

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2010

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

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	C Name of organization SHARP HEALTHCARE FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 8695 SPECTRUM CENTER BLVD City or town, state or country, and ZIP + 4 SAN DIEGO, CA 92123-1489 F Name and address of principal officer: WILLIAM S. LITTLEJOHN SAME AS C ABOVE	D Employer identification number 95-3492461 E Telephone number 858-499-5150 G Gross receipts \$ 28,825,177. 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) <input type="checkbox"/> 501(c) () ◀ (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			
		1 Briefly describe the organization's mission or most significant activities: <u>PROVIDE SUPPORT AND ASSISTANCE TO SHARP HEALTHCARE.</u>	
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	32
	4	Number of independent voting members of the governing body (Part VI, line 1b)	27
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	26
	6	Total number of volunteers (estimate if necessary)	100
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.
	Revenue		
8		Contributions and grants (Part VIII, line 1h)	8,152,106. 7,317,682.
9		Program service revenue (Part VIII, line 2g)	3,814,955. 3,717,943.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	876,790. 2,023,598.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	21,553. 8,358.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,865,404. 13,067,581.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,379,769. 9,163,260.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,525,089. 2,705,207.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 11,956.
		b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,469,654.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	830,456. 708,374.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,735,314. 12,588,797.	
	19 Revenue less expenses. Subtract line 18 from line 12	130,090. 478,784.	
Net Assets or Fund Balances			Beginning of Current Year End of Year
	20	Total assets (Part X, line 16)	60,038,566. 88,639,300.
	21	Total liabilities (Part X, line 26)	12,918,350. 43,611,975.
	22 Net assets or fund balances. Subtract line 21 from line 20	47,120,216. 45,027,325.	

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			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DEBRA HEISKALA	Preparer's signature <i>Debra Heiskala</i>	Date 07/30/2012	Check if self-employed <input type="checkbox"/>	PTIN P00649485
	Firm's name ▶ ERNST & YOUNG U.S. LLP	Firm's EIN ▶ 34-6565596	Firm's address ▶ 4370 LA JOLLA VILLAGE DR, SUITE 500 SAN DIEGO, CA 92122		
			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

Check if Schedule O contains a response to any question in this Part III [X]

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

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

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

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

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 \$ 9,326,994. including grants of \$ 9,163,260.) (Revenue \$ 3,717,943.) 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 9,326,994.

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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, 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
b 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, Parts I and IV</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, Parts II and IV</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, Parts III and IV</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
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
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? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 32		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 27		
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 governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant 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	
b	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:		
a	The governing body?	X	
b	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	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its 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

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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	2.00	X		X				0.	0.	0.
STEVE AUSTIN DIRECTOR	1.00	X						0.	0.	0.
JOHN BELANICH DIRECTOR	0.10	X						0.	0.	0.
JOANNE BOYLE DIRECTOR	2.00	X						0.	0.	0.
JOY CHARNEY DIRECTOR	0.50	X						0.	0.	0.
BETTY COOPER DIRECTOR	1.00	X						0.	0.	0.
STEVE FINDEN TREASURER	1.00	X		X				0.	0.	0.
JUDI FREEMAN DIRECTOR	2.00	X						0.	0.	0.
HANK KILLMAR DIRECTOR	1.00	X						0.	0.	0.
STEVE HALEY DIRECTOR	1.00	X						0.	0.	0.
MIKE LABELLE DIRECTOR	2.00	X						0.	0.	0.
ERIC LINEBARGER, M.D. DIRECTOR	1.00	X						0.	0.	0.
WILLIAM LITTLEJOHN SR VP/CEO FOUNDATION	40.00	X		X				0.	377,656.	28,460.
ELIZABETH GILDRED MACVEAN DIRECTOR	1.00	X						0.	0.	0.
KATHRYN MCCOY-O'NEILL DIRECTOR	2.00	X						0.	0.	0.
COLLEEN MCNALLY, M.D. DIRECTOR	1.00	X						0.	75,448.	0.
MICHAEL MURPHY PRESIDENT	4.00	X		X				0.	1,190,310.	83,610.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
STEVE NORTON DIRECTOR	3.00	X					0.	0.	0.	
REBECCA POLLOCK DIRECTOR	2.00	X					0.	0.	0.	
JIM REOPELLE DIRECTOR	2.00	X					0.	0.	0.	
HOWARD ROBIN, M.D. DIRECTOR	2.00	X					0.	54,000.	0.	
KENNETH ROTH, M.D. SECRETARY	2.00	X		X			0.	53,425.	0.	
RICHARD SANTORE, M.D. DIRECTOR	2.00	X					0.	0.	0.	
TED SCHROEDER DIRECTOR	1.00	X					0.	0.	0.	
CHARLES SCHUETZ, M.D. DIRECTOR	2.00	X					0.	0.	0.	
REGINA SMITH DIRECTOR	2.00	X					0.	0.	0.	
1b Sub-total							0.	1,750,839.	112,070.	
c Total from continuation sheets to Part VII, Section A							0.	793,065.	84,946.	
d Total (add lines 1b and 1c)							0.	2,543,904.	197,016.	

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	316,869.				
	d	Related organizations	1d	30,500.				
	e	Government grants (contributions)	1e	572,270.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,398,043.				
	g	Noncash contributions included in lines 1a-1f: \$		614,788.				
	h	Total. Add lines 1a-1f		7,317,682.				
	Program Service Revenue	2 a	FUNDRAISING ACTIVITIES	Business Code 900099	3,066,388.	3,066,388.		
b		HEALTHCARE EDUCATION	900099	640,502.	640,502.			
c		SSA BACK-TO-WORK	900099	11,053.	11,053.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		3,717,943.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		972,581.			972,581.	
	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				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)			1,051,017.		1051017.
	8 a	Gross income from fundraising events (not including \$ 316,869. of contributions reported on line 1c). See Part IV, line 18	a		166,657.			
		b	Less: direct expenses	b	161,185.			
		c	Net income or (loss) from fundraising events		5,472.			5,472.
	9 a	Gross income from gaming activities. See Part IV, line 19	a		2,936.			
b		Less: direct expenses	b	50.				
c		Net income or (loss) from gaming activities		2,886.			2,886.	
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								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			13067581.	3,717,943.	0.	2031956.	

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	9,163,260.	9,163,260.		
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	408,214.	20,411.	81,643.	306,160.
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	1,846,035.	92,302.	369,207.	1,384,526.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	75,633.	3,782.	15,127.	56,724.
9 Other employee benefits	244,409.	12,220.	48,882.	183,307.
10 Payroll taxes	130,916.	6,546.	26,183.	98,187.
11 Fees for services (non-employees):				
a Management	42,472.	2,124.	8,494.	31,854.
b Legal	2,291.		573.	1,718.
c Accounting	7,395.	370.	1,479.	5,546.
d Lobbying	134.	7.	27.	100.
e Professional fundraising services. See Part IV, line 17	11,956.			11,956.
f Investment management fees	136,646.		136,646.	
g Other	30,414.	1,521.	6,083.	22,810.
12 Advertising and promotion				
13 Office expenses	202,467.	10,123.	40,493.	151,851.
14 Information technology	26,644.	1,332.	5,329.	19,983.
15 Royalties				
16 Occupancy				
17 Travel	10,314.	516.	2,063.	7,735.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	18,548.	927.	3,710.	13,911.
20 Interest	11,658.	583.	2,332.	8,743.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46,534.	2,327.	9,307.	34,900.
23 Insurance	-754.	-38.	-151.	-565.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a DUES, SUBSCRIPTION, FOO	173,611.	8,681.	34,722.	130,208.
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	12,588,797.	9,326,994.	792,149.	2,469,654.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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	2,065,625.	2	1,873,111.	
	3 Pledges and grants receivable, net	13,073,440.	3	12,321,778.	
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	26,443.	9	18,891.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 253,584.			
	b Less: accumulated depreciation	10b 66,132.	30,988.	10c 187,452.	
	11 Investments - publicly traded securities	23,364,964.	11	23,574,926.	
	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	21,477,106.	15	50,663,142.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	60,038,566.	16	88,639,300.		
Liabilities	17 Accounts payable and accrued expenses	473,552.	17	528,527.	
	18 Grants payable		18		
	19 Deferred revenue	141,760.	19	74,223.	
	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	12,303,038.	25	43,009,225.	
	26 Total liabilities. Add lines 17 through 25	12,918,350.	26	43,611,975.	
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	2,234,454.	27	668,333.	
	28 Temporarily restricted net assets	40,381,936.	28	40,057,457.	
	29 Permanently restricted net assets	4,503,826.	29	4,301,535.	
	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	47,120,216.	33	45,027,325.	
34 Total liabilities and net assets/fund balances	60,038,566.	34	88,639,300.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,067,581.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,588,797.
3	Revenue less expenses. Subtract line 2 from line 1	3	478,784.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,120,216.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-2,571,675.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	45,027,325.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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.	X	
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- 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									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14948743.	19890398.	13595968.	8152106.	7317682.	63904897.
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	14948743.	19890398.	13595968.	8152106.	7317682.	63904897.
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)						16248549.
6 Public support. Subtract line 5 from line 4.						47656348.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	14948743.	19890398.	13595968.	8152106.	7317682.	63904897.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	490,128.	567,811.	585,651.	591,936.	972,581.	3208107.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	69,116.		1,336.	4,916.	8,358.	83,726.
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						67213367.
12 Gross receipts from related activities, etc. (see instructions)					12	8,205,572.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	70.90	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	72.13	%
16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

Multiple horizontal lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

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 Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization SHARP HEALTHCARE FOUNDATION	Employer identification number 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>1,999,070.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>		\$ <u>396,823.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>		\$ <u>384,237.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>4</u>		\$ <u>229,604.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>5</u>		\$ <u>163,794.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>6</u>		\$ <u>150,000.</u>	Person <input checked="" 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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

▶ **See separate instructions.**

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)			
b Total lobbying expenditures to influence a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1a and 1b)			
d Other exempt purpose expenditures			
e Total exempt purpose expenditures (add lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		134.
j Total. Add lines 1c through 1i			134.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

SHARP HEALTHCARE FOUNDATION (SHF) PAYS ANNUAL DUES TO THE ASSOCIATION OF FUNDRAISING PROFESSIONALS (AFP) AND THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY (AHP). AFP AND AHP HAVE DETERMINED THAT A PORTION OF THEIR DUES ARE USED FOR LOBBYING PURPOSES.

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

2010

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 education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the 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, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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)?

Yes No

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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) 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 (ASC 958) 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 the 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 |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	7,525,046.	6,616,919.	6,455,982.		
b Contributions	134,548.	7,629.	231,572.		
c Net investment earnings, gains, and losses	-207,298.	966,905.	38,551.		
d Grants or scholarships	84,068.	66,047.	66,504.		
e Other expenditures for facilities and programs	1,589.	0.	42,682.		
f Administrative expenses	0.	0.	0.		
g End of year balance	7,366,639.	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:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

Part VI 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		160,000.		160,000.
b Buildings				
c Leasehold improvements				
d Equipment		93,584.	66,132.	27,452.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				187,452.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED PLANNED GIFTS	15,321,036.
(2) PLANNED GIVING RESERVES (ANNUITIES, PIF)	5,584,610.
(3) OTHER RECEIVABLES	438,493.
(4) LOAN RECEIVABLE-SHC INVESTMENT FUND X	29,319,003.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	50,663,142.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DEFERRED PLANNED GIFT LIABILITIES	6,596,788.
(3) LINE OF CREDIT (SHC)	4,116,839.
(4) INTERCOMPANY PAYABLE	32,295,598.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	43,009,225.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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	13,067,581.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,588,797.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	478,784.
4	Net unrealized gains (losses) on investments	4	-2,571,675.
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	-2,571,675.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-2,092,891.

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	3,262,146.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-2,571,675.
b	Donated services and use of facilities	2b	6,277.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	266,808.
e	Add lines 2a through 2d	2e	-2,298,590.
3	Subtract line 2e from line 1	3	5,560,736.
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	89,500.
b	Other (Describe in Part XIV.)	4b	7,417,345.
c	Add lines 4a and 4b	4c	7,506,845.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	13,067,581.

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

1	Total expenses and losses per audited financial statements	1	3,530,037.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	6,277.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	266,808.
e	Add lines 2a through 2d	2e	273,085.
3	Subtract line 2e from line 1	3	3,256,952.
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	89,500.
b	Other (Describe in Part XIV.)	4b	9,242,345.
c	Add lines 4a and 4b	4c	9,331,845.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,588,797.

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 264,395.

Part XIV Supplemental Information (continued)

LOSS ON SALE OF ASSETS	2,413.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	266,808.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

TEMPORARILY RESTRICTED REVENUE	7,423,276.
PERMANENTLY RESTRICTED REVENUE	-5,931.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	7,417,345.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING ACTIVITIES	264,395.
LOSS ON SALE OF ASSETS	2,413.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	266,808.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

TEMPORARILY RESTRICTED EXPENSES	9,242,345.
---------------------------------	------------

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, 2011 AND 2010, NO SUCH ASSETS OR LIABILITIES WERE RECORDED.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. 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)	SCV GOLF (event type)	1 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	197,351.	150,930.	135,245.	483,526.
	2 Less: Charitable contributions	138,580.	98,297.	79,992.	316,869.
	3 Gross income (line 1 minus line 2)	58,771.	52,633.	55,253.	166,657.
Direct Expenses	4 Cash prizes	0.	0.	0.	
	5 Noncash prizes	14,072.	7,853.	0.	21,925.
	6 Rent/facility costs	500.	15,171.	0.	15,671.
	7 Food and beverages	44,600.	21,281.	55,053.	120,934.
	8 Entertainment	500.	700.	200.	1,400.
	9 Other direct expenses	0.	1,255.	0.	1,255.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(161,185)
	11 Net income summary. Combine line 3, column (d), and line 10				5,472.

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<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					

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? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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.

Part II Grants and Other Assistance to Governments and Organizations 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. Part II can be duplicated 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	0.	161,859.	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-3782169	501(C)3	6,813,203.	0.			PROGRAM SERVICE SUPPORT
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-6077327	501(C)3	0.	112,148.	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
SHARP HEALTHCARE 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-6077327	501(C)3	1,517,904.	0.			PROGRAM SERVICE SUPPORT
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-2367304	501(C)3	0.	36,494.	FMV	EQUIPMENT	PROGRAM SERVICE SUPPORT
SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	95-2367304	501(C)3	501,277.	0.			PROGRAM SERVICE SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations **3.**
- 3** Enter total number of other organizations **0.**

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

Schedule I (Form 990) (2010)

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.
Part III can be duplicated if additional space is needed.

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

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 INSTANCES, A

Part IV Supplemental Information

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

2010

Open to Public Inspection

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input checked="" 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) </p>		
<p>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</p>	X	
<p>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?</p>	X	
<p>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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>		X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	X	
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>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</p>	7	X
<p>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 WILLIAM LITTLEJOHN	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	296,300.	64,856.	16,500.	13,978.	14,482.	406,116.	0.
2 MICHAEL MURPHY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	950,995.	188,310.	51,005.	69,124.	14,486.	1,273,920.	0.
3 KATHRYN DUFF	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	180,024.	32,906.	544.	8,347.	6,626.	228,447.	0.
4 MARSHA LUBICK	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	182,062.	35,387.	2,505.	11,288.	10,955.	242,197.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

NON-MANAGEMENT STAFF WERE PAID SUPERIOR PERFORMANCE AWARDS WHICH WERE GROSSED UP SO THE NET PAYMENT WOULD BE A SPECIFIED AMOUNT BASED ON EACH STAFF MEMBER'S PRODUCTIVE HOURS WORKED DURING THE YEAR. THE NET PAYMENTS PER STAFF MEMBER RANGED FROM \$100 TO \$300.

PART I, LINE 4B: SHARP HEALTHCARE ("COMPANY") SPONSORS AN EXECUTIVE FLEXIBLE BENEFIT PLAN ("PLAN") TO PROVIDE DESIGNATED EXECUTIVES WITH A REASONABLE LEVEL OF BENEFITS IN RETURN FOR THEIR CONTINUED EMPLOYMENT WITH THE COMPANY. THE PLAN IS ADMINISTERED ON A PLAN YEAR BASIS OF JANUARY 1 TO DECEMBER 31. CHANGES IN FLEXIBLE BENEFIT OPTIONS ARE PERMITTED ANNUALLY, EFFECTIVE JANUARY 1 OF THE NEW PLAN YEAR. THE PROVISIONS OF THE PLAN, WHICH WERE RESTATED EFFECTIVE AS OF DECEMBER 31, 2008, ARE DESCRIBED BELOW AS RESTATED. THE PLAN IS AVAILABLE TO THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS. THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PARTICIPANT

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.

EACH PLAN YEAR SHALL EQUAL THE SUM OF THE FOLLOWING:

- A COMPANY PROVIDED BASE ALLOWANCE EQUAL TO 18% OF THE PARTICIPANT'S BASE

SALARY

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

FOR SUCH PLAN YEAR AS ELECTED BY THE PARTICIPANT

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

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

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

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

THE PLAN ALLOWS PARTICIPANTS TO USE THE FLEXIBLE BENEFIT ALLOWANCE TO

PURCHASE ADDITIONAL LONG-TERM DISABILITY COVERAGE, LONG-TERM CARE COVERAGE,

AND FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS (LIFE INSURANCE).

PARTICIPANTS IN THE FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS PLAN

PREVIOUSLY COULD ELECT TO APPLY FLEXIBLE BENEFIT ALLOWANCE TO ACQUIRE

ADDITIONAL SURVIVOR COVERAGE, OR TOWARD DEPOSITS TO THE SUPPLEMENTAL

SURVIVOR ACCUMULATION BENEFIT PLAN ("SSAB") TO FUND POST-RETIREMENT

SURVIVOR BENEFITS, SUBJECT TO THE ERISA LIMIT PROVIDED THEIR POLICIES WERE

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.

ISSUED PRIOR TO SEPTEMBER 18, 2003. THE COMPANY SHALL AUTOMATICALLY CONTINUE WHATEVER ELECTIVE COVERAGE AND ADDITIONAL DEPOSIT ELECTIONS THAT WERE IN PLACE FOR THE SSAB DURING THE 2008 PLAN YEAR. NO ELECTIVE COVERAGE OR ADDITIONAL DEPOSITS WERE AVAILABLE TO PARTICIPANTS WHOSE POLICIES WERE ISSUED ON OR AFTER SEPTEMBER 18, 2003. ANY FLEXIBLE BENEFIT ALLOWANCE THAT REMAINS AFTER PURCHASING THESE ADDITIONAL COVERAGES SHALL BE PAID TO THE PARTICIPANT IN CASH IN EQUAL INSTALLMENTS THROUGHOUT THE PLAN YEAR, NOT LESS FREQUENTLY THAN QUARTERLY. IF THE PARTICIPANT SEPARATES FROM SERVICE DURING THE PLAN YEAR, THE PARTICIPANT FORFEITS ANY UNPAID ALLOWANCE.

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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	1	600.	DONOR VALUATION
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		7,113.	DONOR VALUATION
6 Cars and other vehicles	X	10	314,902.	SALE PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	2	33,878.	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	3	245,555.	APPRAISAL
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	10	1,280.	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	1	7,775.	DONOR VALUATION
26 Other ▶ (<u>GIFT CERTIFIC</u>)	X	10	3,685.	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **12**

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

FORM 990, PART III, LINE 1:

ORGANIZATION'S MISSION

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

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

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

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

AMENDED.

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 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

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

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.

FORM 990, PART VI, SECTION B, LINE 12: THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327). POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM. SHARP HEALTHCARE HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE GOVERNING BOARD, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES. 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. 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

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

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 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 13: THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327). POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM. SHARP HEALTHCARE HAS A WRITTEN WHISTLEBLOWER POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE GOVERNING BOARD, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES.

FORM 990, PART VI, SECTION B, LINE 14: THE CORPORATION IS A MEMBER OF A CONTROLLED GROUP UNDER THE PARENT SHARP HEALTHCARE (FEIN 95-6077327).

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

POLICIES AND PROCEDURES FOR THE ENTIRE SHARP SYSTEM ARE DEVELOPED AND APPROVED UNDER SHARP HEALTHCARE AND THESE POLICIES AND PROCEDURES ARE APPLIED UNIFORMLY ACROSS THE SHARP SYSTEM. SHARP HEALTHCARE HAS A WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE POLICY AND PROCEDURE COMMITTEE, AND THIS POLICY APPLIES TO ALL SHARP HEALTHCARE ENTITIES.

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.

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

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

OPERATIONS AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL.

THE COMPENSATION STUDY WAS LAST CONDUCTED IN FEBRUARY/MARCH 2011.

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), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, AND ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS INCLUDE COMBINING SCHEDULES WHICH DISCLOSE THE FINANCIAL RESULTS (BALANCE SHEET, STATEMENT OF OPERATIONS, STATEMENT OF CHANGES IN NET ASSETS) FOR EACH ENTITY OF THE CONSOLIDATED GROUP. QUARTERLY FINANCIAL STATEMENTS OF SHARP'S OBLIGATED GROUP ARE PUBLISHED ON THE DACBOND.COM WEBSITE (WWW.DACBOND.COM).

FORM 990, PART VII, SECTION A:

HOURS PER WEEK DEDICATED TO RELATED ORGANIZATIONS

MICHAEL MURPHY: 60-SHC, 4-SMH, 4-GHC, 2-SCVMC, 2-SCHHC, 4-SHP

COLLEEN MCNALLY: 25-SMH

HENRY KILLMAR: 5-SHC

ANETTE ASHER: 3-SHC

KENNETH ROTH: 5-SHC

JAMES REOPELLE: 2-SCHHC

JOANNE BOYLE: 6-GHF

WILLIAM LITTLEJOHN: 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO

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

SHARP HEALTHCARE FOUNDATION.

MARSHA LUBICK: 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION.

KATHRYN DUFF: 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION.

PAMELA BARNETT: 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION.

JEAN-PAUL LAMONTAGNE: 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION.

JAMES SARDINA: 100% OF HOURS REPORTED ON PART VII ARE DEDICATED TO SHARP HEALTHCARE FOUNDATION.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -2,571,675.

FORM 990, PART XII, LINE 3A:

A-133 AUDIT

SHARP HEALTHCARE, ON A CONSOLIDATED BASIS, WAS REQUIRED TO UNDERGO AN AUDIT AS SET FORTH IN THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133, AND SUCH AN AUDIT WAS PERFORMED AS REQUIRED.

FORM 5471

FORM 5471 HAS BEEN FILED ON BEHALF OF BY SHARP HEALTHCARE (FEIN 95-6077327).

FORM 990, PART III, LINE 4A:

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

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, 2011, SHARP IS LICENSED TO OPERATE 2,092 BEDS, HAS APPROXIMATELY 2,600 SHARP-AFFILIATED PHYSICIANS AND NEARLY 15,000 EMPLOYEES.

FOUR ACUTE-CARE HOSPITALS:

* SHARP CHULA VISTA MEDICAL CENTER (343 BEDS)

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

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

* 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 (656 BEDS)

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

THREE SPECIALTY-CARE HOSPITALS:

* SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (188 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.

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

* SHARP MCDONALD CENTER (16 BEDS)

SHARP MCDONALD CENTER (SMC) IS SAN DIEGO COUNTY'S ONLY LICENSED
CHEMICAL DEPENDENCY RECOVERY HOSPITAL.

COLLECTIVELY, THE OPERATIONS OF SMH, SMBHWN, SMV AND SMC ARE REPORTED
UNDER THE NONPROFIT PUBLIC BENEFIT CORPORATION OF SMH, AND ARE REFERRED
TO HEREIN AS THE SHARP METROPOLITAN MEDICAL CAMPUS (SMMC). THE
OPERATIONS OF SHARP REES-STEALY MEDICAL CENTERS (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

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 BECOME THE BEST HEALTH SYSTEM IN THE UNIVERSE.
SHARP WILL ATTAIN THIS POSITION BY TRANSFORMING THE HEALTH CARE
EXPERIENCE THROUGH A CULTURE OF CARING, QUALITY, SERVICE, INNOVATION
AND EXCELLENCE. SHARP WILL BE RECOGNIZED BY EMPLOYEES, PHYSICIANS,
PATIENTS, VOLUNTEERS AND THE COMMUNITY AS THE BEST PLACE TO WORK, THE

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

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.

VALUES

INTEGRITY

- TRUSTWORTHINESS, RESPECT, COMMITMENT TO ORGANIZATIONAL VALUES, AND

DECISION MAKING

CARING

- 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 11 YEARS, SHARP HAS BEEN ON A JOURNEY TO TRANSFORM THE HEALTH CARE EXPERIENCE FOR PATIENTS AND THEIR FAMILIES, PHYSICIANS AND STAFF. THROUGH A SWEEPING ORGANIZATION-WIDE PERFORMANCE AND EXPERIENCE

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

IMPROVEMENT INITIATIVE CALLED THE SHARP EXPERIENCE, THE ENTIRE SHARP TEAM HAS RECOMMITTED TO PURPOSE, WORTHWHILE WORK, AND CREATING THE KIND OF HEALTH CARE PEOPLE WANT AND DESERVE. THIS WORK HAS ADDED DISCIPLINE AND FOCUS TO EVERY PART OF THE ORGANIZATION, HELPING TO MAKE SHARP ONE OF THE NATION'S TOP-RANKED HEALTH CARE SYSTEMS. SHARP IS SAN DIEGO'S HEALTH CARE LEADER BECAUSE IT REMAINS FOCUSED ON THE MOST IMPORTANT ELEMENT OF THE HEALTH CARE EQUATION: THE PEOPLE.

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

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

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

THE BEST PLACE TO RECEIVE CARE: PROVIDING A NEW STANDARD OF SERVICE IN THE HEALTH CARE INDUSTRY, MUCH LIKE THAT OF A FIVE-STAR HOTEL;

EMPLOYING SERVICE-ORIENTED INDIVIDUALS WHO SEE IT AS THEIR PRIVILEGE TO

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

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.

PILLARS OF EXCELLENCE

IN SUPPORT OF SHARP'S ORGANIZATIONAL COMMITMENT TO TRANSFORM THE HEALTH
CARE EXPERIENCE, THE SIX PILLARS OF EXCELLENCE SERVE AS A GUIDE FOR
TEAM MEMBERS, PROVIDING A FRAMEWORK AND ALIGNMENT FOR EVERYTHING THE
SHARP DOES. 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:

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

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

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

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

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

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

* BE AN EXEMPLARY COMMUNITY CITIZEN

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. 12 NATIONALLY BY MODERN HEALTHCARE MAGAZINE IN 2012. THE RANKINGS ARE PART OF THE "TOP 100 MOST HIGHLY INTEGRATED HEALTHCARE NETWORKS (IHN)," AN ANNUAL SURVEY CONDUCTED BY HEALTH CARE DATA ANALYST IMS. THIS IS THE 14TH 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

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

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.

SMH WAS NAMED "BEST HOSPITAL" BY SAN DIEGO UNION-TRIBUNE READERS PARTICIPATING IN THE PAPER'S 2011 "BEST OF SAN DIEGO" READERS POLL, AND SGH, SMBHWN, AND SCVMC WERE RANKED FIFTH, SIXTH AND SEVENTH, RESPECTIVELY. THIS MARKS THE FOURTH YEAR IN A ROW THAT SHARP RECEIVED THE "BEST HOSPITAL" 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, SCHCC WAS RE-DESIGNATED AS A PLANETREE PATIENT-CENTERED

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

HOSPITAL. PLANETREE IS A COALITION OF MORE THAN 100 HOSPITALS WORLDWIDE THAT IS COMMITTED TO IMPROVING MEDICAL CARE FROM THE PATIENT'S PERSPECTIVE. INITIALLY DESIGNATED IN 2007, SCHCC IS THE FIRST HOSPITAL IN CALIFORNIA TO RECEIVE THIS DESIGNATION, AND THE ONLY HOSPITAL IN CALIFORNIA TO ACHIEVE RE-DESIGNATION.

IN 2010, SHARP RECEIVED THE MOREHEAD APEX WORKPLACE OF EXCELLENCE AWARD. MOREHEAD AWARDS THE HEALTH CARE INDUSTRY'S TOP ACHIEVER BY OBJECTIVELY IDENTIFYING THE HIGHEST PERFORMER AND ACKNOWLEDGING THEIR CONTRIBUTIONS TO HEALTH CARE. WITH THIS SINGULAR AWARD, MOREHEAD ANNUALLY RECOGNIZES A CLIENT WHO HAS REACHED AND SUSTAINED THE 90TH PERCENTILE ON THEIR EMPLOYEE ENGAGEMENT SURVEYS. SHARP REACHED THE 98TH PERCENTILE IN 2010 AND THE 99TH PERCENTILE IN 2011.

IN 2011, SCVMC AND SCHHC EACH RECEIVED THE ENERGY STAR DESIGNATION FROM THE U.S. ENVIRONMENTAL PROTECTION AGENCY (EPA) FOR OUTSTANDING ENERGY EFFICIENCY. BUILDINGS THAT ARE AWARDED THE DESIGNATION USE AN AVERAGE OF 40 PERCENT LESS ENERGY THAN OTHER BUILDINGS AND RELEASE 35 PERCENT LESS CARBON DIOXIDE INTO THE ATMOSPHERE. IN 2011, SCVMC AND SCHHC WERE TWO OF ONLY SIX CALIFORNIA HOSPITALS TO RECEIVE THIS DESIGNATION.

IN 2011, SHARP HEALTHCARE WAS NAMED THE CRYSTAL WINNER OF THE 2011 WORKPLACE EXCELLENCE AWARDS FROM THE SAN DIEGO SOCIETY FOR HUMAN RESOURCE MANAGEMENT. THIS DESIGNATION RECOGNIZES SHARP'S HUMAN RESOURCES DEPARTMENT AS AN INNOVATIVE AND VALUABLE ASSET TO OVERALL COMPANY PERFORMANCE.

PATIENT ACCESS TO CARE PROGRAMS

032212
01-24-11

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

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

SHARP PROVIDES SERVICES TO HELP EVERY UNFUNDED PATIENT RECEIVED IN THE EMERGENCY ROOM FIND 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.

SHARP ALSO CONTINUES TO OFFER 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.

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 WITH TRANSPORTATION AND PLACEMENT; CONNECTIONS TO COMMUNITY RESOURCES; AND FINANCIAL SUPPORT FOR MEDICAL EQUIPMENT, MEDICATIONS, AND EVEN OUTPATIENT DIALYSIS AND NURSING HOME STAYS.

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

THROUGH 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.

SINCE FEBRUARY 2011, SHARP'S ACUTE CARE HOSPITALS HAVE PARTNERED WITH FATHER JOE'S VILLAGES TO SUPPORT PROJECT SOAR - A PROGRAM DESIGNED TO ASSIST WITH AND EXPEDITE SOCIAL SECURITY AND DISABILITY APPLICATIONS FOR HOMELESS INDIVIDUALS WITH URGENT HEALTH CARE NEEDS. AS ELIGIBLE HOMELESS PATIENTS ARE DISCHARGED FROM THE HOSPITAL, HOSPITAL CASE MANAGERS FACILITATE THEIR TRANSITION TO PROJECT SOAR WORKERS WHO THEN CONTINUE THE APPLICATION PROCESS ON THROUGH TO COMPLETION. THE PROGRAM HELPS ENSURE ELIGIBLE AT-RISK INDIVIDUALS ARE ABLE TO OBTAIN TIMELY ACCESS TO THE INCOME AND MEDICAL CARE BENEFITS THAT THEY MAY NOT OTHERWISE RECEIVE AS A RESULT OF THEIR HOMELESS STATUS.

ALSO IN FY 2011, SHARP COLLABORATED WITH THE UNITED WAY'S PROJECT 25 PROGRAM TO PROVIDE FINANCIAL INFORMATION THAT WILL HELP THE PROGRAM GAUGE THE EFFECTIVENESS OF ITS INTERVENTIONS TO REDUCE USE OF EMERGENT AND OTHER FRONT LINE PUBLIC RESOURCES. PROJECT 25 IS A PARTNERSHIP BETWEEN UNITED WAY OF SAN DIEGO COUNTY AND THE CITY AND COUNTY OF SAN DIEGO WITH A GOAL TO PROVIDE PERMANENT HOUSING (VIA THE SAN DIEGO HOUSING COMMISSION) AND SUPPORTIVE SERVICES (VIA THE COUNTY OF SAN DIEGO) TO AT LEAST 25 OF SAN DIEGO COUNTY'S CHRONICALLY HOMELESS, WHO

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

ARE OFTEN THE MOST FREQUENT USERS OF PUBLIC RESOURCES. IN FY 2011, SHARP HOSPITALS PROVIDED SERVICES TO 14 INDIVIDUALS ENROLLED IN THE PROJECT 25 PROGRAM.

IN ADDITION, SCVMC CONTINUED ITS PARTNERSHIP WITH COMMUNITY CLINICS 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 WITH THE ESTABLISHMENT OF A MEDICAL HOME AT A COMMUNITY CLINIC; INFORM SAFETY NET PATIENTS ABOUT OBTAINING AFFORDABLE MEDICATIONS THROUGH GENERIC PRESCRIPTION ACCESS EDUCATION; 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 CHULA VISTA FAMILY HEALTH CLINIC OR OTHER COMMUNITY CLINICS; AND OFFER ENHANCED ACCESS TO TRANSPORTATION RESOURCES TO THE CHULA VISTA FAMILY HEALTH CLINIC. IT IS THIS ABILITY TO SCHEDULE TIMELY FOLLOW-UP APPOINTMENTS FOR SAFETY NET PATIENTS THAT HAS CONTRIBUTED GREATLY TO THE SUCCESS OF THIS PROGRAM, AND SINCE THE PROGRAM'S INCEPTION SCVMC HAS SERVED A TOTAL OF 1,248 SAFETY NET PATIENTS, 55 PERCENT OF WHOM WERE REFERRED TO THE CHULA VISTA FAMILY HEALTH CLINIC.

HEALTH PROFESSIONS TRAINING

INTERNSHIPS

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

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 2011, THERE WERE 3,933 STUDENT INTERNS WITHIN THE SHARP SYSTEM, PROVIDING MORE THAN 534,000 HOURS IN DISCIPLINES THAT INCLUDE NURSING, ALLIED HEALTH AND PROFESSIONAL EDUCATIONAL PROGRAMS. SHARP PROVIDES EDUCATION AND TRAINING PROGRAMS FOR STUDENTS ACROSS 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, RADIOLOGY, SOCIAL WORK, PSYCHOLOGY AND PUBLIC HEALTH. STUDENTS FROM LOCAL COMMUNITY COLLEGES SUCH AS GROSSMONT COLLEGE (GC), SAN DIEGO MESA COLLEGE (MC), 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 SCHOOLS SUCH AS KAPLAN COLLEGE (KC) PARTICIPATE IN SHARP'S HEALTH PROFESSIONS TRAINING. TABLE 1 PRESENTS THE STUDENTS AND STUDENT HOURS AT EACH OF THE SHARP ENTITIES IN FY 2011.

TABLE 1: SHARP HEALTHCARE INTERNSHIPS - FY 2011

SHARP CHULA VISTA MEDICAL CENTER

NURSING

721 STUDENTS

63,894 GROUP HOURS

032212
01-24-11

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

20,440 PRECEPTED HOURS

ANCILLARY

138 STUDENTS

24,675 HOURS

TOTAL

859 STUDENTS

109,009 HOURS

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

NURSING

443 STUDENTS

82,776 GROUP HOURS

3,600 PRECEPTED HOURS

ANCILLARY

127 STUDENTS

22,624 HOURS

TOTAL

570 STUDENTS

109,000 HOURS

SHARP GROSSMONT HOSPITAL

NURSING

566 STUDENTS

48,974 GROUP HOURS

16,183 PRECEPTED HOURS

ANCILLARY

222 STUDENTS

39,914 HOURS

032212
01-24-11

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

TOTAL

788 STUDENTS

105,071 HOURS

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

NURSING

176 STUDENTS

13,548 GROUP HOURS

4,028 PRECEPTED HOURS

ANCILLARY

112 STUDENTS

8,498 HOURS

TOTAL

288 STUDENTS

26,074 HOURS

SHARP MEMORIAL HOSPITAL

NURSING

547 STUDENTS

39,084 GROUP HOURS

21,365 PRECEPTED HOURS

ANCILLARY

333 STUDENTS

61,626 HOURS

TOTAL

880 STUDENTS

122,075 HOURS

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

SHARP MESA VISTA HOSPITAL

NURSING

271 STUDENTS

27,548 GROUP HOURS

1,470 PRECEPTED HOURS

ANCILLARY

12 STUDENTS

4,148 HOURS

TOTAL

283 STUDENTS

33,166 HOURS

SHARP HEALTHCARE

NURSING

144 STUDENTS

3,008 GROUP HOURS

5,684 PRECEPTED HOURS

ANCILLARY

121 STUDENTS

20,923 HOURS

TOTAL

265 STUDENTS

29,615 HOURS

TOTAL

NURSING

2,868 STUDENTS

278,832 GROUP HOURS

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

72,770 PRECEPTED HOURS

ANCILLARY

1,065 STUDENTS

182,408 HOURS

TOTAL

3,933 STUDENTS

534,010 HOURS

COLLEGE COLLABORATIONS

IN FY 2011, SHARP COMPLETED ITS PARTNERSHIP WITH THE OU COLLEGE OF NURSING AND SWC IN PROVIDING 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 SOUGHT 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 INCLUDED MORE THAN 600 HOURS OF ONLINE COURSEWORK AND NEARLY 900 HOURS OF CLINICAL EXPERIENCE AT SHARP FACILITIES.

THE HEALTH ACADEMY

FOR SIX CONSECUTIVE YEARS, THE SCVMC HEALTH ACADEMY PROGRAM PROVIDED EDUCATION TO THE NEXT GENERATION OF HEALTH CARE PROFESSIONALS BY INTRODUCING LOCAL ELEMENTARY SCHOOL STUDENTS TO A WIDE VARIETY OF HEALTH CARE CAREERS. THIS PROGRAM HAS PROVIDED HOSPITAL TOURS TO

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

HUNDREDS OF FIFTH GRADERS WHO HAVE BENEFITED FROM INTERACTIVE LEARNING IN VARIOUS AREAS OF THE HOSPITAL, INCLUDING THE LABORATORY, PHARMACY AND BILLING DEPARTMENTS. IN ADDITION, A GRANT FROM THE CALIFORNIA ENDOWMENT ALLOWED FOR THE EXPANSION OF THE PROGRAM TO PROVIDE A DIVERSITY INITIATIVE TO HIGH SCHOOL STUDENTS. THE INITIATIVE, ENTITLED 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 PROVIDED LOCAL HIGH SCHOOL STUDENTS FROM DIVERSE BACKGROUNDS, MANY OF WHOM ARE THE FIRST IN THEIR FAMILY TO ATTEND COLLEGE, A GREATER CHANCE OF ATTENDING COLLEGE AND SUCCEEDING IN A CAREER IN HEALTH CARE. THE HCCPP PROVIDED TOURS OF SCVMC, AS WELL AS OPPORTUNITIES FOR STUDENTS TO VOLUNTEER OR INTERN AT THE HOSPITAL. THE PROGRAM HAS HAD TREMENDOUS SUCCESS SINCE ITS INCEPTION - PROVIDING TOURS TO NEARLY 650 STUDENTS, PAID INTERNSHIPS TO 24 STUDENTS, AND CONTRIBUTING TO THE 100 PERCENT HIGH SCHOOL GRADUATION RATE OF PARTICIPATING STUDENTS. 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 2011, 329 HSHMC STUDENTS CONNECTED TO SHARP CAMPUSES FOR A TOTAL OF MORE THAN 58,600

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

STUDENT HOURS. THE COLLABORATION BETWEEN SHARP AND HSHMC PREPARES HIGH SCHOOL STUDENTS TO ENTER HEALTH SCIENCE AND MEDICAL TECHNOLOGY CAREERS IN THE FOLLOWING FIVE CAREER PATHWAYS: BIOTECHNOLOGY RESEARCH AND DEVELOPMENT, DIAGNOSTIC SERVICES, HEALTH 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, SCHHC IN 2010, AND SCVMC IN 2011.

LECTURES AND CONTINUING EDUCATION

SHARP CONTRIBUTES TO THE ACADEMIC ENVIRONMENT OF MANY COLLEGES AND

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

UNIVERSITIES IN SAN DIEGO. IN FY 2011, SHARP STAFF COMMITTED MORE THAN 500 HOURS TO THE ACADEMIC COMMUNITY BY PROVIDING LECTURES, COURSES AND PRESENTATIONS ON NUMEROUS COLLEGE/UNIVERSITY CAMPUSES THROUGHOUT SAN DIEGO. THROUGH THE DELIVERY OF A VARIETY OF GUEST LECTURES, INCLUDING HEALTH INFORMATION TECHNOLOGY AT SAN DIEGO MESA COLLEGE, CARDIOVASCULAR TECHNOLOGY AT GROSSMONT COLLEGE, HEALTH INFORMATION LECTURES AT SAN DIEGO 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 2011 THE PROFESSIONALS AT SHARP HEALTHCARE CME INVESTED MORE THAN 1,800 HOURS IN NUMEROUS CME ACTIVITIES OPEN TO SAN DIEGO HEALTH CARE PROVIDERS, RANGING FROM ANNUAL CONFERENCES ON PATIENT SAFETY, DIABETES, BREAST CANCER, KIDNEY-TRANSPLANT, AND END-OF-LIFE CARE, TO PRESENTATIONS ON HIP PRESERVATION AND HOSPITAL OVERCROWDING.

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 FUTURE

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

GOALS, THE ORI AIMS TO: ENSURE PATIENT CARE PRODUCES OUTCOMES CONSISTENT WITH EVIDENCE-BASED MEDICAL LITERATURE; ANALYZE THE RELATIONSHIPS BETWEEN PROCESSES AND OUTCOMES FOR TREATMENTS, INTERVENTIONS AND QUALITY IMPROVEMENT INITIATIVES; ESTABLISH ASSOCIATIONS BETWEEN PRACTICE, COSTS AND OUTCOMES FOR PATIENT CARE; AS WELL AS TO DEVELOP AND DISSEMINATE EFFECTIVE APPROACHES TO QUALITY CARE DELIVERY IN THE HEALTH CARE COMMUNITY.

VOLUNTEER SERVICE

SHARP LENDS A HAND

IN FY 2011, SHARP CONTINUED ITS SYSTEMWIDE COMMUNITY SERVICE PROGRAM, SHARP LENDS A HAND (SLAH), TO FURTHER SUPPORT THE SAN DIEGO COMMUNITIES IT SERVES. IN OCTOBER 2010, 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 COULD BE COMPLETED BY SEPTEMBER 30, 2011.

SHARP EMPLOYEES VOTED ON THE QUALIFIED PROJECTS POSTED ON SHARPNET (SHARP'S INTERNAL WEBSITE). THEY SELECTED SIX PROJECTS: STAND DOWN FOR HOMELESS VETERANS, SAN DIEGO FOOD BANK, INTERNATIONAL COASTAL CLEANUP DAY, SPECIAL OLYMPICS, YWCA EMERGENCY SHELTER (BECKY'S HOUSE), AND PLAYGROUND BEAUTIFICATION AT THE VALENCIA PARK DRAMA AND DANCE ACADEMY.

IN SUPPORT OF THESE PROJECTS, MORE THAN 1,900 SHARP EMPLOYEES, FAMILY

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

MEMBERS AND FRIENDS VOLUNTEERED OVER 6,700 HOURS.

DURING NINE DAYS IN JUNE AND JULY 2011, 454 SHARP EMPLOYEES, FAMILY MEMBERS AND FRIENDS VOLUNTEERED AT VETERANS VILLAGE OF SAN DIEGO. THE VOLUNTEERS SORTED AND ORGANIZED CLOTHING DONATIONS AND PROVIDED ON-SITE 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 AND HELD AT SAN DIEGO HIGH SCHOOL.

THE SAN DIEGO FOOD BANK FEEDS PEOPLE IN NEED THROUGHOUT SAN DIEGO COUNTY, AND ADVOCATES AND EDUCATES THE PUBLIC ABOUT HUNGER-RELATED ISSUES. FOR 10 DAYS OVER JANUARY, MARCH, MAY, JULY AND SEPTEMBER, 880 SLAH VOLUNTEERS INSPECTED AND SORTED DONATED FOOD, ASSEMBLED BOXES AND CLEANED THE SAN DIEGO FOOD BANK WAREHOUSE.

THE YWCA EMERGENCY SHELTER (BECKY'S HOUSE) PROVIDES EMERGENCY SHELTER AND TRANSITIONAL HOUSING TO WOMEN AND CHILDREN WHO HAVE BEEN VICTIMIZED BY DOMESTIC VIOLENCE. ELEVEN SLAH VOLUNTEERS GAVE THE SHELTER SOME MUCH NEEDED "TENDER LOVE AND CARE" BY PAINTING THE CHILDREN'S PATIO IN APRIL 2011.

THE VALENCIA PARK DRAMA AND DANCE ACADEMY PROVIDES EDUCATION, HEALTH CARE, FOOD, CLOTHING AND PERSONAL HYGIENE FOR SOME OF SAN DIEGO'S ESTIMATED 2,200 HOMELESS AND AT-RISK CHILDREN. IN JUNE 2011, A GROUP OF SLAH VOLUNTEERS HELPED IMPROVE THE OUTSIDE ENVIRONMENT FOR THE STUDENTS BY REPAINTING HOPSCOTCH AND FOUR-SQUARE LINES ON THE PLAYGROUND.

MORE THAN 368 SLAH VOLUNTEERS PROVIDED ASSISTANCE TO SAN DIEGO COUNTY'S

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

SPECIAL OLYMPICS YEAR-ROUND TRAINING AND ATHLETIC COMPETITIONS INCLUDING THE FALL REGIONAL GAMES HELD IN RANCHO BERNARDO, A FLOOR HOCKEY COMPETITION AND THE USA TEAM TRAINING EVENT. 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 TEAM TRAINING FOR THE SPRING GAMES IN ATHENS, GREECE, WHICH INCLUDED SWIMMING, TENNIS, BASKETBALL, CYCLING AND ROWING.

THE SLAH TEAM PARTNERED WITH I LOVE A CLEAN SAN DIEGO AND SAN DIEGO COASTKEEPER TO PUT THE SPARKLE BACK IN THE SAN DIEGO COMMUNITY THROUGH THE INTERNATIONAL COASTAL CLEANUP DAY ON SEPTEMBER 17. NEARLY 175 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 2011, 32 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 2011, 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 BROUGHT 250 WHEELCHAIRS, CRUTCHES AND WALKERS AND WORKED OUT OF A REGIONAL HOSPITAL IN RURAL GHANA AT A SEATING AND POSITIONING

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

CLINIC. AT THIS CLINIC, PATIENTS - MANY WHO HAD BEEN CRAWLING FOR MOST OF THEIR LIVES - RECEIVED THERAPY SESSIONS AND THEIR FIRST WHEELCHAIRS AND OTHER WALKING SUPPORTS.

IN ADDITION, SHARP STAFF LED A TEAM OF MEDICALLY-FOCUSED COLLEGE STUDENTS ON ANOTHER HUMANITARIAN PROGRAM SERVING GHANA. OVER THREE WEEKS, THE TEAM TRAVELED TO SEVERAL SMALL VILLAGES IN WEST AFRICA, SETTING UP SEVEN TEMPORARY HEALTH CLINICS, AND TREATING OVER 700 GHANAIS FOR BASIC MEDICAL CARE, SUCH AS TREATMENT FOR MALARIA, INTESTINAL WORMS, SEVERE DEHYDRATION, SCORPION STINGS, SNAKE BITES AND WOUND CARE. THE TEAM ALSO PROVIDED HEALTH EDUCATION AROUND NUTRITION, SANITATION ISSUES AND WOMEN'S HEALTH. TRAINING WAS PROVIDED TO GHANAIAN HEALTH WORKERS SO THAT THEY COULD CONTINUE THE HEALTH EDUCATION AFTER SHARP STAFF RETURNED TO THE U.S.

SHARP STAFF ALSO PARTICIPATED IN A MEDICAL MISSION TRIP TO EL SALVADOR, PROVIDING THREE MEDICAL CLINICS TO THE COMMUNITY SERVING HUNDREDS OF PATIENTS IN POVERTY. ADDITIONALLY, A WEEK-LONG FREE HEALTH CLINIC WAS CONDUCTED BY SHARP PHYSICAL THERAPY STAFF IN PUNTA GORDA, BELIZE. PATIENTS RECEIVED PHYSICAL THERAPY SCREENING AND INTERVENTION, EDUCATION ON THE BENEFITS OF EXERCISE, AN INDIVIDUALIZED HOME PROGRAM, AND REFERRALS TO THE LOCAL CLINIC FOR FOLLOW-UP SERVICES. ANOTHER MEDICAL MISSION TRIP WAS LED IN HO CHI MINH CITY, VIETNAM, DURING JANUARY 2011. EIGHT PARTICIPANTS, INCLUDING SHARP-AFFILIATED PHYSICIANS AND NURSES, SERVED FOR A WEEK AT A LOCAL HOSPITAL AND PROVIDED CRITICAL ORTHOPEDIC THERAPY AND TREATMENT TO 20 PATIENTS. SHARP STAFF PERFORMED SURGERY FOR EIGHT OF THESE PATIENTS, ATTENDING MOSTLY TO BONE FRACTURES AND NON-UNIONS.

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

THROUGH THE SHARP HUMANITARIAN SERVICE PROGRAM, IN FY 2011 SHARP STAFF CONTINUED TO PROVIDE 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, IN ADDITION TO EQUIPMENT AND SUPPLIES TO THOSE IN NEED. SHARP STAFF OFTEN DELIVERED AROUND-THE-CLOCK CARE FOR PATIENTS AFFECTED BY THE EARTHQUAKES - WHOSE AGES RANGED FROM NEONATES TO THE ELDERLY - AT VARIOUS SITES THROUGHOUT HAITI.

SHARP STAFF ALSO WORKED WITH FAMILY FRIENDS COMMUNITY CONNECTION (FFCC), A SAN DIEGO-BASED NONPROFIT ORGANIZATION, TO LEND VITAL ASSISTANCE TO THOSE AREAS OF HAITI IMPACTED BY THE EARTHQUAKES. IN APRIL 2011, THE FFCC TEAM AND SHARP EMPLOYEES SET UP THE FIRST MOBILE MEDICAL CLINIC IN CARREFOUR, HAITI, AND TREATED NEARLY 1,000 PATIENTS IN NEED OF CRITICAL MEDICAL CARE. 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.

COMMUNITY WALKS

FOR THE PAST 16 YEARS, SHARP HAS PROUDLY SUPPORTED THE AMERICAN HEART ASSOCIATION (AHA) ANNUAL HEART WALK. IN SEPTEMBER 2011, MORE THAN 1,000 WALKERS REPRESENTED SHARP AT THE SAN DIEGO HEART WALK HELD IN BALBOA PARK. SHARP WAS THE NO. 1 HEART WALK TEAM IN SAN DIEGO AND THE AHA

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

WESTERN REGION AFFILIATES, RAISING MORE THAN \$194,000 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 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 2011, THERE WERE MORE THAN 2,300 TOTAL VOLUNTEERS ACROSS THE SHARP SYSTEM, CONTRIBUTING 280,963 HOURS OF THEIR TIME IN SERVICE TO SHARP AND ITS INITIATIVES. MORE THAN 15,000 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;

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

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 2011

SHARP CHULA VISTA MEDICAL CENTER

347 VOLUNTEERS (INDIVIDUALS)

52,990 VOLUNTEER HOURS

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

165 VOLUNTEERS (INDIVIDUALS)

8,181 VOLUNTEER HOURS

SHARP GROSSMONT HOSPITAL

950 VOLUNTEERS (INDIVIDUALS)

109,487 VOLUNTEER HOURS

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

85 VOLUNTEERS (INDIVIDUALS)

14,873 VOLUNTEER HOURS

SHARP MEMORIAL HOSPITAL

617 VOLUNTEERS (INDIVIDUALS)

74,961 VOLUNTEER HOURS

SHARP MESA VISTA HOSPITAL

24 VOLUNTEERS (INDIVIDUALS)

2,689 VOLUNTEER HOURS

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

SHARP HEALTHCARE

26 VOLUNTEERS (INDIVIDUALS)

4,125 VOLUNTEER HOURS

TOTAL

2,214 VOLUNTEERS (INDIVIDUALS)

267,306 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 2011, 129 COMMUNITY MEMBERS CONTRIBUTED THEIR TIME TO SHARP'S BOARDS.

SHARP'S GREATER GOOD

IN FY 2011, SHARP STAFF VOLUNTEERED THEIR TIME AND PASSION TO A NUMBER OF UNIQUE INITIATIVES, UNDERSCORING SHARP'S COMMITMENT TO THE HEALTH AND WELFARE OF THE SAN DIEGO COMMUNITY, AND THE GREATER GOOD. BELOW ARE JUST A FEW EXAMPLES OF HOW SHARP EMPLOYEES GAVE OF THEMSELVES TO THE SAN DIEGO COMMUNITY.

AT SGH, THE "THIS BUD'S FOR YOU" PROGRAM BROUGHT SMILES TO UNSUSPECTING

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

PATIENTS AND THEIR LOVED ONES WITH THE DELIVERY OF HAND-PICKED FLOWERS FROM THE MEDICAL CAMPUS'S ABUNDANT GARDENS. THE SGH LANDSCAPE TEAM GREW, CUT, BUNDLED AND DELIVERED COLORFUL BOUQUETS EACH WEEK, BRINGING AN ELEMENT OF NATURAL BEAUTY TO HELP EASE THE EXPERIENCE OF PATIENTS AND VISITORS OF BOTH THE HOSPITAL, AND THE SGH HOSPICE HOUSES. THE TEAM ALSO REGULARLY OFFERS SINGLE-STEM ROSES IN A SMALL BUD VASE TO PASSERS-BY. THE PROGRAM'S SUCCESS WAS MADE POSSIBLE BY SUPPORT FROM THE SGH AUXILIARY AND VOLUNTEERS WHO ASSISTED THE LANDSCAPE CREW IN NAVIGATING THE HOSPITAL AND SUPPLIED FLOWER VASES.

ANOTHER PROGRAM ORGANIZED BY AN SGH STAFF MEMBER WAS THE "SHIRT OFF OUR BACKS" PROGRAM. DURING THE 2010 HOLIDAY SEASON, ONE SGH EMPLOYEE ORCHESTRATED AND IMPLEMENTED A CONCERTED EFFORT TO BRING CLOTHING, SHOES, BLANKETS AND HOUSEHOLD ITEMS DIRECTLY TO SAN DIEGO'S HOMELESS POPULATION. THE SGH ENGINEERING DEPARTMENT, THE SGH AUXILIARY AND LOCAL BUSINESSES COLLABORATED TO IMPLEMENT THE PROGRAM, AND SGH'S WASTE MANAGEMENT TEAM PROVIDED ANCILLARY SUPPORT WITH LOANER RECYCLE BINS TO USE FOR COLLECTION. HUNDREDS OF POUNDS OF CLOTHING, SHOES, TOWELS, BLANKETS, TOILETRIES AND OTHER ITEMS THAT COULD BE PUT TO USE IMMEDIATELY WERE COLLECTED, WASHED, FOLDED, BOXED/BAGGED AND PREPARED BEFORE DELIVERY TO THE SAN DIEGO POPULATION IN NEED.

AT SMMC, THE ARTS FOR HEALING PROGRAM WAS ESTABLISHED TO IMPROVE THE SPIRITUAL AND EMOTIONAL HEALTH OF PATIENTS THAT FACE SIGNIFICANT MEDICAL CHALLENGES. THE PROGRAM PROVIDES SERVICES AT SMH, SMH OPP, SMBHWN, SMV AND SMC. SINCE THE INCEPTION OF THE PROGRAM IN 2007, MORE THAN 5,000 PATIENTS AND THEIR FAMILIES HAVE BENEFITTED FROM THE TIME AND TALENT PROVIDED BY DEDICATED STAFF AND VOLUNTEERS. TRAINED

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

VOLUNTEERS ARE THE PRIMARY PROVIDERS OF THE PROGRAM, WHICH IS COORDINATED BY A CLERGY MEMBER OF THE SPIRITUAL CARE PROGRAM. THE ARTS FOR HEALING PROGRAM UTILIZES THE POWER OF ART AND MUSIC TO ENHANCE THE HEALING PROCESS FOR PATIENTS CHALLENGED BY SIGNIFICANT ILLNESS, CHRONIC PAIN AND LONG-TERM HOSPITALIZATION. AT SMH, OFTENTIMES THESE ARE STROKE PATIENTS, CANCER PATIENTS, OR PATIENTS FACING LIFE WITH NEWLY-ACQUIRED DISABILITIES FOLLOWING CATASTROPHIC EVENTS. AT SMBHWN, THE PROGRAM IS PROVIDED TO HIGH-RISK MOTHERS WHO ARE IN THE HOSPITAL FROM ONE TO FOUR MONTHS, AWAITING CHILDBIRTH AND EXPERIENCING STRESS AND LONELINESS OVER THE SEPARATION FROM THEIR FAMILIES. THE PROGRAM HAS RECENTLY EXPANDED TO OFFER SPECIAL INTERACTIVE GROUP ART PROJECTS IN THE LOUNGES OF THE STEPHEN BIRCH HEALTHCARE CENTER, WHICH ARE OPEN TO PATIENTS, FAMILIES AND STAFF. PARTICIPANTS PAINT AND CREATE CARDS AND SEASONAL CRAFT PROJECTS. EVENTS HAVE ATTRACTED MORE THAN 75 PEOPLE WHO BENEFIT FROM THE HEALING POWER OF ART.

IN ADDITION, SHARP SPONSORED THE TEDXSANDIEGO AND TEDXYOUTH EVENTS HELD IN NOVEMBER 2010, PROVIDING SUPPORT IN ADVANCE OF THE EVENT, INCLUDING SHOW DIRECTION, TECHNICAL DIRECTION, EXPERIENCE DESIGN AND REGISTRATION. TEDXSANDIEGO AND TEDXYOUTH ARE EVENTS FOR MEMBERS OF THE SAN DIEGO COMMUNITY AND BEYOND, AND ARE DESIGNED TO BRING TOGETHER INNOVATORS, EXPLORERS, TEACHERS AND LEARNERS IN AN ENVIRONMENT THAT ENCOURAGES COLLABORATION, CONVERSATION AND INTERACTION. TED IS A NONPROFIT ORGANIZATION DEVOTED TO "IDEAS WORTH SPREADING," AND HAS GROWN OVER THE PAST 25 YEARS TO SUPPORT AN ARRAY OF WORLD-CHANGING IDEAS WITH MULTIPLE INITIATIVES. TEDXSANDIEGO AND TEDXYOUTH ARE NOT-FOR-PROFIT EVENTS ORGANIZED ENTIRELY BY LOCAL, UNPAID VOLUNTEERS. BETWEEN 40 TO 60 SHARP STAFF VOLUNTEERED THEIR TIME ON-SITE AT EACH

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

EVENT, DELIVERING THE SHARP EXPERIENCE AS WAY FINDERS, USHERS, STAGE MANAGERS, SPEAKER SHADOWS, AND IN OTHER ROLES.

LASTLY, SHARP'S 2011 ALL-STAFF ASSEMBLY DREW FROM THE SPIRIT OF GIVING BACK WITH ITS THEME OF "GREATER GOOD." TO INSPIRE SHARP STAFF TO MAKE A DIFFERENCE, BROWN PAPER "BAGS OF GOODNESS" WERE MAILED TO ALL SHARP EMPLOYEES IN SEPTEMBER, WITH THE SIMPLE REQUEST TO FILL THE BAG "WITH LOVE AND GENEROSITY" AND TO PASS IT ON "TO CREATE UNEXPECTED DELIGHT." HUNDREDS OF SHARP EMPLOYEES SHARED STORIES OF THEIR BAGS OF GOODNESS, RANGING FROM BAGS OF RECYCLED EYEGLASSES DISTRIBUTED TO THOSE IN NEED IN THIRD WORLD COUNTRIES BY THE LA MESA LION'S CLUB; TO SAFETY SUPPLIES AND NECESSITIES FOR NEIGHBORS DURING A BLACKOUT; GRANOLA BARS AND OTHER FOODS FOR THOSE IN NEED; AND TREATS AND USEFUL ITEMS FOR SOLDIERS IN IRAQ AND AFGHANISTAN. IN ADDITION, A GROUP OF SHARP STAFF ORGANIZED A TRIP TO THE YWCA "C" STREET SHELTER, A TEMPORARY HOUSING FACILITY FOR WOMEN AND CHILDREN THAT ARE VICTIMS OF DOMESTIC VIOLENCE. THEY DELIVERED OVER 50 BAGS OF GOODNESS, FILLED WITH TOILETRIES, SNACKS, GIFT CARDS, BOOKS AND OTHER KIND GESTURES. THROUGH THESE AND MANY OTHER SIMPLE, YET POWERFUL ACTS, SHARP EMPLOYEES DEMONSTRATED THAT A SINGLE GOOD DEED CAN IGNITE A SPARK OF POSSIBILITY, SETTING IN MOTION A CHAIN REACTION OF KINDNESS - ALL FOR THE GREATER GOOD.

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 LEADERSHIP PROMOTES A CULTURE OF ENVIRONMENTAL RESPONSIBILITY BY PROVIDING EDUCATION AND OUTREACH TO EMPLOYEES TO

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

IMPROVE THE HEALTH OF THOSE THEY SERVE AS WELL AS THEIR OWN. SHARP CONTINUES TO IMPROVE ITS SYSTEMWIDE ALL WAYS GREEN PROGRAM, WHICH IS AIMED AT INCREASING ENERGY EFFICIENCY, WATER CONSERVATION AND WASTE MINIMIZATION, AS WELL AS THE PROMOTION OF OTHER INITIATIVES TO LOWER SHARP'S CARBON FOOTPRINT. SHARP CREATED ITS ALL WAYS GREEN LOGO TO BRAND ITS ENVIRONMENTAL ACTIVITIES, AND HAS ESTABLISHED A GREEN TEAM AT EACH ENTITY TO FOSTER AND COMMUNICATE SUSTAINABLE ACTIVITIES. SHARP HAS ALSO INSTITUTED A SYSTEMWIDE ENVIRONMENTAL POLICY.

ACCORDING TO THE EPA, INPATIENT HOSPITAL FACILITIES ARE NOW THE SECOND-MOST ENERGY-INTENSIVE INDUSTRY AFTER FOOD SERVICE AND SALES, WITH ENERGY UTILIZATION RATES 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, SHARP HAS EMBARKED ON SEVERAL GREEN INITIATIVES TO ENHANCE ENERGY EFFICIENCY THROUGH ENERGY-EFFICIENT LIGHTING, RETRO-COMMISSIONING, OCCUPANCY SENSORS, ENERGY AUDITS, ENERGY-EFFICIENT PLANT MOTOR REPLACEMENTS, EQUIPMENT MODERNIZATION AND TRAINING OF STAFF TO CONSERVE ENERGY. IN ADDITION, ALL SHARP ENTITIES PARTICIPATE IN THE EPA ENERGY STAR DATABASE AND MONITOR THEIR ENERGY SCORES ON A MONTHLY BASIS. IN FY 2010 AND FY 2011, SCHHC EARNED THE EPA ENERGY STAR AWARD. SCHHC WAS ALSO NAMED AS AN "HONORABLE MENTION" AT THE 2011 SAN DIEGO GAS & ELECTRIC (SDG&E) ANNUAL SHOWCASE AWARDS. SCVMC EARNED THE EPA ENERGY STAR AWARD IN FY 2009, FY 2010 AND FY 2011 AND WAS THE ONLY HOSPITAL IN CALIFORNIA TO BE ELIGIBLE FOR THE AWARD DURING THIS CONSECUTIVE THREE-YEAR PERIOD.

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

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; WATER-SAVING DEVICES AND EQUIPMENT; WATER MONITORING AND CONTROL SYSTEMS; WATER PRACTICE AND UTILIZATION EVALUATIONS; AND DROUGHT-RESISTANT PLANTS AND OTHER LANDSCAPE REDESIGNS. THESE CHANGES HAVE BEEN IMPLEMENTED OPERATIONALLY WITH NO NEGATIVE IMPACT TO PATIENT CARE, RESULTING IN SIGNIFICANT FINANCIAL SAVINGS AND REDUCED NATURAL RESOURCE CONSUMPTION.

SHARP EMPLOYEES ALSO DONATED OR RECYCLED PERSONAL CELL PHONES AND PROCEEDS WERE GIVEN TO THE COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) GIFT OF HEALTH PROGRAM. CHIP USES THE PROCEEDS TO PROVIDE MEDICAL AND DENTAL CARE FOR UNINSURED CHILDREN IN SAN DIEGO. IN ADDITION, SHARP EMPLOYEES WERE ENCOURAGED TO RECYCLE PERSONAL EYEGLASSES AND SUNGLASSES THROUGH THE LION'S CLUB RECYCLE SIGHT PROGRAM, WHICH DISTRIBUTES RECYCLED GLASSES TO PEOPLE IN NEED BOTH LOCALLY AND GLOBALLY.

IN APRIL 2011, SHARP HELD ITS SECOND-ANNUAL SYSTEMWIDE EARTH WEEK EVENT, PARTNERING WITH 11 OF SHARP'S VENDORS TO ELEVATE AWARENESS OF GREEN INITIATIVES. SHARP ALSO HELD ITS FIRST CORPORATE ELECTRONIC WASTE EVENT AT ITS CORPORATE OFFICE LOCATION IN KEARNY MESA.

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

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

IMPLEMENTED A SYSTEMWIDE SINGLE-STREAM RECYCLING PROGRAM TO DIVERT WASTE FROM GOING TO LANDFILLS. FACILITIES ALSO BEGAN USING REUSABLE SHARPS CONTAINERS THAT CAN BE REUSED UP TO 500 TIMES, STERILE PROCESSING EQUIPMENT THAT ALLOWS FOR THE ELIMINATION OF BLUE-WRAPPED INSTRUMENT TRAYS, AND REPROCESSING OF SURGICAL INSTRUMENTS. OTHER EFFORTS TO REDUCE WASTE INCLUDE THE USE OF RECYCLABLE PAPER FOR PRINTING BROCHURES AND OTHER MARKETING MATERIALS, ELECTRONIC PATIENT BILLS AND PAPERLESS PAYROLL, RECYCLING OF EXAM PAPER AT SRS, AND ENCOURAGEMENT OF REDUCED PAPER USE AT MEETINGS THROUGH ELECTRONIC CORRESPONDENCE. IN ADDITION, SHARP NEGOTIATED A CONTRACT WITH OFFICE DEPOT TO ALLOW FOR 30 PERCENT RECYCLED COPY PAPER TO BE USED AT ALL ENTITIES. ITEMS RECEIVED FROM OFFICE DEPOT ARE ALSO NOW DELIVERED IN A SMALL RE-USEABLE BAG RATHER THAN A LARGE SINGLE-USE CARDBOARD BOX. AT THE SMMC, VOLUNTEERS CONTINUE TO PICK UP UNWANTED FLOWER VASES FOLLOWING PATIENT DISCHARGE TO REUSE THEM IN THE HOSPITAL GIFT SHOP.

THE IMPACT OF THE WASTE REDUCTION PROGRAMS HAS BEEN SIGNIFICANT. IN FY 2011, SHARP FACILITIES DIVERTED SOME 6.8 MILLION POUNDS OF PAPER, CARDBOARD, PLASTIC CONTAINERS, GLASS CONTAINERS, ALUMINUM AND METAL CANS FROM LOCAL LANDFILLS. IN ADDITION, SCHHC AND SMMC DIVERTED 39,960 POUNDS OF WASTE THROUGH UTILIZATION OF REUSABLE SHARPS AND PHARMACEUTICAL WASTE CONTAINERS IN FY 2011. SHARP RECYCLED/RECLAIMED 180,669 POUNDS OF HAZARDOUS AND UNIVERSAL WASTE (E.G., BATTERIES, SOLVENTS, FLUORESCENT LIGHT BULBS, ETC.) AND DIVERTED 27,088 POUNDS OF WASTE THROUGH THE REPROCESSING OF SURGICAL DEVICES. TABLE 3 PRESENTS THE QUANTITY OF WASTE DIVERSION AT SHARP SHOWN AS POUNDS (LBS.) DIVERTED.

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

TABLE 3: SHARP HEALTHCARE WASTE DIVERSION - FY 2011

SHARP CHULA VISTA MEDICAL CENTER

352,954 POUNDS RECYCLED WASTE PER YEAR

3,229,152 POUNDS TOTAL WASTE PER YEAR

10.9% RECYCLED

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

227,119 POUNDS RECYCLED WASTE PER YEAR

937,656 POUNDS TOTAL WASTE PER YEAR

24.2% RECYCLED

SHARP GROSSMONT HOSPITAL

1,422,201 POUNDS RECYCLED WASTE PER YEAR

4,176,332 POUNDS TOTAL WASTE PER YEAR

34.1% RECYCLED

SHARP METROPOLITAN MEDICAL CAMPUS

1,960,931 POUNDS RECYCLED WASTE PER YEAR

6,355,666 POUNDS TOTAL WASTE PER YEAR

30.9% RECYCLED

TOTAL SHARP HEALTHCARE

7,009,641 POUNDS RECYCLED WASTE PER YEAR

20,097,407 POUNDS TOTAL WASTE PER YEAR

34.9% RECYCLED

IN FY 2011, SHARP PROMOTED VARIOUS OTHER ALL WAYS GREEN INITIATIVES TO

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

ENHANCE ENVIRONMENTAL RESPONSIBILITY. GREEN BUILDING DESIGNS ARE UTILIZED THROUGHOUT THE SHARP SYSTEM AND THE NEW SRS DOWNTOWN MEDICAL OFFICE BUILDING IS DESIGNED TO BE LEED (LEADERSHIP IN ENERGY AND ENVIRONMENTAL DESIGN) GOLD CERTIFIED WITH A CO-GENERATION SYSTEM WHICH USES NATURAL GAS TO PRODUCE ELECTRICITY ON-SITE.

SHARP IS ALSO IMPLEMENTING SUSTAINABLE FOOD PRACTICES INCLUDING: REMOVAL OF STYROFOAM FROM THE CAFETERIAS; USE OF GREEN-LABEL SOAPS AND CLEANERS; NEW DISHWASHING SYSTEMS TO REDUCE THE USE OF PLASTICS; ELECTRONIC CAFE MENUS; FLATWARE AND PLATES MADE FROM RECYCLED MATERIALS; RECYCLING OF ALL CARDBOARD, CANS AND GREASE FROM CAFES; AND PARTNERING WITH VENDORS WHO ARE COMMITTED TO REDUCING PRODUCT PACKAGING. OTHER SUSTAINABLE FOOD PRACTICES INCLUDE ORGANIC MARKETS AT EACH HOSPITAL AND THE CORPORATE OFFICE; PURCHASING OF HORMONE-FREE MILK; AND INCREASED PURCHASING OF LOCALLY GROWN FRUITS AND VEGETABLES, APPROACHING 65 PERCENT AT SOME ENTITIES. IN ADDITION, SMH AND SCHHC ARE IN THE PROCESS OF IMPLEMENTING COMPOSTING SYSTEMS IN THEIR KITCHENS, AND CLOSE TO HAVING THE FIRST COUNTY-APPROVED ORGANIC GARDENS.

RIDE SHARING, PUBLIC TRANSIT PROGRAMS AND OTHER TRANSPORTATION EFFORTS CONTRIBUTE TO THE REDUCTION OF SHARP'S TRANSPORTATION EMISSIONS. SHARP ENSURES CARPOOL PARKING SPACES AND DESIGNATED BIKE RACKS AND MOTORCYCLE SPACES ARE AVAILABLE AT EACH EMPLOYEE PARKING LOT. IN ADDITION, SHARP OFFERS DISCOUNTED MONTHLY BUS PASSES FOR PURCHASE BY EMPLOYEES. IN PARTNERSHIP WITH THE SAN DIEGO ASSOCIATION OF GOVERNMENTS (SANDAG), A VANPOOL AND CARPOOL MATCH-UP PROGRAM HAS ALSO BEEN CREATED TO HELP EMPLOYEES FIND CONVENIENT RIDE SHARE PARTNERS. IN FY 2011, THE SHARP SYSTEM PARTICIPATED IN THE SANDAG ICOMMUTE CORPORATE CHALLENGE,

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

ACHIEVING FIRST PLACE IN THE LARGE EMPLOYER CATEGORY. SHARP IS ALSO IN THE PROCESS OF INSTALLING ELECTRIC VEHICLE (EV) CHARGERS ACROSS THE SHARP SYSTEM, AS PART OF THE NATIONAL EV PROJECT. SHARP IS THE FIRST HEALTH CARE SYSTEM IN SAN DIEGO TO OFFER THE EV CHARGERS AND IS ON THE FOREFRONT OF HELPING CREATE THE NATIONAL INFRASTRUCTURE REQUIRED FOR THE PROMOTION OF EVS. IN ADDITION, SHARP USES CENTRALIZED PATIENT SCHEDULING TO IMPROVE PATIENT VANPOOLS, AND HAS REPLACED HIGHER FUEL-CONSUMING CARGO VANS WITH ECONOMY FORD TRANSIT VEHICLES, SAVING APPROXIMATELY FIVE MILES PER GALLON. AT SMMC, BATTERY-OPERATED GOLF CARTS ARE ALSO USED TO SHUTTLE PATIENTS BETWEEN CAMPUS BUILDINGS. TABLE 4 HIGHLIGHTS THE ALL WAYS GREEN EFFORTS AT SHARP ENTITIES.

GOING FORWARD, SHARP REMAINS COMMITTED TO THE ALL WAYS GREEN INITIATIVE AND WILL CONTINUE TO INVESTIGATE OTHER GREEN OPPORTUNITIES TO REDUCE SHARP'S CARBON FOOTPRINT. GREEN PURCHASING METHODS WILL BE EXPLORED AS A FIRST LINE OF DEFENSE TO REDUCE WASTE VOLUME AND TOXICITY WITH LESS PACKAGING, FEWER TOXIC MATERIALS AND MORE RECYCLABLE PACKAGING. SHARP'S ALL WAYS GREEN COMMITTEE WILL CONTINUE TO WORK WITH OUR EMPLOYEES, PHYSICIANS AND CORPORATE PARTNERS TO DEVELOP NEW AND CREATIVE WAYS TO REDUCE, REUSE AND RECYCLE.

TABLE 4: ALL WAYS GREEN INITIATIVES BY SHARP ENTITY - FY 2011

SMH/SMBHWN

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-ENERGY STAR AWARD

-ENERGY-EFFICIENT MOTORS INSTALLED

032212
01-24-11

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

-OCCUPANCY SENSORS

WATER CONSERVATION

-DRIP IRRIGATION

-HARDSCAPING

-WATER-SAVING PRACTICES/UTILIZATION EVALUATIONS

-MIST ELIMINATORS

-LANDSCAPE WATER REDUCTION SYSTEMS

-DROUGHT-TOLERANT PLANTS

WASTE MINIMIZATION

-REPROCESSING (SURGICAL INSTRUMENTS, ETC.)

-RECYCLING

-REUSABLE SUPPLIES

EDUCATION AND OUTREACH

-RECYCLING EDUCATION

-GREEN TEAM

-EARTH WEEK ACTIVITIES

-ENVIRONMENTAL POLICY

SMV/SMC

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-ENERGY STAR PARTICIPATION

-MOTOR AND PUMP REPLACEMENTS

WATER CONSERVATION

-DRIP IRRIGATION

-HARDSCAPING

-WATER-SAVING PRACTICES/UTILIZATION EVALUATIONS

-LANDSCAPE USAGE REDUCTION

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

-LANDSCAPE WATER REDUCTION SYSTEMS

-DROUGHT-TOLERANT PLANTS

WASTE MINIMIZATION

-RECYCLING

-WASTE REDUCTION

-STYROFOAM ELIMINATION

EDUCATION AND OUTREACH

-GREEN TEAM

-EARTH WEEK ACTIVITIES

-ENVIRONMENTAL POLICY

SGH

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-ENERGY STAR PARTICIPATION

-RETRO-COMMISSIONING

WATER CONSERVATION

-DRIP IRRIGATION

-HARDSCAPING

-WATER-SAVING PRACTICES/UTILIZATION EVALUATIONS

-LANDSCAPE WATER REDUCTION SYSTEMS

-DROUGHT-TOLERANT PLANTS

WASTE MINIMIZATION

-RECYCLING

-SUSTAINABLE SUPPLIES

-SURGICAL INSTRUMENT REPROCESSING

EDUCATION AND OUTREACH

-UPDATE AND ENFORCE NO SMOKING POLICY

032212
01-24-11

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

-GREEN TEAM

-EARTH WEEK ACTIVITIES

-ENVIRONMENTAL POLICY

SCVMC

ENERGY EFFICIENCY

-ENERGY STAR PARTICIPATION

-LIGHTING RETROFIT

-ENERGY-EFFICIENT CHILLERS/MOTORS

WATER CONSERVATION

-DRIP IRRIGATION

-HARDSCAPING

-WATER-SAVING PRACTICES/UTILIZATION EVALUATIONS

-LANDSCAPE WATER REDUCTION SYSTEMS

-DROUGHT-TOLERANT PLANTS

WASTE MINIMIZATION

-RECYCLING

-COMPACTOR RENOVATION

-SURGICAL INSTRUMENT REPROCESSING

EDUCATION AND OUTREACH

-RECYCLING/RIDE SHARING PROMOTION

-GREEN TEAM

-EARTH WEEK ACTIVITIES

-ENVIRONMENTAL POLICY

SCHHC

ENERGY EFFICIENCY

-LIGHTING RETROFIT

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

-ENERGY STAR AWARD

-ELEVATOR/CHILLER MODERNIZATIONS

-A/C REPLACEMENT

-ENERGY EFFICIENT CHILLERS/MOTORS

-SDG&E "HONORABLE MENTION" AWARD

WATER CONSERVATION

-DRIP IRRIGATION

-HARDSCAPING

-WATER-SAVING PRACTICES/UTILIZATION EVALUATIONS

-LANDSCAPE USAGE/WATER REDUCTION

-DROUGHT-TOLERANT PLANTS

WASTE MINIMIZATION

-RECYCLING

-REUSABLE SUPPLIES

-REPROCESSING

-SURGICAL INSTRUMENT REPROCESSING

EDUCATION AND OUTREACH

-RECYCLING EDUCATION

-GREEN TEAM

-EARTH WEEK ACTIVITIES

-ENVIRONMENTAL POLICY

-FARMER'S MARKET

SRS

ENERGY EFFICIENCY

-LIGHTING RETROFIT

-ENERGY STAR PARTICIPATION

-ENERGY AUDITS

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

WATER CONSERVATION

- DRIP IRRIGATION
- HARDSCAPING
- WATER-SAVING PRACTICES/UTILIZATION EVALUATIONS
- LANDSCAPE USAGE/WATER REDUCTION
- DROUGHT-TOLERANT PLANTS
- LOW-FLOW SYSTEMS

WASTE MINIMIZATION

- RECYCLING

EDUCATION AND OUTREACH

- CONTRACTOR EDUCATION
- GREEN TEAM
- EARTH WEEK ACTIVITIES
- ENVIRONMENTAL POLICY

SHP

ENERGY EFFICIENCY

- LIGHTING RETROFIT
- ENERGY STAR PARTICIPATION
- OCCUPANCY SENSORS

WATER CONSERVATION

- DRIP IRRIGATION
- HARDSCAPING
- WATER-SAVINGS PRACTICES/UTILIZATION EVALUATIONS
- LANDSCAPE WATER REDUCTION SYSTEMS
- DROUGHT-TOLERANT PLANTS
- WATER-SAVING DEVICES

WASTE MINIMIZATION

032212
01-24-11

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

-RECYCLING

-SPRING CLEANING EVENTS

EDUCATION AND OUTREACH

-MASS TRANSIT EDUCATION

-GREEN TEAM

-EARTH WEEK ACTIVITIES

-ENVIRONMENTAL POLICY

SHARP SYSTEM SERVICES

ENERGY EFFICIENCY

-ENERGY STAR PARTICIPATION

-ENERGY EFFICIENT CHILLERS/MOTORS

-THERMOSTAT CONTROL SOFTWARE

-OCCUPANCY SENSORS

WATER CONSERVATION

-DRIP IRRIGATION

-HARDSCAPING

-WATER-SAVING PRACTICES AND UTILIZATION EVALUATIONS

-LANDSCAPE USAGE/WATER REDUCTION

-DROUGHT-TOLERANT PLANTS

WASTE MINIMIZATION

-GREEN GROCER'S MARKET

-RECYCLING

-E-WASTE EVENT

EDUCATION AND OUTREACH

-SHARP-SPONSORED MASS TRANSIT AND CARPOOLING PROGRAM

-GREEN TEAM

-EARTH WEEK ACTIVITIES

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

-ENVIRONMENTAL POLICY

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 FISCAL YEAR (FY) 2011 (OCTOBER 1, 2010, THROUGH SEPTEMBER 30, 2011). 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 MCDONALD CENTER
- *SHARP HEALTH PLAN

COMMUNITY BENEFITS PLANNING AT SHARP HEALTHCARE

SHARP BASES ITS COMMUNITY BENEFITS PLANNING ON THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY SAN DIEGO COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) COMBINED WITH THE EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL.

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

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

*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 2011

THE FOLLOWING ARE EXAMPLES OF COMMUNITY BENEFITS PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 2011.

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

UNREIMBURSED MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS WHO ARE UNABLE TO PAY FOR SERVICES, AND THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS MEDI-CAL, MEDICARE, SAN DIEGO COUNTY 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. THIS ALSO INCLUDED FINANCIAL SUPPORT FOR ON-SITE WORKERS TO PROCESS MEDI-CAL ELIGIBILITY FORMS.

OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED 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 THE YWCA EMERGENCY SHELTER (BECKY'S HOUSE), 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.

OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED HEALTH EDUCATION AND INFORMATION, AND PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS ADDRESSING THE UNIQUE NEEDS OF THE COMMUNITY, 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

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

HEALTH OF THE COMMUNITY. SEE APPENDIX A FOR A LISTING OF SHARP'S INVOLVEMENT IN COMMUNITY ORGANIZATIONS.

HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING PROGRAMS FOR MEDICAL, NURSING AND OTHER HEALTH CARE PROFESSIONALS, AS WELL AS STUDENT/INTERN SUPERVISION. SHARP ALSO COMPLETED ITS PARTNERSHIP WITH SOUTHWESTERN COLLEGE (SWC) AND UNIVERSITY OF OKLAHOMA (OU) COLLEGE OF NURSING TO PROVIDE CLINICAL EXPERIENCE IN SDC FOR STUDENTS ENROLLED IN THE OU ONLINE ACCELERATED SECOND DEGREE BSN PROGRAM.

ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2011

IN FY 2011, SHARP PROVIDED A TOTAL OF \$297,942,782 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.

IN FY 2011, THE STATE OF CALIFORNIA AND THE CENTERS FOR MEDICARE AND MEDICAID SERVICES APPROVED A MEDI-CAL HOSPITAL FEE PROGRAM FOR THE PERIOD APRIL 1, 2009 THROUGH DECEMBER 31, 2010, RESULTING IN INCREASED REIMBURSEMENT OF \$120.7 MILLION AND AN ASSESSMENT OF A QUALITY ASSURANCE FEE TOTALING \$82.7 MILLION. THE NET IMPACT OF THE PROGRAM TOTALING \$38.1 MILLION REDUCED THE AMOUNT OF UNREIMBURSED MEDICAL CARE SERVICE FOR THE MEDI-CAL POPULATION. THIS REIMBURSEMENT HELPED OFFSET PRIOR YEARS' UNREIMBURSED MEDICAL CARE SERVICES, BUT WAS FULLY RECORDED IN FY 2011, THEREBY UNDERSTATING THE TRUE UNREIMBURSED MEDICAL CARE SERVICES PERFORMED FOR FY 2011.

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

TABLE 1: TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED

SHARP HEALTHCARE OVERALL - FY 2011

SENATE BILL 697 CATEGORY

PROGRAMS AND SERVICES INCLUDED IN SENATE BILL 697 CATEGORY

ESTIMATED FY 2011 UNREIMBURSED COSTS

MEDICAL CARE SERVICES

SHORTFALL IN MEDI-CAL

\$29,099,719

SHORTFALL IN MEDICARE

\$159,888,631

SHORTFALL IN SAN DIEGO COUNTY INDIGENT MEDICAL SERVICES

\$26,653,890

SHORTFALL IN CHAMPVA/TRICARE

\$2,608,868

SHORTFALL IN WORKERS' COMPENSATION

\$124,996

CHARITY CARE AND BAD DEBT

\$68,569,532

OTHER BENEFITS FOR VULNERABLE POPULATIONS

PATIENT TRANSPORTATION AND OTHER ASSISTANCE FOR THE NEEDY

\$3,092,761

OTHER BENEFITS FOR THE BROADER COMMUNITY

HEALTH EDUCATION AND INFORMATION, SUPPORT GROUPS, HEALTH FAIRS, MEETING

032212
01-24-11

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

ROOM SPACE, DONATIONS OF TIME TO COMMUNITY ORGANIZATIONS AND COST OF
FUNDRAISING FOR COMMUNITY EVENTS

\$3,125,051

HEALTH RESEARCH, EDUCATION, AND TRAINING PROGRAMS

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

\$4,779,334

TOTAL

\$297,942,782

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

TABLE 2: TOTAL ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED

SHARP HEALTHCARE ENTITIES - FY 2011

SHARP HEALTHCARE ENTITY

ESTIMATED FY 2011 UNREIMBURSED COSTS

SHARP CHULA VISTA MEDICAL CENTER

\$53,843,127

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

\$9,922,973

SHARP GROSSMONT HOSPITAL

\$103,258,405

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

032212
01-24-11

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

\$3,530,274

SHARP MEMORIAL HOSPITAL

\$119,458,481

SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER

\$7,753,855

SHARP HEALTH PLAN

\$175,667

ALL ENTITIES

\$297,942,782

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

TABLE 3: FY 2011 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 2011 UNREIMBURSED COSTS

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

SHARP CHULA VISTA MEDICAL CENTER

\$52,084,235

\$489,363

\$450,848

\$818,681

\$53,843,127

SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER

\$9,305,632

\$26,881

\$194,701

\$395,759

\$9,922,973

SHARP GROSSMONT HOSPITAL

\$100,479,517

\$633,152

\$1,109,244

\$1,036,492

\$103,258,405

SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS

\$2,665,218

\$42,169

\$233,139

\$589,748

\$3,530,274

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

SHARP MEMORIAL HOSPITAL

\$116,152,668

\$906,896

\$804,684

\$1,594,233

\$119,458,481

SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER

\$6,258,366

\$984,422

\$171,845

\$339,222

\$7,753,855

SHARP HEALTH PLAN

-

\$9,878

\$160,590

\$5,199

\$175,667

ALL ENTITIES

\$286,945,636

\$3,092,761

\$3,125,051

\$4,779,334

\$297,942,782

Name of the organization

SHARP HEALTHCARE FOUNDATION

Employer identification number

95-3492461

COMMUNITY BENEFITS PLANNING PROCESS

FOR THE PAST 15 YEARS, SHARP HAS BASED ITS COMMUNITY BENEFITS PLANNING ON FINDINGS FROM THE TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) CONDUCTED BY SAN DIEGO COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP), AS WELL AS THE COMBINATION OF EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL AND KNOWLEDGE OF THE POPULATIONS AND COMMUNITIES SERVED BY THOSE HOSPITALS.

METHODOLOGY TO CONDUCT THE 2010 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 CHNA. THE 2010 CHNA IS PUBLICLY AVAILABLE AT:

[HTTP://WWW.SDCHIP.ORG/INITIATIVES/CHARTING-THE-COURSE-VI.ASPX.](http://www.sdchip.org/initiatives/charting-the-course-vi.aspx)

IN 2010, THE CHIP NEEDS ASSESSMENT ADVISORY COUNCIL, UNDER THE DIRECTION OF THE CHIP STEERING COMMITTEE, DETERMINED A METHODOLOGY AND APPROACH TO THE SIXTH EDITION OF THE TRIENNIAL NEEDS ASSESSMENT, WHICH INCLUDED A COMMUNITY PRIORITY-SETTING PROCESS COMPOSED OF THE FOLLOWING STEPS:

* REVIEW OF THE 38 HEALTHY PEOPLE 2020 FOCUS AREAS BY THE NEEDS ASSESSMENT ADVISORY COUNCIL, COMPRISING MORE THAN 30 COMMUNITY STAKEHOLDERS. SEVENTEEN HEALTH ISSUES EMERGED AS A RESULT OF THE COMBINING AND STREAMLINING OF THESE AREAS BY THE COUNCIL.

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

* DIVISION OF THE 17 HEALTH ISSUES INTO THE FOLLOWING THREE CATEGORIES:
OVERARCHING ISSUES, HEALTH-RELATED BEHAVIORS AND HEALTH OUTCOMES.

HEALTH ISSUE BRIEFS WERE DEVELOPED TO PROVIDE DETAILED INFORMATION ON
EACH OF THE 17 IDENTIFIED HEALTH ISSUES.

* INVITATION TO COMMUNITY LEADERS THROUGHOUT SAN DIEGO COUNTY (72 OUT
OF 379 INVITEES PARTICIPATED) TO PRIORITIZE EACH HEALTH ISSUE WITH
INFORMATION FROM THE HEALTH ISSUE BRIEFS AND BASED ON THE FOLLOWING
CRITERIA:

- SIZE OF THE HEALTH ISSUES
- SERIOUSNESS OF THE HEALTH ISSUE
- COMMUNITY RESOURCES AVAILABLE TO ADDRESS THE HEALTH ISSUE
- AVAILABILITY OF DATA/INFORMATION TO EVALUATE THE HEALTH ISSUE'S
OUTCOMES

- EACH OF THE HEALTH ISSUES WAS SCORED SEPARATELY WITHIN THE THREE
CATEGORIES NOTED ABOVE (OVERARCHING ISSUES, HEALTH-RELATED BEHAVIORS
AND HEALTH OUTCOMES)

* UTILIZATION OF THE SPECTRUM OF PREVENTION FRAMEWORK TO DETERMINE
WHICH ISSUES PRIORITIZED BY THE COMMUNITY WERE MOST IMPACTED BY
PREVENTION ACTIVITIES (AS OPPOSED TO TREATMENT):

- HEALTH ACCESS AND DELIVERY
- SOCIAL DETERMINANTS OF HEALTH
- A COMBINATION OF NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY AND
FITNESS
- INJURY AND VIOLENCE

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

- MENTAL HEALTH AND MENTAL DISORDERS

* DISCUSSION OF THE ABOVE IDENTIFIED ISSUES IN COMMUNITY FORUMS HELD IN THE SIX REGIONS OF SAN DIEGO COUNTY IN ORDER TO:

- ALLOW COMMUNITY STAKEHOLDERS TO IDENTIFY ROOT CAUSES RELATED TO EACH HEALTH ISSUE

- BEGIN THE PROCESS OF UNDERSTANDING EACH ISSUE FROM A REGIONAL PERSPECTIVE

- FOSTER COMMUNITY RELATIONSHIPS AND PROMOTE THE VOICE(S) OF SAN DIEGO'S VARIOUS REGIONAL AND SUB-REGIONAL COMMUNITIES IN THE NEEDS ASSESSMENT PROCESS

* IN-DEPTH ANALYSIS OF EACH OF THE FIVE HEALTH ISSUES SELECTED FOR THE 2010 CHNA, WHICH WERE THE SAME ISSUES IDENTIFIED THROUGH THE SPECTRUM OF PREVENTION FRAMEWORK.

DEPENDING ON THE LEVEL OF AVAILABLE DATA, THESE ANALYSES INCLUDED AN OVERVIEW OF THE HEALTH ISSUE AND ITS IMPORTANCE; SERIOUSNESS OF THE HEALTH ISSUE IN TERMS OF ECONOMIC COSTS, USE OF RESOURCES AND/OR LOSS OF FUNCTIONAL STATUS; INCIDENCE DATA; PREVALENCE OF MORBIDITY AND MORTALITY IN THE POPULATIONS MOST IMPACTED BY THE HEALTH ISSUE; AND THE LOCAL IMPACT OF THE HEALTH ISSUE.

IN ADDITION TO A REVIEW OF THE RESULTS FROM THE PRIORITY-SETTING PROCESS, THE 2010 CHNA UTILIZED INFORMATION FROM THE FOLLOWING:

* ANALYSIS OF HEALTH-RELATED STATISTICS GATHERED AND ANALYZED BY THE

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

COUNTY OF SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY (HHS),
 SUPPLEMENTED BY DATA FROM THE CALIFORNIA HEALTH INTERVIEW SURVEY
 (CHIS), CALIFORNIA OFFICE OF STATEWIDE PLANNING AND DEVELOPMENT
 (OSHPD), THE CENTERS FOR DISEASE CONTROL AND PREVENTION'S (CDC) YOUTH
 RISK BEHAVIOR SURVEILLANCE SYSTEM AND CENSUS DATA FROM THE SAN DIEGO
 ASSOCIATION OF GOVERNMENTS (SANDAG).

* REVIEW OF HEALTH-RELATED SCIENTIFIC LITERATURE

* REVIEW OF THE RESULTS FROM FACILITATED DISCUSSIONS OF SIX COMMUNITY
 REGIONAL FORUMS HELD WITH A CROSS-SECTION OF STAKEHOLDERS FROM THE SAN
 DIEGO COUNTY COMMUNITY

DETERMINATION OF PRIORITY COMMUNITY NEEDS: SHARP HEALTHCARE

EACH SHARP HOSPITAL REVIEWED THE 2010 CHNA 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 PROGRAMS AND SERVICES, IN ADDITION TO THE NEEDS
 OF THE UNIQUE, EVER-CHANGING DEMOGRAPHICS AND/OR HEALTH TOPICS THAT
 COMPRISE THE ENTITY'S SERVICE AREA AND REGION.

FOR EXAMPLE, THE SPECIALTY HOSPITALS - SMBHWN, SMV, AND SMC - 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 SUB-REGIONAL AREAS, WITH
 THE GOAL OF MATCHING COMMUNITY BENEFIT PROGRAMS AND SERVICES TO THE

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

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:

* 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 2011 REPORT OF ACTIVITIES

* DEVELOPS A PLAN FOR THE UPCOMING FISCAL YEAR, INCLUDING SPECIFIC STEPS TO BE UNDERTAKEN - FY 2012 PLAN

* REPORTS AND CATEGORIZES THE ECONOMIC VALUE OF COMMUNITY BENEFITS PROVIDED IN FY 2011, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SB 697

* REVIEWS AND APPROVES A COMMUNITY BENEFITS PLAN

* DISTRIBUTES THE COMMUNITY BENEFITS PLAN AND 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

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

ONGOING COMMITMENT TO COLLABORATION

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 EXECUTIVE LEADERSHIP, OPERATIONAL EXPERTS AND OTHER STAFF ARE ACTIVELY ENGAGED IN THE NATIONAL AMERICAN HOSPITAL ASSOCIATION, STATEWIDE CALIFORNIA HOSPITAL ASSOCIATION, HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES AND OTHER LOCAL COLLABORATIVES SUCH AS THE CHIP ACCESS TO HEALTH LITERACY INITIATIVE AND THE CHIP BEHAVIORAL HEALTH WORK TEAM.

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 2011. COMMUNITY ORGANIZATIONS ARE LISTED ALPHABETICALLY.

- * 211 SAN DIEGO BOARD
- * ACADEMY OF MEDICAL-SURGICAL NURSES
- * ACS
- * AF
- * AIS
- * ALA
- * ALZHEIMER'S ASSOCIATION
- * AMERICAN ASSOCIATION OF CRITICAL CARE NURSES SAN DIEGO CHAPTER
- * AMERICAN COLLEGE OF HEALTHCARE EXECUTIVES

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

- * AMERICAN DIABETES ASSOCIATION
- * AMERICAN HEALTH INFORMATION MANAGEMENT ASSOCIATION
- * AMERICAN HEART ASSOCIATION
- * AMERICAN HOSPITAL ASSOCIATION
- * AMERICAN PSYCHIATRIC NURSES ASSOCIATION
- * AMERICAN RED CROSS OF SAN DIEGO
- * 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
- * ASSOCIATION OF REHABILITATION NURSES
- * 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 COUNCIL FOR EXCELLENCE
- * CALIFORNIA DIETETIC ASSOCIATION, MEMBER COUNCIL
- * CALIFORNIA HEALTHCARE FOUNDATION
- * CALIFORNIA HEALTH INFORMATION ASSOCIATION
- * CALIFORNIA HOSPICE AND PALLIATIVE CARE ASSOCIATION
- * CHA
- * CALIFORNIA PERINATAL QUALITY CARE COLLABORATIVE

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

- * CALIFORNIA PHYSICAL THERAPY ASSOCIATION
- * 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
- * CHIP BOARD
- * CHIP EXECUTIVE PARTNERS COMMITTEE
- * 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

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

- * DIABETES BEHAVIORAL INSTITUTE
- * DISABLED SERVICES ADVISORY BOARD
- * DOVIA
- * EAST COUNTY CHAMBER HEALTH COMMITTEE
- * EAST COUNTY PREGNANCY CARE CENTER
- * EAST COUNTY REFUGEE CENTER
- * EAST COUNTY SENIOR SERVICE PROVIDERS
- * ECOLIFE FOUNDATION
- * EL CAJON ROTARY
- * EMERGENCY NURSES ASSOCIATION, SAN DIEGO CHAPTER
- * EMPLOYEE ASSISTANCE PROGRAM ASSOCIATION
- * 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

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

- * 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
- * LAS HERMANAS
- * LEAD, SAN DIEGO, INC.
- * LEUKEMIA & LYMPHOMA SOCIETY
- * MARCH OF DIMES
- * MEALS-ON-WHEELS EAST COUNTY
- * MEDICAL LIBRARY GROUP OF SOUTHERN CALIFORNIA AND ARIZONA
- * 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

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

- * 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
- * PLANNED PARENTHOOD OF SAN DIEGO AND IMPERIAL COUNTIES
- * POTIKER FAMILY SENIOR RESIDENCE
- * 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 HOME CARE COUNCIL
- * REGIONAL PERINATAL SYSTEM
- * RESIDENTIAL CARE COUNCIL
- * SAFE FOUNDATION
- * SAFETY NET CONNECT
- * SANDI-CAN
- * SAN DIEGANS FOR HEALTHCARE COVERAGE
- * SAN DIEGO HEALTHCARE DISASTER COUNCIL
- * SAN DIEGO ASIAN FILM FESTIVAL FOUNDATION
- * SAN DIEGO ASSOCIATION FOR DIABETES EDUCATORS

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

- * 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
- * SAN DIEGO COUNCIL OF HOSPITAL VOLUNTEERS
- * SAN DIEGO COUNTY PERINATAL CARE NETWORK
- * 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

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

- * 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
- * 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

Name of the organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
* 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	
* SOUTHWESTERN COLLEGE	
* SUSAN G. KOMEN BREAST CANCER FOUNDATION	
* SUSTAINABLE SAN DIEGO	
* SYHS	
* THE MEETING PLACE CLUBHOUSE	
* 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	
* VA SAN DIEGO HEALTHCARE SYSTEM	
* VISTA HILL PARENTCARE	
* WELLPOINT/US BEHAVIORAL HEALTH CLINICAL ADVISORY BOARD	
* WIC	
* YMCA	
* YWCA BECKY'S HOUSE	
* YWCA BOARD OF DIRECTORS	
* YWCA EXECUTIVE COMMITTEE	
* YWCA IN THE COMPANY OF WOMEN LUNCHEON	
* YWCA TWIN EVENT	

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SHARP HEALTHCARE - 95-6077327 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	PARENT CORPORATION OF SHARP HEALTHCARE SYSTEM	CALIFORNIA	501(C)(3)	LINE 3	SHARPCARE		X
SHARP MEMORIAL HOSPITAL - 95-3782169 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	HOSPITAL	CALIFORNIA	501(C)(3)	LINE 3	SHARP HEALTHCARE	X	
GROSSMONT HOSPITAL CORPORATION - 33-0449527 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123-1489	HOSPITAL	CALIFORNIA	501(C)(3)	LINE 3	SHARP HEALTHCARE	X	
SHARP CHULA VISTA MEDICAL CENTER - 95-2367304, 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HOSPITAL	CALIFORNIA	501(C)(3)	LINE 3	SHARP HEALTHCARE	X	

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

Schedule R (Form 990) 2010

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

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?

	Yes	No
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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) SHARP MEMORIAL HOSPITAL	B	7,116,998.	ACCRUAL BASIS
(2) SHARP CHULA VISTA MEDICAL CENTER	B	662,643.	ACCRUAL BASIS
(3)			
(4)			
(5)			
(6)			

