIRED.

SCHEDULE R, PART V, LINE 2:

THE AMOUNTS IN SCHEDULE R, PART V, LINE 2 WERE DETERMINED USING THE
ACCRUAL BASIS OF ACCOUNTING.

FORM 990, PART III, LINE 4A:

COMMUNITY BENEFITS REPORT
AN OVERVIEW OF SHARP HEALTHCARE

SHARP IS AN INTEGRATED, REGIONAL HEALTH CARE DELIVERY SYSTEM BASED IN
SAN DIEGO, CALIF. THE SHARP SYSTEM INCLUDES FOUR ACUTE CARE HOSPITALS;
THREE SPECIALTY HOSPITALS; TWO AFFILIATED MEDICAL GROUPS; 20 MEDICAL
CLINICS; FIVE URGENT CARE FACILITIES; 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 OFFERS A FULL CONTINUUM OF CARE, INCLUDING: EMERGENCY
CARE, HOME CARE, HOSPICE CARE, INPATIENT CARE, LONG-TERM CARE, MENTAL
HEALTH CARE, OUTPATIENT CARE, PRIMARY AND SPECIALTY CARE,
REHABILITATION, AND URGENT CARE. SHARP ALSO HAS A KNOX-KEENE-LICENSED
HEALTH MAINTENANCE ORGANIZATION, SHARP HEALTH PLAN (SHP). SERVING A
POPULATION OF APPROXIMATELY 3 MILLION IN SAN DIEGO COUNTY, AS OF
SEPTEMBER 30, 2010, SHARP IS LICENSED TO OPERATE 2,060 BEDS, HAS
APPROXIMATELY 2,600 SHARP-AFFILIATED PHYSICIANS AND NEARLY 15,000

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EMPLOYEES.

FOUR ACUTE-CARE HOSPITALS:

SHARP CHULA VISTA MEDICAL CENTER (343 BEDS)

THE LARGEST PROVIDER OF HEALTH CARE SERVICES IN SOUTH SAN DIEGO COUNTY,
ONE OF THE FASTEST GROWING AREAS IN CALIFORNIA, SHARP CHULA VISTA
MEDICAL CENTER (SCVMC) OPERATES THE BUSIEST EMERGENCY DEPARTMENT (ED)
IN SAN DIEGO'S SOUTH BAY AND IS THE CLOSEST HOSPITAL TO THE BUSIEST
INTERNATIONAL BORDER IN THE WORLD.

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (204 BEDS)

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC), AN ACUTE-CARE
HOSPITAL, PROVIDES SERVICES THAT INCLUDE SUB-ACUTE AND LONG-TERM CARE,
REHABILITATION THERAPIES, JOINT REPLACEMENT SURGERY, HOSPICE, AND
EMERGENCY SERVICES.

SHARP GROSSMONT HOSPITAL (536 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
SAN DIEGO COUNTY.

SHARP MEMORIAL HOSPITAL (643 BEDS)

A REGIONAL TERTIARY CARE LEADER, SHARP MEMORIAL HOSPITAL (SMH) PROVIDES
SPECIALIZED CARE IN TRAUMA, ONCOLOGY, ORTHOPAEDICS, ORGAN
TRANSPLANTATION, CARDIOLOGY, AND REHABILITATION.

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THREE SPECIALTY-CARE HOSPITALS:

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (169 BEDS)

A FREESTANDING WOMEN'S HOSPITAL SPECIALIZING IN OBSTETRICS, GYNECOLOGY,
GYNECOLOGIC ONCOLOGY, AND NEONATAL INTENSIVE CARE, SHARP MARY BIRCH
HOSPITAL FOR WOMEN & NEWBORNS (SMBHWN) DELIVERS MORE BABIES THAN ANY
OTHER PRIVATE HOSPITAL IN CALIFORNIA.

SHARP MESA VISTA HOSPITAL (149 BEDS)

THE LARGEST PRIVATE FREESTANDING PSYCHIATRIC HOSPITAL IN CALIFORNIA,
SHARP MESA VISTA HOSPITAL (SMV) IS A PREMIER PROVIDER OF BEHAVIORAL
HEALTH SERVICES.

SHARP VISTA PACIFICA HOSPITAL (16 BEDS)

SHARP VISTA PACIFICA (SVP) IS SAN DIEGO COUNTY'S ONLY LICENSED CHEMICAL
DEPENDENCY RECOVERY HOSPITAL.

COLLECTIVELY, THE OPERATIONS OF SMH, SMBHWN, SMV, AND SVP ARE REPORTED
UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION OF SMH. THE OPERATIONS
OF SHARP REES-STEALY MEDICAL CENTERS (SRS) ARE INCLUDED WITHIN THE
NONPROFIT PUBLIC BENEFIT CORPORATION OF SHARP, THE PARENT ORGANIZATION.
THE OPERATIONS OF SHARP GROSSMONT HOSPITAL (SGH) ARE REPORTED UNDER THE
NONPROFIT PUBLIC BENEFIT CORPORATION GROSSMONT HOSPITAL CORPORATION.

MISSION STATEMENT

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IT IS SHARP'S MISSION TO IMPROVE THE HEALTH OF THOSE IT SERVES WITH A
COMMITMENT TO EXCELLENCE IN ALL THAT IT DOES. SHARP'S GOAL IS TO OFFER
QUALITY CARE AND SERVICES THAT SET COMMUNITY STANDARDS, EXCEED PATIENT
EXPECTATIONS, AND ARE PROVIDED IN A CARING, CONVENIENT, COST-EFFECTIVE,
AND ACCESSIBLE MANNER.

VISION

SHARP'S VISION IS TO TRANSFORM THE HEALTH CARE EXPERIENCE THROUGH A
CULTURE OF CARING, QUALITY, SERVICE, INNOVATION, AND EXCELLENCE. SHARP
WILL BE RECOGNIZED BY EMPLOYEES, PHYSICIANS, PATIENTS, VOLUNTEERS, AND
THE COMMUNITY AS THE BEST PLACE TO WORK, THE BEST PLACE TO PRACTICE
MEDICINE, AND THE BEST PLACE TO RECEIVE CARE. SHARP WILL BE KNOWN AS AN
EXCELLENT COMMUNITY CITIZEN, EMBODYING AN ORGANIZATION OF PEOPLE
WORKING TOGETHER TO DO THE RIGHT THING EVERY DAY TO IMPROVE THE HEALTH
AND WELL BEING OF THOSE IT SERVES. SHARP WILL BECOME THE BEST HEALTH
SYSTEM IN THE UNIVERSE.

VALUES

*INTEGRITY

-TRUSTWORTHINESS, RESPECT, COMMITMENT TO ORGANIZATIONAL VALUES, AND
DECISION MAKING

*CARING

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-SERVICE ORIENTATION, COMMUNICATION, TEAMWORK AND COLLABORATION,
SERVING AND DEVELOPING OTHERS, AND CELEBRATION

*INNOVATION

-CREATIVITY, CONTINUOUS IMPROVEMENT, INITIATING BREAKTHROUGHS, AND
SELF-DEVELOPMENT

*EXCELLENCE

-QUALITY, SAFETY, OPERATIONAL AND SERVICE EXCELLENCE, FINANCIAL
RESULTS, AND ACCOUNTABILITY

CULTURE: THE SHARP EXPERIENCE

FOR MORE THAN 10 YEARS, SHARP HAS BEEN ON A JOURNEY TO TRANSFORM THE
HEALTH CARE EXPERIENCE. THROUGH A SWEEPING ORGANIZATIONAL IMPROVEMENT
INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS
RECOMMITTED TO PURPOSE, WORTHWHILE WORK, AND MAKING A DIFFERENCE, AND
TO THE FUNDAMENTALS THAT HAVE MADE SHARP ONE OF THE NATION'S TOP-RANKED
HEALTH CARE SYSTEMS. THIS RENEWED SENSE OF DIRECTION HAS ADDED
DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION. SHARP IS SAN
DIEGO'S HEALTH CARE LEADER BECAUSE IT REMAINS FOCUSED ON THE MOST
IMPORTANT ELEMENT OF THE HEALTH CARE EQUATION: THE PEOPLE.

THROUGH THIS EXTRAORDINARY INITIATIVE, SHARP IS TRANSFORMING THE HEALTH
CARE EXPERIENCE IN SAN DIEGO BY STRIVING TO BE:

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*THE BEST PLACE TO WORK: ATTRACTING AND RETAINING HIGHLY SKILLED AND
PASSIONATE STAFF MEMBERS WHO ARE FOCUSED ON PROVIDING QUALITY HEALTH
CARE AND BUILDING A CULTURE OF TEAMWORK, RECOGNITION, CELEBRATION, AND
PROFESSIONAL AND PERSONAL GROWTH. THIS COMMITMENT TO SERVING PATIENTS
AND SUPPORTING ONE ANOTHER WILL MAKE SHARP "THE BEST HEALTH SYSTEM IN
THE UNIVERSE."

*THE BEST PLACE TO PRACTICE MEDICINE: CREATING AN ENVIRONMENT IN WHICH
PHYSICIANS ENJOY POSITIVE, COLLABORATIVE RELATIONSHIPS WITH NURSES AND
OTHER CAREGIVERS; EXPERIENCE UNSURPASSED SERVICE AS VALUED CUSTOMERS;
HAVE ACCESS TO STATE-OF-THE-ART EQUIPMENT AND CUTTING-EDGE TECHNOLOGY;
AND ENJOY THE CAMARADERIE OF THE HIGHEST-CALIBER MEDICAL STAFF AT SAN
DIEGO'S PREEMINENT MEDICAL INSTITUTION.

*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 ALL OF THIS TRANSFORMATION, SHARP WILL CONTINUE TO LIVE ITS
MISSION TO CARE FOR ALL PEOPLE, WITH SPECIAL CONCERN FOR THE
UNDERSERVED AND SAN DIEGO'S DIVERSE POPULATION. THIS IS SOMETHING SHARP
HAS BEEN DOING FOR MORE THAN HALF A CENTURY.

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PILLARS OF EXCELLENCE

THE SIX PILLARS LISTED BELOW ARE A VISIBLE TESTAMENT TO SHARP'S
COMMITMENT TO BECOME THE BEST HEALTH CARE SYSTEM IN THE UNIVERSE BY
ACHIEVING EXCELLENCE IN THESE AREAS:

QUALITY-DEMONSTRATE AND IMPROVE CLINICAL EXCELLENCE AND PATIENT SAFETY
TO SET COMMUNITY STANDARDS AND EXCEED PATIENT EXPECTATIONS

SERVICE-CREATE EXCEPTIONAL EXPERIENCES AT EVERY TOUCH POINT FOR
CUSTOMERS, PHYSICIANS, AND PARTNERS BY DEMONSTRATING SERVICE EXCELLENCE

PEOPLE-CREATE A WORKFORCE CULTURE THAT ATTRACTS, RETAINS, AND PROMOTES
THE BEST AND BRIGHTEST PEOPLE, WHO ARE COMMITTED TO SHARP'S MISSION,
VISION, AND VALUES

FINANCE-ACHIEVE FINANCIAL RESULTS TO ENSURE SHARP'S ABILITY TO PROVIDE
QUALITY HEALTH CARE SERVICES, NEW TECHNOLOGY, AND INVESTMENT IN THE
ORGANIZATION

GROWTH-ACHIEVE CONSISTENT NET REVENUE GROWTH TO ENHANCE MARKET
DOMINANCE, SUSTAIN INFRASTRUCTURE IMPROVEMENTS, AND SUPPORT INNOVATIVE
DEVELOPMENT

COMMUNITY-BE AN EXEMPLARY COMMUNITY CITIZEN

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AWARDS

SHARP RECENTLY RECEIVED THE FOLLOWING RECOGNITION:

SHARP IS A RECIPIENT OF THE 2007 MALCOLM BALDRIGE NATIONAL QUALITY
AWARD, THE NATION'S HIGHEST PRESIDENTIAL HONOR FOR QUALITY AND
ORGANIZATIONAL PERFORMANCE EXCELLENCE. SHARP IS THE FIRST HEALTH CARE
SYSTEM IN CALIFORNIA AND EIGHTH IN THE NATION TO RECEIVE THIS
RECOGNITION.

SHARP WAS NAMED THE NO. 1 "BEST INTEGRATED HEALTH-CARE NETWORK" IN
CALIFORNIA AND NO. 13 NATIONALLY BY MODERN HEALTHCARE MAGAZINE IN 2011.
THE RANKINGS ARE PART OF THE "TOP 100 MOST HIGHLY INTEGRATED HEALTHCARE
NETWORKS (IHN)," AN ANNUAL SURVEY CONDUCTED BY HEALTH CARE DATA ANALYST
SDI. THIS IS THE 13TH YEAR RUNNING THAT SHARP HAS PLACED AMONG THE TOP
IN THE STATE IN THE SURVEY.

SHARP WAS RANKED 47TH BY MODERN HEALTHCARE IN ITS 2008 "100 BEST PLACES
TO WORK." THE AWARDS AND HONORS PROGRAM RECOGNIZES WORKPLACES IN HEALTH
CARE THAT ENABLE EMPLOYEES TO PERFORM AT THEIR OPTIMUM LEVEL TO PROVIDE
PATIENTS AND CUSTOMERS WITH THE BEST POSSIBLE CARE AND SERVICES.

SGH WAS NAMED "BEST HOSPITAL" BY SAN DIEGO UNION-TRIBUNE READERS
PARTICIPATING IN THE PAPER'S "BEST OF SAN DIEGO" READERS POLL PUBLISHED
AUGUST 2, 2010, AND SMH WAS RANKED 3RD. THIS MARKS THE 3RD YEAR IN A

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ROW THAT SHARP RECEIVED THIS HONOR.

SGH AND SMH HAVE BOTH RECEIVED MAGNET DESIGNATION FOR NURSING
EXCELLENCE BY THE ANCC. THE MAGNET RECOGNITION PROGRAM IS THE HIGHEST
LEVEL OF HONOR BESTOWED BY THE ANCC AND IS ACCEPTED NATIONALLY AS THE
GOLD STANDARD IN NURSING EXCELLENCE.

SHARP WAS NAMED ONE OF THE NATION'S "MOST WIRED" HEALTH CARE SYSTEMS
FROM 1998 THROUGH 2009 BY HOSPITALS & HEALTH NETWORKS MAGAZINE IN THE
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.

IN JULY 2010, SMH WAS NAMED THE "MOST BEAUTIFUL HOSPITAL IN AMERICA" BY
SOLIANT HEALTH, ONE OF THE LARGEST MEDICAL STAFFING COMPANIES IN THE
COUNTRY. WITH OVER 10,000 VOTES FROM VISITORS TO THE SOLIANT HEALTH
WEBSITE, SMH WAS VOTED TO THE TOP OF THE SECOND ANNUAL "20 MOST
BEAUTIFUL HOSPITALS IN AMERICA" LIST.

IN 2010 SHARP RECEIVED THE MOREHEAD APEX WORKPLACE OF DISTINCTION
AWARD. MOREHEAD AWARDS THE HEALTH CARE INDUSTRY'S TOP ACHIEVERS BY
OBJECTIVELY IDENTIFYING THE HIGHEST PERFORMERS AND ACKNOWLEDGING THEIR
CONTRIBUTIONS TO HEALTH CARE. MOREHEAD RECOGNIZES CLIENTS WHO HAVE
REACHED AND SUSTAINED THE 90TH PERCENTILE ON THEIR EMPLOYEE ENGAGEMENT
SURVEYS IN THE CURRENT CALENDAR YEAR. SHARP REACHED THE 98TH PERCENTILE
IN 2010.

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PATIENT ACCESS TO CARE PROGRAMS

UNINSURED PATIENTS WITH NO ABILITY TO PAY, AND INSURED PATIENTS WITH
INADEQUATE COVERAGE AND NO ABILITY TO PAY, RECEIVE FINANCIAL ASSISTANCE
FOR MEDICALLY NECESSARY SERVICES THROUGH SHARP'S FINANCIAL ASSISTANCE
PROGRAM. SHARP DOES NOT REFUSE ANY PATIENT REQUIRING EMERGENCY MEDICAL
CARE.

IN FY 2010, SHARP BEGAN PROVIDING SERVICES TO ASSIST EVERY UNFUNDED
PATIENT RECEIVED IN THE EMERGENCY ROOM IN FINDING COVERAGE OPTIONS.
PATIENTS USE A QUICK, SIMPLE ONLINE QUESTIONNAIRE THROUGH THE
FOUNDATION FOR HEALTH COVERAGE EDUCATION TO GENERATE PERSONALIZED
COVERAGE OPTIONS THAT ARE FILED IN THEIR ACCOUNT FOR FUTURE REFERENCE
AND ACCESSIBILITY.

ALSO IN FY 2010, SHARP BEGAN OFFERING CLEARBALANCE - A SPECIALIZED LOAN
PROGRAM FOR PATIENTS FACING HIGH MEDICAL BILLS. THROUGH THIS
COLLABORATION WITH SAN DIEGO-BASED CSI FINANCIAL SERVICES, BOTH INSURED
AND UNINSURED PATIENTS HAVE THE OPPORTUNITY TO SECURE SMALL BANK LOANS
IN ORDER TO PAY OFF THEIR MEDICAL BILLS IN LOW MONTHLY PAYMENTS - AS
LOW AS \$25 PER MONTH - AND THUS PREVENT UNPAID ACCOUNTS FROM GOING TO
COLLECTIONS. THROUGH THIS PROGRAM, SHARP PROVIDES A MORE AFFORDABLE
ALTERNATIVE FOR PATIENTS THAT STRUGGLE WITH THE ABILITY TO RESOLVE
THEIR HOSPITAL BILLS.

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IN ADDITION, SHARP PROVIDES POST-ACUTE CARE FACILITATION FOR HIGH-RISK PATIENTS, INCLUDING THE HOMELESS AND PATIENTS LACKING A SAFE HOME ENVIRONMENT. PATIENTS RECEIVE ASSISTANCE REGARDING TRANSPORTATION AND PLACEMENT, AS WELL AS CONNECTIONS TO COMMUNITY RESOURCES.

THROUGH A COLLABORATION WITH THE SAN DIEGO RESCUE MISSION, SCHHC, SGH, AND SMH DISCHARGE THEIR CHRONICALLY HOMELESS PATIENTS TO THE RESCUE MISSION'S RECUPERATIVE CARE UNIT, WHERE PATIENTS NOT ONLY RECEIVE FOLLOW-UP MEDICAL CARE THROUGH SHARP IN A SAFE ENVIRONMENT, BUT THROUGH THE ORGANIZATION'S PROGRAMS THEY ALSO RECEIVE PSYCHIATRIC CARE, SUBSTANCE ABUSE COUNSELING, AND GUIDANCE TO HELP GET THEM OFF THE STREET.

IN ADDITION, SINCE DECEMBER 2008, SCVMC HAS PARTNERED WITH FAMILY HEALTH CENTERS OF SAN DIEGO (FHCS) TO PROVIDE TIMELY ACCESS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES BY ESTABLISHING MEDICAL HOMES FOR LOW-INCOME, MEDICALLY UNINSURED, AND UNDERSERVED PATIENTS IN THE SOUTH BAY THAT PRESENT IN THE SCVMC ED. THE PROGRAM SEEKS TO: SUPPORT SAFETY NET PATIENTS SUFFERING FROM CHRONIC CONDITIONS TO BETTER MANAGE THEIR PAIN, DISEASES, AND OVERALL HEALTH CARE; EDUCATE SAFETY NET PATIENTS ABOUT OBTAINING AFFORDABLE MEDICATIONS THROUGH A COMMUNITY CLINIC; INCREASE PATIENT ACCESS AND TIMELY REFERRALS TO PRIMARY CARE AND BEHAVIORAL HEALTH SERVICES; INCREASE PATIENT ACCESS TO FOLLOW-UP PRIMARY CARE SERVICES AND ESTABLISH A MEDICAL HOME AT EITHER FHCS CHULA VISTA CLINIC OR OTHER CLINICS; AND OFFER ENHANCED ACCESS TO TRANSPORTATION RESOURCES TO THE HOSPITAL AND/OR CLINICS. SINCE THE

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GRANT WITH FHCSO, SCVMC HAS SERVED A TOTAL OF 1,248 SAFETY NET
PATIENTS, 55 PERCENT OF WHOM WERE REFERRED TO THE FHCSO - CHULA VISTA
CLINIC.

HEALTH PROFESSIONS TRAINING

INTERNSHIPS

STUDENTS AND RECENT HEALTH CARE GRADUATES ARE A VALUABLE ASSET TO THE
COMMUNITY, AND SHARP DEMONSTRATES A DEEP INVESTMENT IN THESE POTENTIAL
AND NEWEST MEMBERS OF THE HEALTH CARE WORKFORCE THROUGH INTERNSHIPS,
FINANCIAL AID, AND CAREER PIPELINE PROGRAMS. IN FY 2010, THERE WERE
4,745 STUDENT INTERNS WITHIN THE SHARP SYSTEM, PROVIDING MORE THAN
550,000 HOURS IN DISCIPLINES THAT INCLUDE NURSING, ALLIED HEALTH, AND
PROFESSIONAL EDUCATIONAL PROGRAMS. SHARP PROVIDES EDUCATION AND
TRAINING PROGRAMS FOR STUDENTS IN THE CONTINUUM OF NURSING (E.G.,
CRITICAL CARE, MEDICAL/SURGICAL, BEHAVIORAL HEALTH, WOMEN'S SERVICES,
AND WOUND CARE) AND ALLIED HEALTH PROFESSIONS SUCH AS REHABILITATION
THERAPIES (SPEECH, PHYSICAL, OCCUPATIONAL, AND RECREATIONAL THERAPY),
PHARMACY, DIETETICS, LAB, IMAGING (ALL THE RADIOLOGY PROFESSIONS),
SOCIAL WORK, PSYCHOLOGY, AND PUBLIC HEALTH. STUDENTS FROM LOCAL
COMMUNITY COLLEGES SUCH AS GROSSMONT COLLEGE, MESA COLLEGE, AND
SOUTHWESTERN COLLEGE (SWC); LOCAL AND NATIONAL UNIVERSITY CAMPUSES SUCH
AS SAN DIEGO STATE UNIVERSITY (SDSU), UNIVERSITY OF CALIFORNIA, SAN
DIEGO (UCSD), UNIVERSITY OF SAN DIEGO (USD), POINT LOMA NAZARENE
UNIVERSITY (PLNU), AND UNIVERSITY OF OKLAHOMA (OU); AND VOCATIONAL

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SCHOOLS SUCH AS KAPLAN COLLEGE PARTICIPATE IN SHARP'S HEALTH
PROFESSIONS TRAINING. TABLE 1 PRESENTS THE STUDENTS AND STUDENT HOURS
AT EACH OF THE SHARP ENTITIES IN FY 2010.

TABLE 1: SHARP HEALTHCARE INTERNSHIPS - FY 2010

SHARP CHULA VISTA MEDICAL CENTER

NURSING

859 STUDENTS

57,304 GROUP HOURS

17,613 PRECEPTED HOURS

ANCILLARY

142 STUDENTS

35,695 HOURS

TOTAL

1,001 STUDENTS

110,612 HOURS

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

NURSING

493 STUDENTS

53,664 GROUP HOURS

2,548 PRECEPTED HOURS

ANCILLARY

100 STUDENTS

19,796 HOURS

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TOTAL

593 STUDENTS

76,008 HOURS

SHARP GROSSMONT HOSPITAL

NURSING

913 STUDENTS

58,750 GROUP HOURS

22,755 PRECEPTED HOURS

ANCILLARY

237 STUDENTS

47,544 HOURS

TOTAL

1,150 STUDENTS

129,049 HOURS

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

NURSING

231 STUDENTS

11,876 GROUP HOURS

12,024 PRECEPTED HOURS

ANCILLARY

26 STUDENTS

6,529 HOURS

TOTAL

257 STUDENTS

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30,429 HOURS

SHARP MEMORIAL HOSPITAL

NURSING

738 STUDENTS

44,571 GROUP HOURS

23,827 PRECEPTED HOURS

ANCILLARY

323 STUDENTS

67,399 HOURS

TOTAL

1,061 STUDENTS

135,797 HOURS

SHARP MESA VISTA HOSPITAL

NURSING

328 STUDENTS

25,870 GROUP HOURS

2,857 PRECEPTED HOURS

ANCILLARY

11 STUDENTS

3,666 HOURS

TOTAL

339 STUDENTS

32,393 HOURS

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SHARP HEALTHCARE

NURSING

199 STUDENTS

0 GROUP HOURS

8,990 PRECEPTED HOURS

ANCILLARY

145 STUDENTS

26,778 HOURS

TOTAL

344 STUDENTS

35,768 HOURS

TOTAL

NURSING

3,761 STUDENTS

252,035 GROUP HOURS

90,614 PRECEPTED HOURS

ANCILLARY

984 STUDENTS

207,407 HOURS

TOTAL

4,745 STUDENTS

550,056 HOURS

COLLEGE COLLABORATIONS

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SHARP'S PARTNERSHIP WITH THE OU COLLEGE OF NURSING, SDSU AND SWC PROVIDES CLINICAL, REAL-WORLD EXPERIENCE IN SAN DIEGO COUNTY FOR STUDENTS ENROLLED IN THE OU ONLINE ACCELERATED SECOND DEGREE BACHELOR OF SCIENCE IN NURSING (BSN) PROGRAM AND THE OU CAREER MOBILITY REGISTERED NURSE (RN) TO BSN PROGRAM. THE PARTNERSHIP SEEKS TO BOOST THE NUMBER OF NEW NURSE GRADUATES BY OFFERING PROGRAMS WITH INCREASED FLEXIBILITY AND ACCESS FOR STUDENTS. THE ACCELERATED SECOND DEGREE BSN PROGRAM IS FOR INDIVIDUALS WITH A BACHELOR'S DEGREE OR HIGHER IN A NON-NURSING MAJOR. THE PROGRAM INCLUDES MORE THAN 600 HOURS OF ONLINE COURSEWORK AND NEARLY 900 HOURS OF CLINICAL EXPERIENCE AT SHARP FACILITIES. CANDIDATES MAY EARN A BSN FROM OU IN 14 MONTHS, AS WELL AS BECOME ELIGIBLE TO SIT FOR THE NATIONAL COUNCIL LICENSING EXAMINATION FOR REGISTERED NURSES (NCLEX-RN). THE CAREER MOBILITY RN TO BSN PROGRAM OFFERS LICENSED RNS AN ACCELERATED EDUCATION TO ACHIEVE A BSN FROM OU WITHIN NINE MONTHS, PROVIDING THEM WITH GREATER OPPORTUNITY FOR CAREER MOBILITY AND ADVANCEMENT. THE CAREER MOBILITY RN TO BSN PROGRAM BEGAN IN MAY 2006, AND THE OU ONLINE ACCELERATED SECOND DEGREE BSN PROGRAM BEGAN IN AUGUST 2007. THE FIRST CAREER MOBILITY RN TO BSN CLASS GRADUATED STUDENTS IN MAY 2007. IN DECEMBER 2008, THE FIRST ACCELERATED SECOND DEGREE BSN CLASS GRADUATED STUDENTS.

THE HEALTH ACADEMY

THE SCVMC HEALTH ACADEMY EDUCATES THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS BY INTRODUCING LOCAL ELEMENTARY SCHOOL STUDENTS TO A WIDE VARIETY OF HEALTH CARE CAREERS.

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SINCE 2005, THIS PROGRAM HAS PROVIDED HOSPITAL TOURS TO HUNDREDS OF FIFTH GRADERS WHO HAVE BENEFITED FROM INTERACTIVE LEARNING IN VARIOUS AREAS OF THE HOSPITAL, INCLUDING THE LABORATORY, PHARMACY, AND BILLING DEPARTMENTS. IN THE FALL OF 2008, A TWO-YEAR GRANT FROM THE CALIFORNIA ENDOWMENT ALLOWED FOR THE EXPANSION OF THE PROGRAM TO PROVIDE A DIVERSITY INITIATIVE TO HIGH SCHOOL STUDENTS. THE HEALTH CARE CAREER PIPELINE PARTNERSHIP (HCCPP) REPRESENTS COLLABORATION AMONG THE HOSPITAL, BARRIO LOGAN COLLEGE INSTITUTE (BLCI), SAN YSIDRO HIGH SCHOOL (SYHS), SWC, HARDER AND ASSOCIATES, AND THE SAN DIEGO CHAPTER OF THE NATIONAL ASSOCIATION OF HISPANIC NURSES. THE PROGRAM HAS HAD TREMENDOUS SUCCESS SINCE ITS INCEPTION, AND IN FY 2009, SCVMC WON A PARTNERSHIP AWARD FROM THE SAN DIEGO SCIENCE ALLIANCE FOR ITS WORK IN THE HCCPP. THE AWARD RECOGNIZES A SAN DIEGO BUSINESS OR EMPLOYER THAT PARTNERS WITH YOUTH IN THE COMMUNITY.

HEALTH SCIENCES HIGH AND MIDDLE COLLEGE

SHARP HAS TEAMED UP AS AN INDUSTRY PARTNER WITH CHARTER SCHOOL HEALTH SCIENCES HIGH AND MIDDLE COLLEGE (HSHMC) TO PROVIDE STUDENTS BROAD EXPOSURE TO CAREERS AVAILABLE IN HEALTH CARE. DURING FY 2010, 386 HSHMC STUDENTS PARTICIPATED ON SHARP CAMPUSES FOR A TOTAL OF MORE THAN 102,000 STUDENT HOURS. THE COLLABORATION BETWEEN SHARP AND HSHMC PREPARES HIGH SCHOOL STUDENTS TO CONSIDER AND ENTER HEALTH SCIENCE AND MEDICAL TECHNOLOGY CAREERS WITHIN THE FOLLOWING FIVE CAREER PATHWAYS:

BIOTECHNOLOGY RESEARCH AND DEVELOPMENT, DIAGNOSTIC SERVICES, HEALTH

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INFORMATICS, SUPPORT SERVICES, AND THERAPEUTIC SERVICES.

DURING A 16-WEEK PERIOD, SUPERVISED STUDENTS ROTATE THROUGH
INSTRUCTIONAL PODS IN VARIOUS DEPARTMENTS SUCH AS NURSING, OB/GYN,
OCCUPATIONAL AND PHYSICAL THERAPY, BEHAVIORAL HEALTH, SURGICAL
INTENSIVE CARE UNIT (SICU), MEDICAL INTENSIVE CARE UNIT (MICU),
IMAGING, REHABILITATION, LABORATORY, PHARMACY, PULMONARY, CARDIAC
SERVICES, AND OPERATIONS. HSHMC STUDENTS NOT ONLY RECEIVE HANDS-ON
EXPERIENCE IN PATIENT CARE, BUT ALSO GUIDANCE FROM SHARP STAFF ON
PROFESSIONALISM, CAREER LADDER DEVELOPMENT, AND JOB/EDUCATION
REQUIREMENTS. HSHMC STUDENTS EARN HIGH SCHOOL DIPLOMAS, COMPLETE
COLLEGE ENTRANCE REQUIREMENTS, AND HAVE OPPORTUNITIES TO EARN COMMUNITY
COLLEGE CREDITS, DEGREES, OR VOCATIONAL CERTIFICATES.

WITH THE HSHMC PROGRAM, SHARP LINKS STUDENTS WITH HEALTH CARE
PROFESSIONALS THROUGH JOB SHADOWING AND INTERNSHIPS, TO EXPLORE
REAL-WORLD APPLICATIONS OF THEIR SCHOOL-BASED KNOWLEDGE AND SKILLS. THE
PROGRAM BEGAN IN 2007 WITH HSHMC STUDENTS ON THE CAMPUSES OF SGH AND
SMH, AND EXPANDED TO INCLUDE SMV AND SMBHWN IN 2009, AND TO SCHHC IN
2010.

LECTURES AND CONTINUING EDUCATION

SHARP CONTRIBUTES TO THE ACADEMIC ENVIRONMENT OF MANY COLLEGES AND
UNIVERSITIES IN SAN DIEGO. IN FY 2010, SHARP STAFF COMMITTED MORE THAN
500 HOURS PROVIDING LECTURES, COURSES, AND PRESENTATIONS ON NUMEROUS

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COLLEGE/UNIVERSITY CAMPUSES THROUGHOUT SAN DIEGO. THROUGH THE DELIVERY
OF A VARIETY OF GUEST LECTURES, INCLUDING THE ROLE OF THE CLINICAL
NURSE SPECIALIST AT PLNU, CONCEPTUAL BASIS OF PROFESSIONAL NURSING
PRACTICE AT USD, HEALTH INFORMATION LECTURES AT MESA COLLEGE, PHARMACY
PRACTICE LECTURES AT UCSD, AND A VARIETY OF HEALTH ADMINISTRATION
LECTURES TO PUBLIC HEALTH GRADUATE STUDENTS AT SDSU, SHARP STAFF REMAIN
ACTIVE AND ENGAGED WITH SAN DIEGO'S ACADEMIC HEALTH CARE COMMUNITY.

SHARP'S CONTINUING MEDICAL EDUCATION (CME) DEPARTMENT ASSESSES,
DESIGNS, IMPLEMENTS, AND EVALUATES EDUCATIONAL AND TRAINING INITIATIVES
FOR SHARP'S AFFILIATED PHYSICIANS, PHARMACISTS, AND OTHER HEALTH
PROFESSIONALS TO BETTER SERVE THE HEALTH CARE NEEDS OF THE SAN DIEGO
COMMUNITY. IN FY 2010 THE PROFESSIONALS AT SHARP HEALTHCARE CME
INVESTED MORE THAN 930 HOURS IN MYRIAD CME ACTIVITIES OPEN TO SAN DIEGO
HEALTH CARE PROVIDERS, RANGING FROM ANNUAL CONFERENCES ON PATIENT
SAFETY, DIABETES, BREAST CANCER, AND END-OF-LIFE CARE, TO PRESENTATIONS
ON JUST CULTURE AND TRANSFORMING PRIMARY CARE THROUGH PATIENT-CENTERED
MEDICAL HOMES.

IN ADDITION, THE OUTCOMES RESEARCH INSTITUTE (ORI) AT SHARP WAS FORMED
TO MEASURE LONG-TERM RESULTS OF CARE AND TO PROMOTE AND DEVELOP BEST
PRACTICES FOR HEALTH CARE DELIVERY FOR MEMBERS OF THE PROFESSIONAL
HEALTH CARE COMMUNITY. WITH BOTH INPATIENT AND AMBULATORY LOCATIONS AND
A DIVERSE PATIENT POPULATION, SHARP IS WELL-POSITIONED TO STUDY CARE
PROCESSES AND OUTCOMES IN A "REAL WORLD" SETTING, REFLECTING AN
AUTHENTIC PICTURE OF THE HEALTH CARE ENVIRONMENT. AMONG ITS CURRENT AND

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FUTURE GOALS, THE ORI AIMS TO ANALYZE THE RELATIONSHIPS BETWEEN
PROCESSES AND OUTCOMES FOR TREATMENTS, INTERVENTIONS, AND QUALITY
IMPROVEMENT INITIATIVES AS WELL AS TO DEVELOP AND DISSEMINATE KNOWLEDGE
REGARDING EFFECTIVE APPROACHES TO QUALITY CARE DELIVERY IN THE HEALTH
CARE COMMUNITY.

VOLUNTEER SERVICE

SHARP LENDS A HAND

IN FY 2010, SHARP CONTINUED ITS SYSTEMWIDE COMMUNITY SERVICE PROGRAM,
SHARP LENDS A HAND, TO FURTHER SUPPORT THE SAN DIEGO COMMUNITIES IT
SERVES. IN OCTOBER 2009, SHARP PROMOTED THE PROGRAM BOTH INTERNALLY AND
IN THE COMMUNITY, REQUESTING PROJECT IDEAS THAT: FOCUSED ON IMPROVING
THE HEALTH AND WELL-BEING OF SAN DIEGO IN A BROAD, POSITIVE WAY; RELIED
ON SHARP FOR VOLUNTEER LABOR ONLY; SUPPORTED NONPROFIT INITIATIVES,
COMMUNITY ACTIVITIES OR OTHER PROGRAMS THAT SERVE THE RESIDENTS OF SAN
DIEGO COUNTY; AND HAD A COMPLETION DATE BY SEPTEMBER 30, 2010.

SHARP EMPLOYEES VOTED ON THE QUALIFIED PROJECTS POSTED ON SHARPNET.
THEY SELECTED SIX PROJECTS: STAND DOWN FOR HOMELESS VETERANS, SAN DIEGO
FOOD BANK, CALIFORNIA COASTAL CLEANUP, SPECIAL OLYMPICS, YWCA BECKY'S
HOUSE, AND THE MONARCH SCHOOL. IN SUPPORT OF THESE PROJECTS, MORE THAN
1,600 SHARP EMPLOYEES, FAMILY MEMBERS, AND FRIENDS VOLUNTEERED NEARLY
5,500 HOURS.

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DURING THREE DAYS IN JULY 2010, 425 SHARP EMPLOYEES, FAMILY MEMBERS,
AND FRIENDS PROVIDED SUPPORT, MEDICAL SERVICES, AND COMPANIONSHIP, TO
HUNDREDS OF HOMELESS VETERANS AT STAND DOWN FOR HOMELESS VETERANS, AN
ANNUAL EVENT SPONSORED BY VETERANS VILLAGE OF SAN DIEGO.

THE SAN DIEGO FOOD BANK FEEDS PEOPLE IN NEED THROUGHOUT SAN DIEGO
COUNTY, AND ADVOCATES AND EDUCATES THE PUBLIC ABOUT HUNGER-RELATED
ISSUES. DURING MARCH, MAY, AND AUGUST 2010, 831 SHARP LENDS A HAND
VOLUNTEERS INSPECTED AND SORTED DONATED FOOD, ASSEMBLED BOXES, AND
CLEANED THE SAN DIEGO FOOD BANK WAREHOUSE. IN ADDITION, IN 2010 SHARP
EMPLOYEES COLLECTED 413 POUNDS OF FOOD FOR THE SAN DIEGO FOOD BANK,
ENOUGH TO FEED 323 PEOPLE.

BECKY'S HOUSE PROVIDES EMERGENCY SHELTER AND TRANSITIONAL HOUSING TO
WOMEN AND CHILDREN WHO HAVE BEEN VICTIMIZED BY DOMESTIC VIOLENCE.
FIFTEEN SHARP LENDS A HAND VOLUNTEERS GAVE THE SHELTER SOME MUCH NEEDED
"TENDER LOVE AND CARE," BY PAINTING ONE OF THE TRANSITION HOUSING UNITS
AND CHILDREN'S PLAY AREAS IN FEBRUARY 2010.

THE MONARCH SCHOOL PROVIDES EDUCATION, HEALTH CARE, FOOD, CLOTHING, AND
PERSONAL HYGIENE FOR SOME OF SAN DIEGO'S ESTIMATED 2,200 HOMELESS AND
AT-RISK CHILDREN. IN AUGUST 2010, A SMALL GROUP OF SHARP LENDS A HAND
VOLUNTEERS HELPED BY PAINTING AND CLEANING THE SCHOOL GROUNDS AND
CLASSROOMS.

MORE THAN 125 SHARP LENDS A HAND VOLUNTEERS PROVIDED ASSISTANCE TO SAN

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DIEGO COUNTY'S SPECIAL OLYMPICS YEAR-ROUND TRAINING AND ATHLETIC
COMPETITIONS. SPECIAL OLYMPICS OF SAN DIEGO COUNTY HAS MORE THAN 1,400
ATHLETES OF ALL AGES. THE PROGRAM PROVIDES SPORTS TRAINING AND ATHLETIC
COMPETITION FOR ALL CHILDREN AND ADULTS WITH INTELLECTUAL DISABILITIES.
THE VOLUNTEERS ASSISTED WITH TIMEKEEPING, SCORE-KEEPING AND
CHEERLEADING DURING THE SPRING GAMES, WHICH INCLUDED SWIMMING,
BASKETBALL, AND BOCCE BALL COMPETITIONS.

THE SHARP LENDS A HAND TEAM PARTICIPATED WITH I LOVE A CLEAN SAN DIEGO
AND SAN DIEGO COASTKEEPER TO PUT THE SPARKLE BACK IN THE SAN DIEGO
COMMUNITY THROUGH THE CALIFORNIA COASTAL CLEANUP. MORE THAN 200
VOLUNTEERS OF ALL AGES HELPED KEEP SAN DIEGO'S COAST A BEAUTIFUL PLACE
TO LIVE AND PLAY BY PICKING UP AND REMOVING TRASH AND DEBRIS FROM 16
SELECTED SITES IN OUR COMMUNITIES.

SHARP HUMANITARIAN SERVICE PROGRAM

IN FY 2010, 22 SHARP EMPLOYEES WERE FUNDED THROUGH SHARP'S HUMANITARIAN
SERVICE PROGRAM. THIS PROGRAM ALLOWS EMPLOYEES TO PARTICIPATE IN
SERVICE PROGRAMS THAT PROVIDE HEALTH CARE AND/OR OTHER SUPPORTIVE
SERVICES TO UNDERSERVED OR ADVERSELY AFFECTED POPULATIONS. IN FY 2010,
SHARP EMPLOYEES DEVOTED THEIR TIME AND ENERGY TO ORGANIZATIONS THAT
INCLUDED WHEELS FOR THE WORLD, WHICH PROVIDES WHEELCHAIRS TO PEOPLE
WITH DISABILITIES IN DEVELOPING COUNTRIES, INCLUDING EGYPT AND GHANA.
SHARP STAFF WORKED OUT OF A REGIONAL HOSPITAL IN RURAL GHANA (WEST
AFRICA) AT A SEATING AND POSITIONING CLINIC WHERE PATIENTS - MANY WHO

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HAD BEEN CRAWLING FOR MOST OF THEIR LIVES - RECEIVED THERAPY SESSIONS
AND THEIR FIRST WHEELCHAIRS. SHARP STAFF ALSO PARTICIPATED IN THE
MISSION OF NATUVU CREEK, A NONPROFIT CHARITABLE FOUNDATION THAT IN 10
YEARS EXPANDED ITS ORIGINAL CLINIC TO A STATE-OF-THE-ART MEDICAL AND
DENTAL FACILITY ON THE EASTERN COAST OF VANUA LEVU, FIJI'S SECOND
LARGEST ISLAND.

THE FACILITY SERVES THE VASTLY UNDERSERVED REGION OF 250,000, WHERE
PEOPLE TRAVEL BY BOAT, BUS, TRUCKS, AND FOOT - OFTEN UP TO 14 HOURS -
TO RECEIVE CARE. SHARP STAFF PROVIDED VARIOUS SERVICES, INCLUDING EYE
EXAMS AND EYE SURGERIES (CATARACT / PTERYGIUM).

THROUGH THE SHARP HUMANITARIAN SERVICE PROGRAM, SHARP STAFF PROVIDED
EXTENSIVE SUPPORT AND EXPERTISE TO VICTIMS OF THE EARTHQUAKES THAT
DEVASTATED HAITI IN JANUARY 2010. SHARP-AFFILIATED PHYSICIANS AND SHARP
STAFF PROVIDED MEDICAL SERVICES INCLUDING WOUND CARE, POST-OP
TREATMENT, NEUROLOGICAL AND ORTHOPEDIC REHABILITATION, OCCUPATIONAL
THERAPY, AND GENERAL PUBLIC HEALTH SERVICE, AS WELL AS EQUIPMENT AND
SUPPLIES TO THOSE IN NEED. SHARP STAFF OFTEN DEVOTED AROUND-THE-CLOCK
HOURS TO CARE FOR PATIENTS AFFECTED BY THE EARTHQUAKES - WHOSE AGES
RANGED FROM NEONATES TO THE ELDERLY - AT VARIOUS SITES THROUGHOUT
HAITI.

AT THE HOSPITAL DE ADVENTISTE IN CARREFOURS, HAITI, SHARP STAFF WORKED
IN AN ER TRIAGE SETTING TREATING BETWEEN 150 AND 200 PATIENTS PER DAY.

SHARP STAFF ALSO TRAVELED TO THE PROJECT MEDISHARE FIELD HOSPITAL IN

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PORT-AU-PRINCE TO PROVIDE CRITICAL CARE, TRAUMA CARE, AND ICU
TREATMENT. IN MILOT, HAITI, SHARP STAFF PROVIDED PHYSICAL THERAPY AND
EDUCATION TO EARTHQUAKE SURVIVORS, INCLUDING TRAINING AMPUTEES ON HOW
TO USE THEIR NEW PROSTHESES, LEADING GROUP EXERCISE CLASSES, AND
PROVIDING ACTIVITIES FOR CHILDREN. STAFF PROVIDED CARE, COMFORT,
SUPPORT, AND HOPE AMIDST A SITUATION OF COMPLETE AND UTTER CHAOS,
INCLUDING THE CHALLENGES OF LIMITED MEDICAL SUPPLIES AND UNSANITARY
LIVING CONDITIONS. A SYSTEMWIDE EFFORT WAS ALSO DEVELOPED TO PROVIDE
ALL SHARP EMPLOYEES WITH THE OPPORTUNITY TO OFFER A VARIETY OF
RESOURCES, INCLUDING FUNDS, FOOD, WATER, MEDICAL SUPPLIES, AND
EQUIPMENT TO ASSIST THOSE AREAS OF HAITI IMPACTED BY THE EARTHQUAKES.

IN ADDITION, A TEAM OF FOUR PHYSICIANS FROM THE SGH MEDICAL STAFF
PROVIDED CRITICAL MEDICAL SERVICES TO A BADLY DAMAGED BUT
STILL-STANDING ABANDONED HOSPITAL IN PORT-AU-PRINCE. THE TEAM
ENCOUNTERED MORE THAN 1,500 PEOPLE CROWDED INTO A TENT CITY ON THE
GROUNDS, MANY WITH SERIOUS INJURIES. IN JUST OVER FOUR DAYS, THE
PHYSICIANS PERFORMED MORE THAN 40 PROCEDURES - MANY OF THEM LIMB - AND
LIFE-SAVING - AND TREATED SEVERAL HUNDRED MORE VICTIMS NON-OPERATIVELY.
BY THE TIME THEY DEPARTED, THE PHYSICIANS WERE ABLE TO GET FOUR
OPERATING ROOMS FUNCTIONING AGAIN IN ORDER TO SET THE STAGE FOR
ADDITIONAL MEDICAL VOLUNTEERS TO TREAT MORE VICTIMS.

IN ADDITION, THE SHARP HUMANITARIAN PROGRAM CONTINUED ITS SUPPORT OF
AND PARTICIPATION IN A MEDICAL MISSION TRIP TO JOYABA, GUATEMALA
THROUGH HELPS INTERNATIONAL, A NONPROFIT RELIEF ORGANIZATION. THE

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MEDICAL/SURGICAL TEAM DELIVERED NEEDED MEDICAL CARE TO RURAL GUATEMALA DURING THEIR MEDICAL MISSION, PROVIDING A RANGE OF CRITICAL SERVICES, BOTH BASIC AND COMPLEX, INCLUDING TREATMENTS FOR A VARIETY OF INFECTIONS AND DISEASES, SUCH AS CANCER; AN ARRAY OF SURGERIES, INCLUDING CATARACT SURGERY AND AMPUTATION; AND A MULTITUDE OF SCREENINGS AND DIAGNOSES FOR PATIENTS WHO HAD NOT SEEN A PHYSICIAN IN YEARS - MANY IN THEIR ENTIRE LIVES. THIS EFFORT BEGAN IN FY 2009, WHEN A SHARP-AFFILIATED SURGEON LED A TEAM OF 94 MEDICAL AND SURGICAL PROFESSIONALS FROM SOUTHERN CALIFORNIA ON A MEDICAL MISSION TRIP TO JOYABA.

COMMUNITY WALKS

SHARP IS A PROUD SUPPORTER OF THE AMERICAN HEART ASSOCIATION (AHA) ANNUAL HEART WALK. IN SEPTEMBER 2010, MORE THAN 1,000 WALKERS REPRESENTED SHARP AT THE SAN DIEGO HEART WALK HELD IN BALBOA PARK. SHARP WAS SEATED THE NO. 1 HEART WALK TEAM IN SAN DIEGO AND THE AHA WESTERN REGION AFFILIATES, RAISING MORE THAN \$180,000 FOR THE AMERICAN HEART ASSOCIATION.

SHARP VOLUNTEERS

SHARP VOLUNTEERS ARE A CRITICAL COMPONENT OF SHARP'S DEDICATION TO THE SAN DIEGO COMMUNITY. SHARP PROVIDES A MULTITUDE OF VOLUNTEER OPPORTUNITIES THROUGHOUT SAN DIEGO COUNTY FOR INDIVIDUALS TO SERVE THE COMMUNITY, MEET NEW PEOPLE, AND ASSIST PROGRAMS RANGING FROM PEDIATRICS

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TO SENIOR RESOURCE CENTERS. VOLUNTEERS DEVOTE THEIR TIME AND COMPASSION
TO PATIENTS AS WELL AS TO THE GENERAL PUBLIC, AND ARE AN ESSENTIAL
ELEMENT TO MANY OF SHARP'S PROGRAMS, EVENTS, AND INITIATIVES.

SHARP VOLUNTEERS SPEND THEIR TIME WITHIN HOSPITALS, IN THE COMMUNITY,
AND IN SUPPORT OF THE SHARP HEALTHCARE FOUNDATION, GROSSMONT HOSPITAL
FOUNDATION, AND CORONADO HOSPITAL FOUNDATION. SHARP EMPLOYEES ALSO
DONATE TIME TO SHARP AS VOLUNTEERS FOR THE SHARP ORGANIZATION.

IN FY 2010, THERE WERE MORE THAN 2,200 TOTAL VOLUNTEERS ACROSS THE
SHARP SYSTEM, CONTRIBUTING 268,958 HOURS OF THEIR TIME IN SERVICE TO
SHARP AND ITS INITIATIVES. MORE THAN 22,000 OF THESE HOURS WERE
PROVIDED EXTERNALLY TO THE SAN DIEGO COMMUNITY THROUGH ACTIVITIES SUCH
AS DELIVERING MEALS TO HOMEBOUND SENIORS AND ASSISTING WITH HEALTH
FAIRS AND EVENTS. TABLE 2 DETAILS THE NUMBER OF VOLUNTEERS AND THE
HOURS PROVIDED IN SERVICE TO EACH OF SHARP'S ENTITIES, AS WELL AS SHARP
HOSPICECARE, SPECIFICALLY FOR PATIENT AND COMMUNITY SUPPORT. VOLUNTEERS
ALSO SPENT ADDITIONAL HOURS SUPPORTING SHARP'S THREE FOUNDATIONS FOR
EVENTS SUCH AS GROSSMONT HOSPITAL FOUNDATION'S ANNUAL GOLF TOURNAMENT;
THE SMBHWN STEWARDSHIP COMMITTEE; GALAS HELD FOR SCVMC, SCHHC, AND SGH;
AND OTHER EVENTS IN SUPPORT OF SHARP ENTITIES AND SERVICES.

TABLE 2: SHARP VOLUNTEERS AND VOLUNTEER HOURS - FY 2010

SHARP CHULA VISTA MEDICAL CENTER

325 VOLUNTEERS (INDIVIDUALS)

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49,000 VOLUNTEER HOURS

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

165 VOLUNTEERS (INDIVIDUALS)

7,396 VOLUNTEER HOURS

SHARP GROSSMONT HOSPITAL

902 VOLUNTEERS (INDIVIDUALS)

122,814 VOLUNTEER HOURS

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

95 VOLUNTEERS (INDIVIDUALS)

15,470 VOLUNTEER HOURS

SHARP MEMORIAL HOSPITAL

555 VOLUNTEERS (INDIVIDUALS)

67,115 VOLUNTEER HOURS

SHARP MESA VISTA HOSPITAL

28 VOLUNTEERS (INDIVIDUALS)

2,686 VOLUNTEER HOURS

SHARP HEALTHCARE

37 VOLUNTEERS (INDIVIDUALS)

4,477 VOLUNTEER HOURS

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TOTAL

2,107 VOLUNTEERS (INDIVIDUALS)

268,958 VOLUNTEER HOURS

SHARP EMPLOYEES ALSO VOLUNTEER THEIR TIME FOR THE CABRILLO CREDIT UNION
SHARP DIVISION BOARD, THE SHARP AND CHILDREN'S MRI BOARD, THE UCSD
MEDICAL CENTER/SHARP BONE MARROW TRANSPLANT PROGRAM BOARD, GROSSMONT
IMAGING LLC BOARD, AND THE SCVMC - SDI IMAGING CENTER.

IN ADDITION, VOLUNTEERS ON SHARP'S AUXILIARY BOARDS AND THE VARIOUS
SHARP ENTITY BOARDS VOLUNTEER THEIR TIME TO PROVIDE PROGRAM OVERSIGHT,
ADMINISTRATION, AND DECISION-MAKING REGARDING FINANCIAL RESOURCES. IN
FY 2010, 142 COMMUNITY MEMBERS CONTRIBUTED THEIR TIME TO SHARP'S
BOARDS.

ALL WAYS GREEN INITIATIVE

AS SAN DIEGO'S LARGEST PRIVATE EMPLOYER, SHARP RECOGNIZES THAT THE
HEALTH OF ITS PATIENTS AND EMPLOYEES IS DIRECTLY TIED TO THE HEALTH OF
THEIR ENVIRONMENT. SHARP HAS DEVELOPED A SYSTEMWIDE PROGRAM CALLED ALL
WAYS GREEN, AIMED AT IMPROVING ENERGY EFFICIENCY, WATER CONSERVATION,
AND WASTE MINIMIZATION, AS WELL AS THE PROMOTION OF OTHER INITIATIVES
THAT LOWER ITS CARBON FOOTPRINT.

ACCORDING TO THE ENVIRONMENTAL PROTECTION AGENCY (EPA), INPATIENT
HOSPITAL FACILITIES ARE NOW THE SECOND MOST ENERGY-INTENSIVE INDUSTRY

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AFTER FOOD SERVICE AND SALES, WITH ENERGY UTILIZATION 2.7 TIMES GREATER THAN THAT OF OFFICE BUILDINGS ON A SQUARE-FOOT BASIS. UNLIKE OTHER INDUSTRIES, HOSPITALS MUST OPERATE 24 HOURS A DAY, SEVEN DAYS A WEEK, AND MUST PROVIDE SERVICE DURING POWER OUTAGES, NATURAL DISASTERS, AND OTHER EMERGENCIES. GIVEN THIS REALITY, OVER THE PAST YEAR, SHARP HAS EMBARKED ON SEVERAL GREEN INITIATIVES TO ENHANCE ENERGY EFFICIENCY, SUCH AS: RETROFITTING TO ENERGY EFFICIENT LIGHTING, ENERGY STAR PROGRAM PARTICIPATION, ENERGY EFFICIENT PLANT MOTOR REPLACEMENTS, EQUIPMENT MODERNIZATION, AND TRAINING OF STAFF TO CONSERVE ENERGY. SMH AND SMBHWN QUALIFIED IN FY 2010 FOR THE AMERICAN SOCIETY FOR HEALTHCARE ENGINEERING ENERGY EFFICIENCY COMMITMENT AWARD FOR REDUCING ENERGY USE BY 15 PERCENT. SCVMC EARNED THE EPA ENERGY STAR AWARD AND THE SAN DIEGO GAS AND ELECTRIC ENERGY CHAMPION AWARD FOR INNOVATIVE TECHNOLOGY IN FY 2010.

IN AN EFFORT TO CONSERVE NATURAL RESOURCES, SHARP HAS RESEARCHED AND IMPLEMENTED INFRASTRUCTURE CHANGES TO ENSURE SHARP'S FACILITIES ARE OPTIMALLY OPERATED WHILE MONITORING AND MEASURING WATER CONSUMPTION. SUCH CHANGES INCLUDE: INSTALLATION OF MOTION-SENSING FAUCETS, DRIP IRRIGATION SYSTEMS, MIST ELIMINATORS, AND DROUGHT-RESISTANT PLANTS AND OTHER REDESIGNS OF LANDSCAPING. THESE CHANGES HAVE BEEN IMPLEMENTED OPERATIONALLY WITH NO NEGATIVE IMPACT TO PATIENT CARE, RESULTING IN SIGNIFICANT DOLLAR SAVINGS AND REDUCED NATURAL RESOURCE CONSUMPTION.

SHARP EMPLOYEES ALSO DONATED OR RECYCLED PERSONAL CELL PHONES AND PROCEEDS WERE DONATED TO THE COMMUNITY HEALTH IMPROVEMENT PARTNERS

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(CHIP) GIFT OF HEALTH PROGRAM TO PROVIDE MEDICAL AND DENTAL CARE FOR
UNINSURED CHILDREN IN SAN DIEGO.

IN ADDITION, SHARP EMPLOYEES WERE ENCOURAGED TO RECYCLE PERSONAL
EYGLASSES AND SUNGLASSES TO PROVIDE TO THE LION'S CLUB RECYCLE SIGHT
PROGRAM, WHICH DISTRIBUTES RECYCLED GLASSES TO PEOPLE IN NEED BOTH
LOCALLY AND GLOBALLY.

IN APRIL OF FY 2010, AS A PART OF EARTH WEEK, SCHHC HELD AN OFFICE
SUPPLY SWAP AS PART OF SPRING CLEANING DAY. EMPLOYEES STOCKED AND
REUSED UNWANTED OFFICE SUPPLIES INSTEAD OF TOSSING THEM INTO THE TRASH.
EMPLOYEES WERE ALSO ENCOURAGED TO PARTICIPATE IN BOTH THE CHIP GIFT OF
HEALTH PROGRAM AND THE LION'S CLUB RECYCLE SIGHT PROGRAM AS PART OF THE
SPRING CLEANING DAY EVENT.

THE EPA AND HOSPITALS FOR A HEALTHY ENVIRONMENT HAVE REPORTED THAT EACH
PATIENT GENERATES APPROXIMATELY 15 POUNDS OF WASTE EACH DAY, WHILE U.S.
MEDICAL CENTERS GENERATE APPROXIMATELY 2 MILLION TONS OF WASTE EACH
YEAR. IN RECOGNITION OF THIS DRAMATIC ENVIRONMENTAL IMPACT, SHARP HAS
IMPLEMENTED A WASTE MINIMIZATION AND RECYCLING PROGRAM. ONE OF THE
MEASURES IMPLEMENTED TO REDUCE WASTE WAS A SINGLE-STREAM RECYCLING
PROGRAM AT ALL SHARP ENTITIES. FACILITIES ALSO BEGAN USING REUSABLE
SHARPS CONTAINERS THAT CAN BE REUSED UP TO 500 TIMES, AS WELL AS
STERILE PROCESSING EQUIPMENT THAT ALLOWS FOR THE ELIMINATION OF BLUE
WRAPPED INSTRUMENT TRAYS. AT THE SHARP METROPOLITAN MEDICAL CAMPUS

(SMMC), EMPLOYEES SPEARHEADED A PROGRAM TO HAVE VOLUNTEERS PICK-UP

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UNWANTED FLOWER VASES FOLLOWING PATIENT DISCHARGE TO REUSE THEM IN THE
HOSPITAL GIFT SHOP. EARLY SUCCESSES IN WASTE REDUCTION HAVE BEEN
SIGNIFICANT: RECYCLING AT ALL SHARP FACILITIES CURRENTLY DIVERTS SOME
6.2 MILLION POUNDS OF TRASH FROM LOCAL LANDFILLS EACH YEAR. TABLE 3
PRESENTS THE QUANTITY OF RECYCLING AT SHARP.

TABLE 3: SHARP HEALTHCARE RECYCLING

SHARP GROSSMONT HOSPITAL

1,560,948 RECYCLED WEIGHT PER YEAR (LBS.)

SHARP CHULA VISTA MEDICAL CENTER

277,344 RECYCLED WEIGHT PER YEAR (LBS.)

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

218,636 RECYCLED WEIGHT PER YEAR (LBS.)

SHARP METROPOLITAN MEDICAL CAMPUS

1,778,720 RECYCLED WEIGHT PER YEAR (LBS.)

TOTAL SHARP HEALTHCARE

6,239,840 RECYCLED WEIGHT PER YEAR (LBS.)

IN FY 2010, SHARP PROMOTED VARIOUS OTHER ALL WAYS GREEN INITIATIVES TO
ENHANCE ENVIRONMENTAL RESPONSIBILITY. GREEN BUILDING DESIGNS ARE

UTILIZED THROUGHOUT THE SHARP SYSTEM; SMMC, FOR EXAMPLE, PARTICIPATES

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IN A PAPERLITE PROJECT AND PLACED A GREEN GARDEN ON THE ROOF OF SMH.

SHARP IS ALSO IMPLEMENTING SUSTAINABLE FOOD PRACTICES SUCH AS REMOVAL
OF STYROFOAM, REDUCTION OF PLASTICS, AND USE OF GREEN-LABEL SOAPS AND
CLEANERS.

SHARP ALSO PROMOTES SUSTAINABLE AGRICULTURAL PRACTICES AND ACCESS TO
HEALTHY FOODS BY HOLDING FREQUENT ORGANIC FARMERS' MARKETS. THE
IMPLEMENTATION OF VAN POOLING, RIDE SHARING, AND PUBLIC TRANSIT
PROGRAMS CONTRIBUTES TO THE REDUCTION OF SHARP'S TRANSPORTATION
EMISSIONS. SHARP LEADERSHIP CONTINUES TO PROMOTE A CULTURE OF
ENVIRONMENTAL RESPONSIBILITY AND PROVIDES EDUCATION AND OUTREACH TO
EMPLOYEES TO IMPROVE THE HEALTH OF THOSE THEY SERVE AS WELL AS THEIR
OWN. TABLE 4 FURTHER HIGHLIGHTS THE ALL WAYS GREEN EFFORTS AT SHARP
ENTITIES.

GOING FORWARD, THE ALL WAYS GREEN INITIATIVE WILL CONTINUE TO
INVESTIGATE OTHER GREEN OPPORTUNITIES. GREEN PURCHASING METHODS WILL BE
EXPLORED AS A FIRST LINE OF DEFENSE TO REDUCE WASTE VOLUME AND TOXICITY
BY ADDRESSING LESS PACKAGING, FEWER TOXIC MATERIALS, AND MORE
RECYCLABLE PACKAGING. ALL WAYS GREEN WILL ALSO INVESTIGATE THE
OPPORTUNITY TO RECYCLE LARGE AMOUNTS OF STERILE BLUE WRAP USED BY
SURGICAL SERVICES AND OTHER PROCEDURAL DEPARTMENTS, AND WILL PARTNER
WITH SAN DIEGO COUNTY TO BECOME THE ONLY HEALTH CARE COMPANY TO PERFORM
A STUDY ON FOOD WASTE COMPOSTING.

TABLE 4: ALL WAYS GREEN INITIATIVES BY SHARP ENTITY - FY 2010

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SMH/SMBHWN

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-ENERGY STAR

-ENERGY-EFFICIENT MOTORS INSTALLED

WATER CONSERVATION

-DRIP IRRIGATION

-MIST ELIMINATORS

-WATER REDUCTION SYSTEMS

WASTE MINIMIZATION

-REPROCESSING

-RECYCLING

-REUSABLE SUPPLIES

EDUCATION AND OUTREACH

-RECYCLING EDUCATION

-GREEN STEERING COMMITTEE

SMV/SVP

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-MOTOR AND PUMP REPLACEMENTS

WATER CONSERVATION

-LANDSCAPE USAGE REDUCTION

-DROUGHT-RESISTANT PLANTS

WASTE MINIMIZATION

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-RECYCLING

-WASTE REDUCTION

-STYROFOAM ELIMINATION

EDUCATION AND OUTREACH

-EARTH DAY ACTIVITIES

-GREEN CHAMPIONS

SGH

ENERGY EFFICIENCY

-LIGHTING RETROFIT

WATER CONSERVATION

-HARDSCAPING OF ENTIRE CAMPUS

WASTE MINIMIZATION

-RECYCLING

-SUSTAINABLE SUPPLIES

EDUCATION AND OUTREACH

-UPDATE AND ENFORCE NO SMOKING POLICY

SCVMC

ENERGY EFFICIENCY

-ENERGY STAR

-LIGHTING RETROFIT

-ENERGY-EFFICIENT CHILLERS/MOTORS

WATER CONSERVATION

-IRRIGATION MINIMIZATION

-WATER-SAVING DEVICES

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WASTE MINIMIZATION

-RECYCLING

-COMPACTOR RENOVATION

EDUCATION AND OUTREACH

-RECYCLING/RIDE SHARING PROMOTION

SCHHC

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-ELEVATOR/CHILLER MODERNIZATIONS

-A/C REPLACEMENT

WATER CONSERVATION

-LANDSCAPE USAGE REDUCTION

WASTE MINIMIZATION

-RECYCLING

-REUSABLE SUPPLIES

-REPROCESSING

EDUCATION AND OUTREACH

-GREEN COMMITTEE

-RECYCLING EDUCATION

SRS

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-ENERGY AUDITS

WATER CONSERVATION

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-LANDSCAPE USAGE REDUCTION

-LOW-FLOW SYSTEMS

WASTE MINIMIZATION

-RECYCLING

EDUCATION AND OUTREACH

-GREEN TEAMS

-CONTRACTOR EDUCATION

SHP

ENERGY EFFICIENCY

-LIGHTING RETROFIT

WATER CONSERVATION

-WATERSAVING DEVICES

WASTE MINIMIZATION

-RECYCLING

-SPRING CLEANING EVENTS

EDUCATION AND OUTREACH

-EARTH DAY ACTIVITIES

-MASS TRANSIT EDUCATION

SHARP SYSTEM SERVICES

ENERGY EFFICIENCY

-ENERGY EFFICIENT CHILLERS/MOTORS

-THERMOSTAT CONTROL SOFTWARE

WATER CONSERVATION

-WATER AUDITS

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-LANDSCAPE USAGE REDUCTION AND RETENTION

WASTE MINIMIZATION

-GREEN GROCER'S MARKET

-RECYCLING

EDUCATION AND OUTREACH

-SHARP- SPONSORED MASS TRANSIT AND CARPOOLING PROGRAM

EXECUTIVE SUMMARY

THIS EXECUTIVE SUMMARY PROVIDES AN OVERVIEW OF COMMUNITY BENEFITS
PLANNING AT SHARP, A LISTING OF COMMUNITY NEEDS ADDRESSED IN THIS
COMMUNITY BENEFITS REPORT, AND A SUMMARY OF COMMUNITY BENEFITS PROGRAMS
AND SERVICES PROVIDED BY SHARP IN FY 2010 (OCTOBER 1, 2009, THROUGH
SEPTEMBER 30, 2010). IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC
VALUE OF COMMUNITY BENEFITS PROVIDED BY SHARP, ACCORDING TO THE
FRAMEWORK SPECIFICALLY IDENTIFIED IN SB 697, FOR THE FOLLOWING:

*SHARP CHULA VISTA MEDICAL CENTER

*SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

*SHARP GROSSMONT HOSPITAL

*SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

*SHARP MEMORIAL HOSPITAL

*SHARP MESA VISTA HOSPITAL AND SHARP VISTA PACIFICA HOSPITAL

*SHARP HEALTH PLAN

COMMUNITY BENEFITS PLANNING AT SHARP HEALTHCARE

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SHARP BASES ITS COMMUNITY BENEFITS PLANNING ON THE TRIENNIAL COMMUNITY
HEALTH NEEDS ASSESSMENT CONDUCTED BY CHIP COMBINED WITH THE EXPERTISE
IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL.

LISTING OF COMMUNITY NEEDS ADDRESSED IN THIS COMMUNITY BENEFITS REPORT

THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE SHARP
HOSPITALS IN THIS COMMUNITY BENEFITS REPORT:

- *ACCESS TO CARE FOR INDIVIDUALS WITHOUT A MEDICAL PROVIDER
- *FOCUSED EDUCATION AND SCREENING PROGRAMS ON HEALTH CONDITIONS SUCH AS
HEART AND VASCULAR DISEASE, STROKE, CANCER, DIABETES, PRETERM DELIVERY,
UNINTENTIONAL INJURIES, AND BEHAVIORAL HEALTH
- *HEALTH EDUCATION AND SCREENING ACTIVITIES FOR SENIORS
- *OUTREACH FOR FLU VACCINATIONS
- *SPECIAL SUPPORT SERVICES FOR HOSPICE PATIENTS AND THEIR LOVED ONES,
AND FOR THE COMMUNITY
- *SUPPORT OF COMMUNITY NONPROFIT HEALTH ORGANIZATIONS
- *EDUCATION AND TRAINING OF HEALTH CARE PROFESSIONALS
- *COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE
CAREERS
- *WELFARE OF SENIORS AND DISABLED PEOPLE
- *CANCER EDUCATION, PATIENT NAVIGATOR SERVICES, AND PARTICIPATION IN
CLINICAL TRIALS
- *WOMEN'S AND PRENATAL HEALTH SERVICES AND EDUCATION

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*MEETING THE NEEDS OF NEW MOTHERS AND THEIR LOVED ONES

*MENTAL HEALTH AND SUBSTANCE ABUSE EDUCATION FOR THE COMMUNITY

HIGHLIGHTS OF COMMUNITY BENEFITS PROVIDED BY SHARP IN FY 2010

SOME EXAMPLES OF COMMUNITY BENEFITS PROGRAMS AND SERVICES PROVIDED BY
SHARP HOSPITALS AND ENTITIES IN FY 2010 INCLUDE:

* UNREIMBURSED MEDICAL CARE SERVICES, INCLUDING UNCOMPENSATED CARE FOR
PATIENTS WHO ARE UNABLE TO PAY FOR SERVICES, AND THE UNREIMBURSED COSTS
OF PUBLIC PROGRAMS SUCH AS MEDI-CAL, MEDICARE, SAN DIEGO COUNTY
INDIGENT MEDICAL SERVICES, CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE
DEPARTMENT OF VETERANS AFFAIRS (CHAMPVA), AND TRICARE - THE REGIONALLY
MANAGED HEALTH CARE PROGRAM FOR ACTIVE DUTY AND RETIRED MEMBERS OF THE
UNIFORMED SERVICES, THEIR LOVED ONES, AND SURVIVORS; AND UNREIMBURSED
COSTS OF WORKERS' COMPENSATION PROGRAMS. ALSO INCLUDED IS FINANCIAL
SUPPORT FOR ONSITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS.

* OTHER BENEFITS FOR VULNERABLE POPULATIONS, INCLUDING VAN
TRANSPORTATION FOR PATIENTS TO AND FROM MEDICAL APPOINTMENTS; FINANCIAL
AND OTHER SUPPORT TO COMMUNITY CLINICS TO ASSIST IN PROVIDING HEALTH
SERVICES, AND IMPROVING ACCESS TO HEALTH SERVICES; PROJECT HELP;
PROJECT CARE; CONTRIBUTION OF TIME TO HABITAT FOR HUMANITY, STAND DOWN
FOR HOMELESS VETERANS, AND THE SAN DIEGO FOOD BANK; FINANCIAL AND OTHER
SUPPORT TO THE SHARP HUMANITARIAN SERVICE PROGRAM; AND OTHER ASSISTANCE
FOR THE NEEDY.

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* OTHER BENEFITS FOR THE BROADER COMMUNITY, INCLUDING HEALTH EDUCATION AND INFORMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS ADDRESSING THE UNIQUE NEEDS OF THE COMMUNITY, PLUS PROVIDING FLU VACCINATIONS, AND HEALTH SCREENINGS. SHARP COLLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN HEALTH CARE CAREERS; MADE SHARP FACILITIES AVAILABLE FOR USE BY COMMUNITY GROUPS AT NO CHARGE; AND EXECUTIVE LEADERSHIP AND STAFF 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.

* HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS, INCLUDING EDUCATION AND TRAINING PROGRAMS FOR MEDICAL, NURSING, AND OTHER HEALTH CARE PROFESSIONALS. TO INCREASE THE POOL OF NURSING GRADUATES, SHARP AND OTHER AREA HEALTH CARE PROVIDERS CONTINUED SPONSORSHIP OF HEALTH-RELATED PROGRAMS, CLASSES, AND PROFESSORS AT SDSU (NURSES NOW PARTNERSHIP) AND UCSD. SHARP ALSO PARTNERED WITH SWC, SDSU, AND OU COLLEGE OF NURSING TO PROVIDE CLINICAL EXPERIENCE IN SAN DIEGO COUNTY FOR STUDENTS ENROLLED IN THE OU ONLINE ACCELERATED SECOND DEGREE BSN PROGRAM. ADDITIONALLY, SHARP CONTINUED ITS FIVE-YEAR AGREEMENT WITH SDSU FOR FINANCIAL SUPPORT OF THE SHARP HUMAN PATIENT SIMULATION CENTER, TO PROVIDE SPECIALIZED EDUCATION TO NURSING STUDENTS. SHARP AGAIN COLLABORATED WITH RADY CHILDREN'S HOSPITAL - SAN DIEGO AND SCRIPPS HEALTH IN SUPPORT OF THE NATIONAL PARTNERSHIP FOR SMOKE-FREE FAMILIES, A PROGRAM DESIGNED TO HELP PREGNANT SMOKERS QUIT TO IMPROVE

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SHARP HEALTHCARE FOUNDATION

Employer identification number
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THEIR HEALTH AND PROTECT THE HEALTH OF THEIR UNBORN BABIES.

ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2010

IN FY 2010, SHARP PROVIDED A TOTAL OF \$335,902,803 IN COMMUNITY
BENEFITS PROGRAMS AND SERVICES THAT WERE UNREIMBURSED. TABLE 1 DISPLAYS
A SUMMARY OF UNREIMBURSED COSTS BASED ON THE CATEGORIES SPECIFICALLY
IDENTIFIED IN SB 697.

TABLE 1: TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED

SHARP HEALTHCARE OVERALL - FY 2010

SENATE BILL 697 CATEGORY

PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY

ESTIMATED FY 2010 UNREIMBURSED COSTS

MEDICAL CARE SERVICES

SHORTFALL IN MEDI-CAL

\$103,262,633

SHORTFALL IN MEDICARE

\$130,524,487

SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES

\$20,523,325

SHORTFALL IN CHAMPVA/TRICARE

\$2,974,042

SHORTFALL IN WORKERS' COMPENSATION

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\$32,238

CHARITY CARE AND BAD DEBT

\$68,018,776

OTHER BENEFITS FOR VULNERABLE POPULATIONS

PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE NEEDY

\$2,762,738

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

\$3,512,152

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

EDUCATION AND TRAINING PROGRAMS FOR STUDENTS, INTERNS, AND HEALTH CARE

PROFESSIONALS

\$4,292,412

TOTAL

\$335,902,803

**TABLE 2 SHOWS A LISTING OF THESE UNREIMBURSED COSTS PROVIDED BY EACH
SHARP ENTITY.**

TABLE 2: TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED

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SHARP HEALTHCARE ENTITIES - FY 2010

SHARP HEALTHCARE ENTITY

ESTIMATED FY 2010 UNREIMBURSED COSTS

SHARP CHULA VISTA MEDICAL CENTER

\$56,892,548

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

\$12,067,980

SHARP GROSSMONT HOSPITAL

\$120,399,912

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

\$12,645,038

SHARP MEMORIAL HOSPITAL

\$127,321,223

SHARP MESA VISTA HOSPITAL AND SHARP VISTA PACIFICA HOSPITAL

\$6,377,573

SHARP HEALTH PLAN

\$198,529

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Employer identification number

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ALL ENTITIES

\$335,902,803

TABLE 3 INCLUDES A SUMMARY OF UNREIMBURSED COSTS FOR EACH SHARP ENTITY
BASED ON THE CATEGORIES SPECIFICALLY IDENTIFIED IN SB 697. AS SHOWN IN
TABLE 2, SHARP LEADS THE COMMUNITY IN UNREIMBURSED MEDICAL CARE
SERVICES, AMONG SAN DIEGO COUNTY'S SB 697 HOSPITALS AND HEALTH CARE
SYSTEMS.

TABLE 3: FY 2010 DETAILED ECONOMIC VALUE OF COMMUNITY BENEFITS AT SHARP
HEALTHCARE ENTITIES BASED ON SENATE BILL 697 CATEGORIES

SHARP HEALTHCARE ENTITY

SENATE BILL 697 CATEGORY

MEDICAL CARE SERVICES

OTHER BENEFITS FOR VULNERABLE POPULATIONS

OTHER BENEFITS FOR THE BROADER COMMUNITY

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

ESTIMATED FY 2010 UNREIMBURSED COSTS

SHARP CHULA VISTA MEDICAL CENTER

\$54,823,957

\$420,052

\$706,335

\$942,204

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\$56,892,548

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

\$11,533,012

\$30,148

\$222,267

\$282,553

\$12,067,980

SHARP GROSSMONT HOSPITAL

\$117,408,760

\$622,104

\$1,190,540

\$1,178,508

\$120,399,912

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

\$11,926,989

\$40,935

\$245,425

\$431,689

\$12,645,038

SHARP MEMORIAL HOSPITAL

\$124,442,978

\$811,068

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SHARP HEALTHCARE FOUNDATION

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\$835,835

\$1,231,342

\$127,321,223

SHARP MESA VISTA HOSPITAL AND SHARP VISTA PACIFICA HOSPITAL

\$5,199,805

\$812,369

\$157,598

\$207,801

\$6,377,573

SHARP HEALTH PLAN

\$26,063

\$154,151

\$18,315

\$198,529

ALL ENTITIES

\$325,335,501

\$2,762,739

\$3,512,151

\$4,292,412

\$335,902,803

COMMUNITY BENEFITS PLANNING PROCESS

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EACH YEAR, SHARP BASES ITS COMMUNITY BENEFITS PLANNING ON FINDINGS FROM
THE COMMUNITY HEALTH NEEDS ASSESSMENTS CONDUCTED BY CHIP AND THE
EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL.

METHODOLOGY TO CONDUCT THE 2007 COMMUNITY HEALTH NEEDS ASSESSMENT

SINCE 1995, SHARP HAS PARTICIPATED IN A COUNTYWIDE COLLABORATIVE -
INCLUDING A BROAD RANGE OF HOSPITALS, HEALTH CARE ORGANIZATIONS, AND
COMMUNITY AGENCIES - TO CONDUCT A TRIENNIAL COMMUNITY NEEDS ASSESSMENT.

IN 2007, THE CHIP NEEDS ASSESSMENT COMMITTEE, UNDER THE DIRECTION OF
THE CHIP STEERING COMMITTEE, DETERMINED A METHODOLOGY AND APPROACH TO
THE NEEDS ASSESSMENT, WHICH INCLUDED INFORMATION FROM THE FOLLOWING
SOURCES:

*ANALYSIS OF HEALTH-RELATED STATISTICS GATHERED AND ANALYZED BY THE
COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHSA),
SUPPLEMENTED BY DATA FROM THE CALIFORNIA HEALTH INTERVIEW SURVEY
(CHIS), THE CALIFORNIA OSHPD AND THE CENTERS FOR DISEASE CONTROL AND
PREVENTION'S (CDC) YOUTH RISK BEHAVIOR SURVEILLANCE SYSTEM AND BEHAVIOR
RISK SURVEILLANCE SYSTEM

*REVIEW OF HEALTH-RELATED SCIENTIFIC LITERATURE

*REVIEW OF RESULTS OF FACILITATED DISCUSSIONS HELD WITH SEVEN FOCUS

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GROUPS REPRESENTING A CROSS-SECTION OF THE SAN DIEGO COUNTY COMMUNITY

*RESULTS OF A PROCESS USED BY MEMBERS OF CHIP TO SET PRIORITIES AMONG
VARIOUS HEALTH ISSUES

DETERMINATION OF PRIORITY COMMUNITY NEEDS: SHARP HEALTHCARE

EACH SHARP HOSPITAL REVIEWED THE 2007 COMMUNITY HEALTH NEEDS ASSESSMENT
CONDUCTED BY CHIP AND USED IT TO DETERMINE PRIORITY NEEDS FOR THEIR
HOSPITAL'S COMMUNITIES. IN IDENTIFYING THESE PRIORITIES, EACH ENTITY
CONSIDERED THE EXPERTISE AND MISSION OF THE HOSPITAL IN PROVIDING
SERVICES, IN ADDITION TO THE UNIQUE REGIONAL, AGE GROUP, AND/OR HEALTH
TOPICS THAT COMPRISE THE ENTITY'S SERVICE AREA.

FOR EXAMPLE, THE SPECIALTY HOSPITALS - SMBHWN, SMV, AND SVP - REVIEWED
THE NEEDS ASSESSMENT PRIORITIES, SPECIFICALLY FOCUSING ON ISSUES
RELEVANT TO WOMEN AND INFANTS, BEHAVIORAL HEALTH, AND SUBSTANCE ABUSE,
RESPECTIVELY. SHARP'S GENERAL ACUTE CARE HOSPITALS REVIEWED THE NEEDS
ASSESSMENT WITH A FOCUS ON THE REGION AND/OR SUBREGIONAL AREAS, WITH
THE GOAL OF MATCHING COMMUNITY BENEFIT PROGRAMS AND SERVICES TO THE
UNIQUE NEEDS OF THE REGION.

STEPS COMPLETED TO PREPARE AN ANNUAL COMMUNITY BENEFITS REPORT

ON AN ANNUAL BASIS, EACH SHARP HOSPITAL PERFORMS THE FOLLOWING STEPS IN
THE PREPARATION OF ITS COMMUNITY BENEFITS REPORT:

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*ESTABLISHES AND/OR REVIEWS HOSPITAL-SPECIFIC MEASURABLE OBJECTIVES

*VERIFIES THE NEED FOR AN ONGOING FOCUS ON IDENTIFIED COMMUNITY NEEDS
AND/OR ADDS NEW IDENTIFIED COMMUNITY NEEDS

*REPORTS ON ACTIVITIES CONDUCTED IN THE PRIOR FISCAL YEAR - FY 2010
REPORT OF ACTIVITIES

*DEVELOPS A PLAN FOR THE UPCOMING FISCAL YEAR, INCLUDING SPECIFIC STEPS
TO BE UNDERTAKEN - FY 2011 PLAN

*REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF COMMUNITY BENEFITS
PROVIDED IN FY 2010, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED
IN SB 697

*REVIEWS AND APPROVES A COMMUNITY BENEFITS PLAN

*DISTRIBUTES THE COMMUNITY BENEFITS REPORT TO MEMBERS OF THE SHARP
BOARD OF DIRECTORS AND SHARP HOSPITAL BOARDS OF DIRECTORS, HIGHLIGHTING
ACTIVITIES PROVIDED IN THE PRIOR FISCAL YEAR AS WELL AS SPECIFIC ACTION
STEPS TO BE UNDERTAKEN IN THE UPCOMING FISCAL YEAR

ONGOING COMMITMENT TO CHIP

IN SUPPORT OF ITS ONGOING COMMITMENT TO WORKING WITH OTHERS ON
ADDRESSING COMMUNITY HEALTH PRIORITIES TO IMPROVE THE HEALTH STATUS OF
SAN DIEGO COUNTY RESIDENTS, SHARP REMAINS ACTIVE IN CHIP EFFORTS. IN
ADDITION TO THE CHIP BOARD, SHARP EXECUTIVE LEADERSHIP AND OTHER STAFF
ARE ACTIVELY INVOLVED IN THE FOLLOWING CHIP COMMITTEES AND WORK TEAMS:

PUBLIC POLICY COMMITTEE, CARE COORDINATION WORK COMMITTEE, STEERING
COMMITTEE, NEEDS ASSESSMENT COMMITTEE, ACCESS TO CARE COMMITTEE, ACCESS

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TO CARE HEALTH LITERACY INITIATIVE, BEHAVIORAL HEALTH WORK TEAM,
IMMUNIZE SAN DIEGO COALITION, SAN DIEGO DIABETES COALITION, SAN DIEGO
COUNTY CHILDHOOD OBESITY INITIATIVE (SDCOI), SDCOI HEALTHY EATING,
ACTIVE COMMUNITIES, AND SAFETY NET CONNECT.

APPENDIX A

SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS

THE LIST BELOW SHOWS THE INVOLVEMENT SHARP EXECUTIVE LEADERSHIP AND
OTHER STAFF IN COMMUNITY ORGANIZATIONS AND COALITIONS IN FISCAL YEAR
2010. COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY.

*211 SAN DIEGO BOARD

*ACADEMY OF MEDICAL-SURGICAL NURSES

*ACS

*AIS

*ALZHEIMER'S ASSOCIATION

*AMERICAN ASSOCIATION OF CRITICAL CARE NURSES SAN DIEGO CHAPTER

*AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES

*AMERICAN DIABETES ASSOCIATION

*AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION

*AMERICAN HEART ASSOCIATION

*AMERICAN HOSPITAL ASSOCIATION

*ALA

*AMERICAN PSYCHIATRIC NURSES ASSOCIATION

*AMERICAN RED CROSS OF SAN DIEGO

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- *ARTHRITIS FOUNDATION
- *ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE (NATIONAL)
- *ASSOCIATION FOR AMBULATORY BEHAVIORAL HEALTH CARE OF SOUTHERN CALIFORNIA
- *ASSOCIATION FOR CLINICAL PASTORAL EDUCATION
- *ASSOCIATION OF CALIFORNIA NURSE LEADERS
- *AWHONN
- *BLCI
- *BOYS AND GIRLS CLUB OF SAN DIEGO
- *BREAST FEEDING COALITION ADVISORY BOARD
- *BREAST HEALTH COORDINATORS
- *CALIFORNIA ASSOCIATION OF HEALTH PLANS
- *CALIFORNIA ASSOCIATION OF MEDICAL STAFF SERVICES
- *CALIFORNIA ASSOCIATION OF PHYSICIAN GROUPS
- *CALIFORNIA DIETETIC ASSOCIATION, MEMBER COUNCIL
- *CALIFORNIA HEALTHCARE FOUNDATION
- *CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION
- *CHA
- *CALIFORNIA SOCIETY OF HEALTH SYSTEM PHARMACISTS
- *CALIFORNIA STATE BAR, HEALTH SUBCOMMITTEE
- *CALIFORNIA TERATOGEN INFORMATION SERVICE
- *CALIFORNIA WOMEN LEAD
- *CHIP ACCESS TO CARE COMMITTEE
- *CHIP ACCESS TO CARE COMMITTEE HEALTH LITERACY
- *CHIP ACCESS TO CARE GIFT OF HEALTH
- *CHIP BEHAVIORAL HEALTH WORK TEAM

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*CHIP BOARD

*CHIP HEALTH LITERACY TASK FORCE

*CHIP NEEDS ASSESSMENT COMMITTEE

*CHIP PUBLIC POLICY COMMITTEE

*CHIP STEERING COMMITTEE

*CHULA VISTA CHAMBER OF COMMERCE

*CHULA VISTA COMMUNITY COLLABORATIVE

*CITY OF CHULA VISTA WELLNESS PROGRAM

*CITY OF POWAY - HOUSING COMMISSION

*COLLEGE AREA PREGNANCY SERVICES

*COMMUNITY EMERGENCY RESPONSE TEAM

*CONSORTIUM FOR NURSING EXCELLENCE, SAN DIEGO

*CORONADO CHAPTER OF ROTARY INTERNATIONAL

*CORONADO CHRISTMAS PARADE

*CORONADO FLOWER SHOW

*CREATIVE ARTS CONSORTIUM

*CWISH

*CYCLE EASTLAKE

*DIABETES BEHAVIORAL INSTITUTE

*DISABLED SERVICES ADVISORY BOARD

*DOVIA

*EAST COUNTY SENIOR SERVICE PROVIDERS

*ECOLIFE FOUNDATION

*EL CAJON ROTARY

*EMERGENCY NURSES ASSOCIATION, SAN DIEGO CHAPTER

*EMPLOYEE ASSISTANCE PROGRAM ASSOCIATION

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*FAMILY HEALTH CENTERS OF SAN DIEGO

*FIRST FIVE COMMISSION

*GAY MEN'S SPIRITUAL RETREAT BOARD

*GROSSMONT COLLEGE

*GROSSMONT HEALTHCARE DISTRICT

*GROSSMONT UNION HIGH SCHOOL DISTRICT

*HEALTH CARE COMMUNICATORS BOARD

*HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION SAN DIEGO/IMPERIAL CHAPTER

*HOSPITAL ASSOCIATION OF SAN DIEGO AND IMPERIAL COUNTIES

*HSHMC BOARD

*HUNTINGTON'S DISEASE SOCIETY OF AMERICA

*IMMUNIZE SAN DIEGO COALITION

*INSTITUTE OF INTERNAL AUDITORS SAN DIEGO CHAPTER BOARD

*INTERNATIONAL LACTATION CONSULTANTS ASSOCIATION

*KIWANIS CLUB OF BONITA

*KOMEN BOARD

*KOMEN BREAST CANCER COALITION COMMITTEE

*KOMEN RACE FOR THE CURE COMMITTEE

*LA MESA LION'S CLUB

*LA MESA PARK AND RECREATION FINANCE COMMITTEE

*LA MESA PARK AND RECREATION FOUNDATION BOARD

*LEAD, SAN DIEGO, INC.

*LEUKEMIA & LYMPHOMA SOCIETY

*MARCH OF DIMES

*MEALS-ON-WHEELS EAST COUNTY

*MEDICAL LIBRARY GROUP OF SOUTHERN CALIFORNIA AND ARIZONA

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*MENDED HEARTS

*MENTAL HEALTH AMERICA BOARD

*MENTAL HEALTH COALITION

*MESA COLLEGE

*MIRACLE BABIES

*MOUNTAIN HEALTH AND COMMUNITY SERVICES, INC. BOARD

*NAMI

*NAMI SCHIZOPHRENICS IN TRANSITION BOARD OF DIRECTORS

*NANN

*NATIONAL ASSOCIATION OF HISPANIC NURSES, SAN DIEGO CHAPTER

*NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTHCARE SYSTEMS

*NATIONAL FOUNDATION FOR TRAUMA CARE

*NATIONAL HOSPICE AND PALLIATIVE CARE ASSOCIATION

*NATIONAL KIDNEY FOUNDATION

*NATIONAL OVARIAN CANCER COALITION

*NATIONAL PERINATAL INFORMATION CENTER

*NATIONAL TRAUMA FOUNDATION BOARD

*NEIGHBORHOOD HEALTHCARE COMMUNITY CLINIC - BOARD OF DIRECTORS

*NURSEWEEK

*PARENTS FOR ADDICTION, TREATMENT, AND HEALING

*PARTNERSHIP FOR PHILANTHROPIC PLANNING OF SAN DIEGO (FORMERLY SAN
DIEGO PLANNED GIVING ROUNDTABLE)

*PARTNERSHIP FOR SMOKE-FREE FAMILIES

*PENINSULA SHEPHERD SENIOR CENTER

*PERINATAL SOCIAL WORK CLUSTER

*PLANETREE BOARD OF DIRECTORS

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*PLANNED PARENTHOOD OF SAN DIEGO AND IMPERIAL COUNTIES

*PORT OF SAN DIEGO MARKETING COMMITTEE

*PREMIER, INC. HIT COLLABORATIVE

*PREMIER, INC. MEDICATION USE COMMITTEE

*PROFESSIONAL ONCOLOGY NETWORK

*PROJECT CARE COUNCIL

*PUBLIC HEALTH NURSE ADVISORY BOARD

*RECOVERY INNOVATIONS OF CALIFORNIA

*REGIONAL PERINATAL SYSTEM

*RESIDENTIAL CARE COUNCIL

*SAFE FOUNDATION

*SAFETY NET CONNECT

*SAN DIEGANS FOR HEALTHCARE COVERAGE

*SAN DIEGO HEALTHCARE DISASTER COUNCIL

*SAN DIEGO ASIAN FILM FESTIVAL FOUNDATION

*SAN DIEGO ASSOCIATION FOR DIABETES EDUCATORS

*SAN DIEGO ASSOCIATION OF DIRECTORS OF VOLUNTEER SERVICES

*SAN DIEGO ASSOCIATION FOR HEALTHCARE RECRUITMENT

*SAN DIEGO BLOOD BANK

*SAN DIEGO BRAIN INJURY FOUNDATION

*SAN DIEGO BREASTFEEDING COALITION

*SAN DIEGO CAREGIVER COALITION

*SAN DIEGO CENTER FOR PATIENT SAFETY TASK FORCE

*SAN DIEGO CHAPTER OF ROTARY INTERNATIONAL

*SAN DIEGO CITY PARKS AND RECREATION

*SAN DIEGO COMMITTEE ON EMPLOYMENT OF PEOPLE WITH DISABILITIES

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*SAN DIEGO COUNCIL OF HOSPITAL VOLUNTEERS

*SAN DIEGO COUNTY PHARMACISTS ASSOCIATION

*SAN DIEGO COUNTY SAFETY NET WORKGROUP

*SAN DIEGO COUNTY SOCIAL SERVICES ADVISORY BOARD

*SAN DIEGO COUNTY TAXPAYER ASSOCIATION

*SAN DIEGO DELTA LEADERSHIP ACADEMY

*SAN DIEGO DIABETES COALITION

*SAN DIEGO DIETETIC ASSOCIATION BOARD

*SAN DIEGO EAST COUNTY CHAMBER OF COMMERCE BOARD

*SAN DIEGO EMERGENCY MEDICAL CARE COMMITTEE

*SAN DIEGO EYE BANK

*SAN DIEGO FOUNDATION

*SAN DIEGO HEALTH INFORMATION ASSOCIATION

*SAN DIEGO HEALTHCARE DISASTER COUNCIL

*SAN DIEGO IMMIGRANTS RIGHTS CONSORTIUM

*SAN DIEGO INTERRELIGIOUS COMMITTEE

*SAN DIEGO MENTAL HEALTH COALITION

*SAN DIEGO NORTH CHAMBER OF COMMERCE

*SAN DIEGO NUTRITION COUNCIL

*SAN DIEGO ORGANIZATION OF HEALTHCARE LEADERS, A LOCAL ACHE CHAPTER

*SAN DIEGO PATIENT SAFETY CONSORTIUM

*SAN DIEGO REGIONAL ENERGY OFFICE

*SAN DIEGO REGIONAL HOMECARE COUNCIL

*SAN DIEGO RESTORATIVE JUSTICE MEDIATION PROGRAM

*SAN DIEGO SOCIETY FOR HUMAN RESOURCE MANAGEMENT

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Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

*SAN DIEGO SOCIETY OF HOSPITAL PHARMACISTS, CALIFORNIA SOCIETY OF

HEALTH SYSTEM PHARMACISTS CHAPTER

*SAN DIEGO URBAN LEAGUE

*SAN DIEGO-IMPERIAL COUNCIL OF HOSPITAL VOLUNTEERS

*SAN DIEGO REGIONAL CHAMBER OF COMMERCE

*SANTEE CHAMBER OF COMMERCE

*SANTEE-LAKESIDE ROTARY

*SCHIZOPHRENICS IN TRANSITION

*SCOLIOSIS RESEARCH SOCIETY

*SDCOI

*SDSU

*SDSU NURSING EVIDENCE-BASED PRACTICE INSTITUTE

*SENIOR COMMUNITY CENTERS OF SAN DIEGO

*SERRA FOUNDATION

*SIDNEY KIMMEL CANCER CENTER

*SIGMA THETA TAU INTERNATIONAL HONOR SOCIETY OF NURSING

*SOCIETY OF TRAUMA NURSES

*SOUTH BAY COMMUNITY SERVICES

*SOUTH BAY COMMUNITY SERVICES, BABY FIRST PROGRAM

*SOUTH COUNTY ECONOMIC DEVELOPMENT COUNCIL

*SOUTH COUNTY EDUCATION BOARD AND POLICY COMMITTEE

*SOUTHERN CALIFORNIA ASSOCIATION OF NEONATAL NURSES

*SOUTHERN CALIFORNIA SOCIETY OF GASTROENTEROLOGY NURSES AND ASSOCIATES

*SUSAN G. KOMEN BREAST CANCER FOUNDATION

*SYHS

*THE MEETING PLACE CLUBHOUSE

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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Name of the organization

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*THE POLINSKY CENTER

*TRAUMA INTERVENTION PROGRAMS OF SAN DIEGO COUNTY, INC.

*TRAUMA MANAGERS ASSOCIATION OF CALIFORNIA

*UNION OF PAN ASIAN COMMUNITIES

*UNITED BEHAVIORAL HEALTH MEDICAL CREDENTIALS COMMITTEE

*UNITED WAY OF SAN DIEGO COUNTY

*UCSD

*VISTA HILL PARENTCARE

*WELLPOINT/US BEHAVIORAL HEALTH CLINICAL ADVISORY BOARD

*WIC

*YMCA

*YWCA BOARD OF DIRECTORS

*YWCA EXECUTIVE COMMITTEE

*YWCA IN THE COMPANY OF WOMEN LUNCHEON

*YWCA TWIN EVENT

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

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

		(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
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.				
(1)	SHARP MEMORIAL HOSPITAL		B	6,100,668.
(2)	SHARP CHULA VISTA MEDICAL CENTER		B	2,108,652.
(3)				
(4)				
(5)				
(6)				

