

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2020 calendar year, or tax year beginning 10/01, 2020, and ending 09/30, 20 21

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 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 province, country, and ZIP or foreign postal code
SAN DIEGO, CA 92123-1489

D Employer identification number 95-3492461

E Telephone number (858) 499-5150

F Name and address of principal officer: WILLIAM S. LITTLEJOHN
SAME AS C ABOVE

G Gross receipts \$ 35,393,479

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ HTTPS://GIVE.SHARP.COM/SHARP-FOUNDATION

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1979

M State of legal domicile: CA

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	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.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	38
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	20
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>18,279,068</u>	Current Year <u>14,352,937</u>
	9	Program service revenue (Part VIII, line 2g)	<u>4,658,824</u>	<u>4,727,383</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>1,426,839</u>	<u>4,796,429</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>44,188</u>	<u>51,203</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>24,408,919</u>	<u>23,927,952</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>9,673,736</u>	<u>12,562,076</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>3,950,962</u>	<u>4,264,613</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>31,000</u>	<u>15,000</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>3,587,551</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,056,004</u>	<u>834,497</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>14,711,702</u>	<u>17,676,186</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>9,697,217</u>	<u>6,251,766</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>114,060,380</u>	End of Year <u>131,027,036</u>
	21	Total liabilities (Part X, line 26)	<u>23,786,239</u>	<u>29,884,560</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>90,274,141</u>	<u>101,142,476</u>

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. My signature is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: William S. Littlejohn Date: 8/11/2022
 Signature of preparer: _____ Date: _____
 Type or print name and title: WILLIAM LITTLEJOHN, SVP/CEO FOUNDATION

Paid Preparer Use Only

Print/Type preparer's name: Jocelyne C Miller Preparer's signature: Jocelyne C. Miller Date: 8/10/22 Check if self-employed PTIN: P00634378
 Firm's name: ▶ ERNST & YOUNG U.S. LLP Firm's EIN: ▶ 34-6565596
 Firm's address: ▶ 4365 EXECUTIVE DRIVE, SUITE 1600, SAN DIEGO, CA 92121-2101 Phone no.: (858) 535-7200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2020)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code: _____) (Expenses \$ 12,859,788 including grants of \$ 12,562,076) (Revenue \$ 4,727,383)
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 on Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **▶** 12,859,788

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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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 See instructions</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
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>	23	✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	✓
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>	25b	✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
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>	30	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
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>	32	✓
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>	33	✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	✓
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>	36	✓
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>	37	✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	19
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a <input type="text" value="20"/>		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
b	If "Yes," enter the name of the foreign country <input type="text"/> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d <input type="text"/>		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<input checked="" type="checkbox"/>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<input checked="" type="checkbox"/>
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		<input checked="" type="checkbox"/>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<input checked="" type="checkbox"/>
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a <input type="text"/>		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b <input type="text"/>		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a <input type="text"/>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b <input type="text"/>		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b <input type="text"/>		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b <input type="text"/>		
c	Enter the amount of reserves on hand 13c <input type="text"/>		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<input checked="" type="checkbox"/>

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 38 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 30		
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?		<input checked="" type="checkbox"/>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	<input checked="" type="checkbox"/>	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<input checked="" type="checkbox"/>	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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 on Schedule O		<input checked="" type="checkbox"/>

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

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

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

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

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

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER D HOWARD PRESIDENT & CEO SHC	3.0 60.0	✓		✓				0	2,070,064	21,759
(2) WILLIAM LITTLEJOHN SVP, CEO FOUNDATIONS	30.0 8.0	✓		✓				0	669,577	21,169
(3) ELIZABETH MORGANTE VP MAJOR GIFTS	32.0 8.0					✓		0	371,539	40,460
(4) BENJAMIN MORAGA VP ANNUAL GIVING/DONOR DVLPMNT	40.0 0.0					✓		0	267,925	25,490
(5) SHAWNA FALLON DIR DÉVELOPMENT SHF	40.0 0.0					✓		0	183,402	29,915
(6) PAMELA BARNETT MGR DONOR RELATIONS	40.0 0.0					✓		0	179,109	21,280
(7) JAMES SARDINA MGR ANNUAL GIVING	40.0 0.0					✓		0	160,522	30,346
(8) JEROME STENEHJEM, MD DIRECTOR	1.0 0.0	✓						0	121,890	0
(9) CHARLES REDFERN, MD DIRECTOR	2.0 8.0	✓						0	54,147	0
(10) CHARLES ATHILL, MD DIRECTOR	1.0 5.0	✓						0	34,665	0
(11) SIAVASH JABBARI, MD DIRECTOR	2.0 0.0	✓						0	17,900	0
(12) JOE BELLEZZO, MD VICE CHAIR	2.0 0.0	✓		✓				0	11,400	0
(13) MONEER JAIBAJI, MD DIRECTOR	1.0 0.0	✓						0	6,250	0
(14) RONALD MACINTYRE, MD DIRECTOR	1.0 9.0	✓						0	200	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) MIKE LABELLE SECRETARY	5.0 0.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(16) SARA BENNETT CHAIR	3.0 2.0	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0	0	0
(17) AARON MALARDINO DIRECTOR AS OF 10/1/2020	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHERYL COX DIRECTOR	1.0 1.0	<input checked="" type="checkbox"/>						0	0	0
(19) DAVE BARKER DIRECTOR, PRESIDENT SCVMC AUXILIARY	2.0 15.0	<input checked="" type="checkbox"/>						0	0	0
(20) DAVE SWEENEY DIRECTOR	2.0 2.0	<input checked="" type="checkbox"/>						0	0	0
(21) DEIRDRE ALPERT DIRECTOR	1.0 4.0	<input checked="" type="checkbox"/>						0	0	0
(22) EMILY COLE, MD DIRECTOR	1.0 2.0	<input checked="" type="checkbox"/>						0	0	0
(23) ERIC NORTHBROOK DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) GIL CABRERA DIRECTOR AS OF 6/1/2021	2.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								0	4,148,590	190,419
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	4,148,590	190,419

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 2,882							
	b	Membership dues	1b							
	c	Fundraising events	1c 623,075							
	d	Related organizations	1d 4,022,620							
	e	Government grants (contributions)	1e 1,775,363							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 7,928,997							
	g	Noncash contributions included in lines 1a-1f	1g \$ 730,496							
	h	Total. Add lines 1a-1f ▶						14,352,937		
	Program Service Revenue	2a	FUNDRAISING ACTIVITIES AND EDUCATION					Business Code 900099	4,727,383	4,727,383
b		-----								
c		-----								
d		-----								
e		-----								
f		All other program service revenue		0	0	0	0			
g		Total. Add lines 2a-2f ▶		4,727,383						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		1,281,852			1,281,852			
	4	Income from investment of tax-exempt bond proceeds ▶								
	5	Royalties ▶								
	6a	Gross rents	(i) Real	46,500						
			(ii) Personal							
			6b	Less: rental expenses					14,088	
			6c	Rental income or (loss)					32,412	0
	d	Net rental income or (loss) ▶		32,412			32,412			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	14,763,042						
			(ii) Other	7,504						
			7b	Less: cost or other basis and sales expenses					11,245,919	10,050
			7c	Gain or (loss)					3,517,123	(2,546)
	d	Net gain or (loss) ▶		3,514,577			3,514,577			
	8a	Gross income from fundraising events (not including \$ 623,075 of contributions reported on line 1c). See Part IV, line 18	8a	181,251						
			8b	Less: direct expenses					186,575	
			c	Net income or (loss) from fundraising events ▶					(5,324)	(5,324)
	9a	Gross income from gaming activities. See Part IV, line 19	9a	17,375						
9b			Less: direct expenses	8,895						
c			Net income or (loss) from gaming activities ▶	8,480					8,480	
10a	Gross sales of inventory, less returns and allowances	10a								
		10b	Less: cost of goods sold							
		c	Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue	11a	UNCLAIMED PROPERTY	Business Code 900099	15,635	0	0	15,635			
	b	-----								
	c	-----								
	d	All other revenue		0	0	0	0			
	e	Total. Add lines 11a-11d ▶		15,635						
12	Total revenue. See instructions ▶		23,927,952	4,727,383	0	4,847,632				

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,319,743	12,319,743		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	242,333	242,333		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	753,677	45,221	165,809	542,647
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	2,790,955	167,457	614,010	2,009,488
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	134,515	8,071	29,593	96,851
9	Other employee benefits	381,089	22,865	83,840	274,384
10	Payroll taxes	204,377	12,263	44,963	147,151
11	Fees for services (nonemployees):				
a	Management	61,200	3,672	13,464	44,064
b	Legal				
c	Accounting	2,843		2,843	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	15,000			15,000
f	Investment management fees	134,391		134,391	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	239,977	14,399	52,795	172,783
12	Advertising and promotion	12,856	771	2,828	9,257
13	Office expenses	148,854	8,931	32,748	107,175
14	Information technology	63,350	3,801	13,937	45,612
15	Royalties				
16	Occupancy				
17	Travel	3,303	198	727	2,378
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,852	291	1,067	3,494
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	71,263	4,276	15,678	51,309
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DUES, FOOD, & OTHER	91,608	5,496	20,154	65,958
b					
c					
d					
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	17,676,186	12,859,788	1,228,847	3,587,551
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	2,524,683	2	7,421,751
	3 Pledges and grants receivable, net	11,588,177	3	11,037,454
	4 Accounts receivable, net		4	0
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,800	9	48,345
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 247,292		
	b Less: accumulated depreciation	10b 66,605	183,743	10c 180,687
	11 Investments—publicly traded securities	50,079,749	11	62,186,059
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	49,656,228	15	50,152,740
16 Total assets. Add lines 1 through 15 (must equal line 33)	114,060,380	16	131,027,036	
Liabilities	17 Accounts payable and accrued expenses	1,214,291	17	1,033,901
	18 Grants payable		18	
	19 Deferred revenue	255,551	19	217,302
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	22,316,397	25	28,633,357
	26 Total liabilities. Add lines 17 through 25	23,786,239	26	29,884,560
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,570,557	27	17,187,581
	28 Net assets with donor restrictions	75,703,584	28	83,954,895
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	90,274,141	32	101,142,476	
33 Total liabilities and net assets/fund balances	114,060,380	33	131,027,036	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,927,952
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,676,186
3	Revenue less expenses. Subtract line 2 from line 1	3	6,251,766
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,274,141
5	Net unrealized gains (losses) on investments	5	4,805,569
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(189,000)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	101,142,476

Part XII Financial Statements and Reporting

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(25) HOWARD LEVENSON ----- DIRECTOR AS OF 10/1/2020	2.0 ----- 1.0	✓						0	0	0
(26) JEAN YOUNG ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(27) JILL SWARTZ ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(28) JOEL TUBAO ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(29) KATE HERRING ----- DIRECTOR AS OF 10/1/2020	2.0 ----- 0.0	✓						0	0	0
(30) LISA ARNOLD ----- DIRECTOR	5.0 ----- 0.0	✓						0	0	0
(31) LORRAINE BROGLIE ----- DIRECTOR, PRESIDENT SMH AUXILIARY	2.0 ----- 2.0	✓						0	0	0
(32) LYNN CONGEMI ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(33) MIKE MARTIN, MD ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(34) NARESH SONI ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(35) NORMA NELSON-WIBERG ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(36) PAULETTE ROBERTS ----- DIRECTOR AS OF 10/1/2020	2.0 ----- 0.0	✓						0	0	0
(37) PHILIP GILDRED ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(38) PUJA CHITKARA, MD ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(39) RALPH PESQUEIRA ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(40) RAY WILLENBERG ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(41) REGGIE SMITH ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(42) ROBERT DEROSE ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(43) TOM TOURTELLOTT ----- DIRECTOR	2.0 ----- 0.0	✓						0	0	0
(44) TROY STORK ----- DIRECTOR THRU 11/29/2020	2.0 ----- 0.0	✓						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,339,144	20,710,785	12,105,521	18,279,068	14,352,938	78,787,456
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	13,339,144	20,710,785	12,105,521	18,279,068	14,352,938	78,787,456
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)						15,185,890
6 Public support. Subtract line 5 from line 4						63,601,566

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	13,339,144	20,710,785	12,105,521	18,279,068	14,352,938	78,787,456
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,215,310	1,236,620	1,220,049	1,242,601	1,328,352	6,242,932
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0		0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	46,259	48,172	49,572	22,576	3,156	169,735
11 Total support. Add lines 7 through 10						85,200,123
12 Gross receipts from related activities, etc. (see instructions)					12	22,914,816
13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f))	14	74.65 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	77.40 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Part VI

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

Return Reference - Identifier	Explanation						
	Description	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	OTHER INCOME	46,259	48,172	49,572	22,576	3,156	169,735
	Total	46,259	48,172	49,572	22,576	3,156	169,735

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2020

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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 4,005,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 1,265,964	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 945,398	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 575,621	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 351,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
6	PAINTINGS ----- ----- -----	\$ 351,000	11/05/2020
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization SHARP HEALTHCARE FOUNDATION	Employer identification number 95-3492461
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Part III *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* 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.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(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
-----	-----
-----	-----

(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
-----	-----
-----	-----

(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
-----	-----
-----	-----

(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
-----	-----
-----	-----

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Name of the organization: SHARP 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" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value of contributions, grants, and end of year, plus Yes/No questions for donor advisement.

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

Form for Part II Conservation Easements, including questions about purpose, monitoring, and expenses, and a table for 'Held at the End of the Tax Year'.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions about reporting and amounts.

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 make 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 program
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,467,744	19,137,047	18,510,127	14,452,475	13,426,606
b Contributions	40,497	250,284	110,507	3,184,217	261,157
c Net investment earnings, gains, and losses	2,453,087	1,287,011	614,127	963,120	1,324,194
d Grants or scholarships	125,581	109,612	59,848	78,661	47,880
e Other expenditures for facilities and programs	14,536	96,986	37,866	11,024	511,602
f Administrative expenses					
g End of year balance	22,821,211	20,467,744	19,137,047	18,510,127	14,452,475

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

- a** Board designated or quasi-endowment 26.00 %
- b** Permanent endowment 74.00 %
- c** Term endowment 0.00 %

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

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

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		168,408		168,408
b Buildings				
c Leasehold improvements				
d Equipment		78,884	66,605	12,279
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				180,687

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) DEFERRED PLANNED GIFTS	38,283,939
(2) PLANNED GIVING RESERVES (ANNUITIES, PIF)	11,170,538
(3) OTHER RECEIVABLES	650,263
(4) OTHER INVESTMENTS LONG TERM	48,000
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	50,152,740

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED PLANNED GIFT LIABILITIES	8,282,569
(3) LINE OF CREDIT (SHC)	15,096,128
(4) LT PAYABLE TO CHF/GHF	5,193,631
(5) INTERCOMPANY PAYABLE	61,029
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	28,633,357

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

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	
	(b) Amount	
	DIRECT EXPENSES ON FUNDRAISING EVENTS AND GAMING	195,469
	UNCOLLECTIBLE PLEDGES & RETURN OF CONTRIBUTIONS	- 189,000
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	
	(b) Amount	
	TEMPORARILY RESTRICTED REVENUE	16,592,369
	PERMANENTLY RESTRICTED REVENUE	225,692
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	
	DIRECT EXPENSES ON FUNDRAISING EVENTS & GAMING	195,469
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	
	(b) Amount	
	TEMPORARILY RESTRICTED EXPENSES	8,566,750
	LOSS ON SALE OF ASSETS	- 16,634
		- 13,813

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	SHARP HEALTHCARE FOUNDATION HAS 33 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.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	SHARP RECOGNIZES TAX BENEFITS FROM ANY UNCERTAIN TAX POSITIONS ONLY IF IT IS MORE LIKELY THAN NOT THE TAX POSITION WILL BE SUSTAINED, BASED SOLELY ON ITS TECHNICAL MERITS, WITH THE TAXING AUTHORITY HAVING FULL KNOWLEDGE OF ALL RELEVANT INFORMATION. SHARP RECORDS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS FROM UNCERTAIN TAX POSITIONS AS DISCRETE TAX ADJUSTMENTS IN THE FIRST INTERIM PERIOD THAT THE MORE LIKELY THAN NOT THRESHOLD IS NOT MET. SHARP RECOGNIZES DEFERRED TAX ASSETS AND LIABILITIES FOR TEMPORARY DIFFERENCES BETWEEN THE FINANCIAL REPORTING BASIS AND THE TAX BASIS OF ITS ASSETS AND LIABILITIES ALONG WITH NET OPERATING LOSS AND TAX CREDIT CARRYOVERS ONLY FOR TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION CRITERIA. AT SEPTEMBER 30, 2021 AND 2020, NO SUCH ASSETS OR LIABILITIES WERE RECORDED.

Part II Fundraising Events. Complete if the organization answered "Yes" on 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)	3 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	402,176	239,394	162,755	804,325
	2 Less: Contributions	294,592	165,727	162,755	623,074
	3 Gross income (line 1 minus line 2)	107,584	73,667	0	181,251
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	54,640	20,152		74,792
	6 Rent/facility costs	57,251	37,712		94,963
	7 Food and beverages	12,919	3,901		16,820
	8 Entertainment				0
	9 Other direct expenses				0
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				186,575
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(5,324)	

Part III Gaming. Complete if the organization answered "Yes" on 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			17,375
Direct Expenses	2 Cash prizes			0	0
	3 Noncash prizes			8,895	8,895
	4 Rent/facility costs			0	0
	5 Other direct expenses			0	0
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 70 % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				8,895	
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				8,480	

9 Enter the state(s) in which the organization conducts gaming activities: CA

a Is the organization licensed to conduct 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: _____

- 11** Does the organization conduct gaming activities with nonmembers? **Yes** **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? **Yes** **No**
- 13** Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	0 %
b An outside facility	13b	100 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MELISSA SULLIVAN

Address ▶ 8250 TECH WAY, SAN DIEGO, CA 92123

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? **Yes** **No**
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ (SEE STATEMENT)

Gaming manager compensation ▶ \$ 6,000

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **Yes** **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 15,638

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SEE NEXT PAGE

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	ONGOING FUNDRAISING SERVICES
SCHEDULE G, PART III, LINE 17B -	CALIFORNIA REQUIRES THAT 90 PERCENT OF THE GROSS RECEIPTS GENERATED BY THE SALE OF RAFFLE TICKETS BE USED FOR CHARITABLE PURPOSES. SHF USED 100% OF THE GROSS RECEIPTS RECEIVED FROM THE SALE OF RAFFLE TICKETS FOR CHARITABLE PURPOSES.

Schedule G, Part III

Gaming - Gaming Managers (continued)

Name	Gaming manager compensation	Description of services provided	Relationship with organization
JENNIFER HALE	3,000	RECORD KEEPING, REGULATORY REPORTING, OVERSEEING GAMING EVENT, ET.	EMPLOYEE
MOLLY MICHAELS	3,000	RECORD KEEPING, REGULATORY REPORTING, OVERSEEING GAMING EVENT, ET.	EMPLOYEE

Return Reference	Identifier	Explanation	
<p>SCHEDULE G, PART I, LINE 2B</p>	<p>PAYMENT OF FEES OR PAYMENT OF EXPENSES</p>	<p>Name</p>	<p>Description</p>
		<p>JOSEPH ANGELETTI DBA THE ANGELETTI GROUP</p>	<p>JOSEPH ANGELETTI CONDUCTED A FEASIBILITY STUDY OF SHARP HEALTHCARE FOUNDATION'S READINESS FOR THE SHARP MEMORIAL MAJOR CAMPAIGN INITIATIVE. THIS INCLUDED AN ASSESSMENT OF DONOR BASE, STAFFING RESOURCES, STRUCTURE, ETC.</p>

**SCHEDULE I
(Form 990)**

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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 noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	95-3782169	501(C)(3)	7,123,222	122,301	FMV	VAN , SUPPLIES, FOOD	PROGRAM SUPPORT
(2) (SEE STATEMENT)	95-6077327	501(C)(3)	1,866,557	7,800	FMV	SUPPLIES AND FOOD	PROGRAM SUPPORT
(3) SHARP CHULA VISTA MEDICAL CENTER 8695 SPECTRUM, SAN DIEGO, CA 92123-1489	95-2367304	501(C)(3)	2,763,550	405,107	FMV AND COST	(SEE STATEMENT)	PROGRAM SUPPORT
(4) GROSSMONT HOSPITAL CORPORATION 8695 SPECTRUM, SAN DIEGO, CA 92123-1489	33-0449527	501(C)(3)	25,328				PROGRAM SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4

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

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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, SHARP GROSSMONT 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 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. SHARP HEALTHCARE FOUNDATION PROVIDES ASSISTANCE TO INDIVIDUALS FOR HEALTHCARE EDUCATION, PATIENT SUPPORT AND EMPLOYEE ASSISTANCE. THERE ARE OVERSIGHT COMMITTEES RESPONSIBLE FOR THE PROGRAMS. APPLICATIONS FOR SCHOLARSHIPS AND GRANTS ARE REVIEWED AND APPROVED.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SHARP MEMORIAL HOSPITAL 8695 SPECTRUM CENTER, SAN DIEGO, CA 92123-1489
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	SHARP HEALTHCARE 8695 SPECTRUM CENTER, SAN DIEGO, CA 92123-1489
SCHEDULE I, PART II, COLUMN G - DESCRIPTION OF NON-CASH ASSISTANCE	SHARP CHULA VISTA MEDICAL CENTER: ARTWORK, SUPPLIES AND FOOD
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	SHC CASTER INST NURSING EXCELLENCE SCHOLARSHIP
SCHEDULE I, PART III, COLUMN A - TYPE OF GRANT	COVID-19 EMPLOYEE EMERGENCY ASSISTANCE FUND

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

SHARP HEALTHCARE FOUNDATION

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Travel for companions <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Tax indemnification and gross-up payments <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Personal services (such as 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>	✓	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	✓	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <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 on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>		✓
<p>b Participate in or receive payment from a supplemental nonqualified retirement plan?</p>	✓	
<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>		✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>		✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>		✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>		✓
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>		✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>		✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	CHRISTOPHER D HOWARD	(i)	0	0	0	0	0	0
	PRESIDENT & CEO SHC	(ii)	1,622,462	393,413	54,189	0	21,759	2,091,823
2	WILLIAM LITTLEJOHN	(i)	0	0	0	0	0	0
	SVP, CEO FOUNDATIONS	(ii)	462,586	137,105	69,886	0	21,169	690,746
3	ELIZABETH MORGANTE	(i)	0	0	0	0	0	0
	VP MAJOR GIFTS	(ii)	293,277	66,241	12,021	25,131	15,329	411,999
4	BENJAMIN MORAGA	(i)	0	0	0	0	0	0
	VP ANNUAL GIVING/DONOR DVLPMNT	(ii)	191,691	48,312	27,922	11,160	14,330	293,415
5	SHAWNA FALLON	(i)	0	0	0	0	0	0
	DIR DEVELOPMENT SHF	(ii)	157,681	24,215	1,506	16,013	13,902	213,317
6	PAMELA BARNETT	(i)	0	0	0	0	0	0
	MGR DONOR RELATIONS	(ii)	154,509	16,958	7,642	12,547	8,733	200,389
7	JAMES SARDINA	(i)	0	0	0	0	0	0
	MGR ANNUAL GIVING	(ii)	138,806	15,703	6,013	10,228	20,118	190,868
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. Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	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.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>SHARP HEALTHCARE ("COMPANY") SPONSORS AN EXECUTIVE FLEXIBLE BENEFIT PLAN ("PLAN") TO PROVIDE DESIGNATED EXECUTIVES WITH A REASONABLE LEVEL OF BENEFITS IN RETURN FOR THEIR CONTINUED EMPLOYMENT WITH THE COMPANY. THE PLAN IS ADMINISTERED ON A PLAN YEAR BASIS OF JANUARY 1 TO DECEMBER 31. CHANGES IN FLEXIBLE BENEFIT OPTIONS ARE PERMITTED ANNUALLY, EFFECTIVE JANUARY 1 OF THE NEW PLAN YEAR. THE PROVISIONS OF THE PLAN, WHICH WERE RESTATED EFFECTIVE AS OF DECEMBER 31, 2008, ARE DESCRIBED BELOW AS RESTATED. THE PLAN IS AVAILABLE TO THE CHIEF EXECUTIVE OFFICER, EXECUTIVE VICE PRESIDENT OF HOSPITAL OPERATIONS, AND SENIOR VICE PRESIDENTS. THE FLEXIBLE BENEFIT ALLOWANCE AVAILABLE TO EACH PARTICIPANT EACH PLAN YEAR SHALL EQUAL THE SUM OF THE FOLLOWING:</p> <ul style="list-style-type: none"> - 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. <p>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 SUPPLEMENTALSURVIVOR ACCUMULATION BENEFIT PLAN ("SSAB") TO FUND POST-RETIREMENT SURVIVOR BENEFITS, SUBJECT TO THE ERISA LIMIT PROVIDED THEIR POLICIES WERE ISSUED PRIOR TO SEPTEMBER 18, 2003. THE COMPANY SHALL AUTOMATICALLY CONTINUE WHATEVER ELECTIVE COVERAGE AND ADDITIONAL DEPOSIT ELECTIONS THAT WERE IN PLACE FOR THE SSAB DURING THE 2008 PLAN YEAR. NO ELECTIVE COVERAGE OR ADDITIONAL DEPOSITS WERE AVAILABLE TO PARTICIPANTS WHOSE POLICIES WERE ISSUED ON OR AFTER SEPTEMBER 18, 2003. ANY FLEXIBLE BENEFIT ALLOWANCE THAT REMAINS AFTER PURCHASING THESE ADDITIONAL COVERAGES SHALL BE PAID TO THE PARTICIPANT IN CASH IN EQUAL INSTALLMENTS THROUGHOUT THE PLAN YEAR, NOT LESS FREQUENTLY THAN QUARTERLY. IF THE PARTICIPANT SEPARATES FROM SERVICE DURING THE PLAN YEAR, THE PARTICIPANT FORFEITS ANY UNPAID ALLOWANCE.</p>
SCHEDULE J, PART I, LINE 3 - SCH J, 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

2020

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.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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	✓	4	357,525	MARKET VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		50,353	MARKET VALUE
6 Cars and other vehicles	✓	8	125,318	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	7	133,849	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	✓	2	1,100	MARKET VALUE
19 Food inventory	✓	12	11,377	COST
20 Drugs and medical supplies	✓	10	25,430	COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GIFT CERTIFICATES)	✓	39	25,544	MARKET VALUE
26 Other ▶ ()				
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 V, Donee Acknowledgement **29** 3

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

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - PART I, COL B	THE NUMBER OF CONTRIBUTIONS IS BASED ON THE NUMBER OF DONATED GIFTS OR GIFT PACKAGES
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	VEHICLES ARE SOLD AT AUCTION.

**SCHEDULE O
(Form 990 or 990-EZ)**Department of 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.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the Organization
SHARP HEALTHCARE FOUNDATIONEmployer Identification Number
95-3492461

Return Reference - Identifier	Explanation
FORM 5471 -	FORM 5471 HAS BEEN FILED ON BEHALF OF SHARP HEALTHCARE FOUNDATION BY SHARP HEALTHCARE (FEIN 95-6077327).
FORM 990, PART III, LINE 1 - ORGANIZATION 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, 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 DONORS FOR THAT PURPOSE. SUCH DISBURSEMENTS SHALL BE USED BY THE FORGOING 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 OS 1986, AS AMENDED.

Return Reference - Identifier	Explanation
<p>FORM 990, PART III, LINE 4A - COMMUNITY BENEFITS PLAN AND REPORT</p>	<p>SEE FULL SHARP HEALTHCARE ANNUAL COMMUNITY BENEFIT PLAN AND REPORT AT: HTTPS://WWW.SHARP.COM/ABOUT/COMMUNITY/COMMUNITY-BENEFITS/BENEFIT-REPORT.CFM</p> <p>SHARP HEALTHCARE (SHARP) IS AN INTEGRATED, REGIONAL HEALTH CARE DELIVERY SYSTEM BASED IN SAN DIEGO, CALIFORNIA. THE SHARP SYSTEM INCLUDES FOUR ACUTE CARE HOSPITALS; THREE SPECIALTY HOSPITALS; THREE AFFILIATED MEDICAL GROUPS; 26 MEDICAL CENTERS; FIVE URGENT CARE CENTERS; THREE SKILLED NURSING FACILITIES (SNF); TWO INPATIENT REHABILITATION CENTERS; HOME HEALTH, HOSPICE AND HOME INFUSION PROGRAMS; NUMEROUS OUTPATIENT FACILITIES AND PROGRAMS; THREE CHARITABLE FOUNDATIONS; AND A VARIETY OF OTHER COMMUNITY HEALTH EDUCATION PROGRAMS AND RELATED SERVICES. SHARP ALSO OFFERS INDIVIDUAL AND GROUP HEALTH MAINTENANCE ORGANIZATION COVERAGE THROUGH SHARP HEALTH PLAN (SHP). SERVING A POPULATION OF APPROXIMATELY 3.3 MILLION IN SAN DIEGO COUNTY (SDC), AS OF SEPTEMBER 30, 2021, SHARP IS LICENSED TO OPERATE 2,209 BEDS AND HAS APPROXIMATELY 2,700 SHARP-AFFILIATED PHYSICIANS AND 19,000 EMPLOYEES.</p> <p>MISSION IT IS SHARP'S MISSION TO IMPROVE THE HEALTH OF THOSE IT WE SERVE WITH A COMMITMENT TO EXCELLENCE IN ALL THAT IT WE DO. OUR GOAL IS TO OFFER QUALITY CARE AND SERVICES THAT SET COMMUNITY STANDARDS, EXCEED PATIENTS' EXPECTATIONS AND ARE PROVIDED IN A CARING, CONVENIENT, COST-EFFECTIVE AND ACCESSIBLE MANNER.</p> <p>VISION SHARP'S VISION IS TO BECOME THE BEST HEALTH SYSTEM IN THE UNIVERSE. SHARP WILL TRANSFORM THE HEALTH CARE EXPERIENCE AND BE RECOGNIZED AS THE BEST PLACE TO WORK, THE BEST PLACE TO PRACTICE MEDICINE AND THE BEST PLACE TO RECEIVE CARE. SHARP WILL BE KNOWN AS AN EXCELLENT COMMUNITY CITIZEN EMBODYING AN ORGANIZATION OF PEOPLE WORKING TOGETHER TO DO THE RIGHT THING EVERY DAY TO IMPROVE THE HEALTH AND WELL-BEING OF THOSE WE SERVE.</p> <p>THIS SUMMARY PROVIDES AN OVERVIEW OF COMMUNITY BENEFIT PLANNING AT SHARP, A LISTING OF COMMUNITY NEEDS ADDRESSED IN THIS COMMUNITY BENEFIT PLAN AND REPORT, AND A SUMMARY OF COMMUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY SHARP IN FISCAL YEAR (FY) 2021 (OCTOBER 1, 2020, THROUGH SEPTEMBER 30, 2021). IN ADDITION, THE SUMMARY REPORTS THE ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY SHARP, ACCORDING TO THE FRAMEWORK SPECIFICALLY IDENTIFIED IN SENATE BILL 697 (SB 697), FOR THE FOLLOWING ENTITIES:</p> <p>SHARP CHULA VISTA MEDICAL CENTER (EIN 95-2367304) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (EIN 95-0651579) SHARP GROSSMONT HOSPITAL (33-0449527) SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS (EIN 95-3782169) SHARP MEMORIAL HOSPITAL (EIN 95-3782169) SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER (EIN 95-3782169) SHARP HEALTH PLAN (EIN 33-0519730)</p> <p>COMMUNITY BENEFIT PLANNING AT SHARP HEALTHCARE</p> <p>SHARP BASES ITS COMMUNITY BENEFIT PLANNING ON ITS TRIENNIAL COMMUNITY HEALTH NEEDS ASSESSMENTS (CHNA) COMBINED WITH THE EXPERTISE IN PROGRAMS AND SERVICES OF EACH SHARP HOSPITAL.</p> <p>LISTING OF COMMUNITY NEEDS ADDRESSED IN THE SHARP HEALTHCARE COMMUNITY BENEFIT PLAN AND REPORT, FY 2021</p> <p>THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE SHARP HOSPITALS IN THIS COMMUNITY BENEFIT PLAN AND REPORT:</p> <p>THE FOLLOWING COMMUNITY NEEDS ARE ADDRESSED BY ONE OR MORE SHARP HOSPITALS IN THIS COMMUNITY BENEFIT PLAN AND REPORT:</p> <ul style="list-style-type: none"> *ACCESS TO CARE AND FINANCIAL SUPPORT FOR UNINSURED AND UNDERINSURED COMMUNITY MEMBERS AND INDIVIDUALS WITHOUT A MEDICAL PROVIDER *PROGRAMS AND SERVICES THAT PROVIDE COMMUNITY AND SOCIAL SUPPORT TO ADDRESS HEALTH EQUITY CHALLENGES *FLU AND COVID-19 (CORONAVIRUS DISEASE 2019) VACCINATION PROGRAMS *EDUCATION, SCREENING AND SUPPORT PROGRAMS FOR CHRONIC HEALTH CONDITIONS AND OTHER HEALTH NEEDS, INCLUDING BUT NOT LIMITED TO HEART AND VASCULAR DISEASE, STROKE, CANCER, DIABETES, OBESITY AND UNINTENTIONAL INJURIES *HEALTH EDUCATION, SUPPORT AND SCREENING ACTIVITIES FOR SENIORS AND OTHERS WITH AGING CONCERNS *SAFETY AND SUPPORT PROGRAMS FOR SENIORS AND PEOPLE WITH DISABILITIES *END-OF-LIFE AND ADVANCE CARE PLANNING SERVICES FOR HOSPICE PATIENTS, THEIR LOVED ONES AND THE COMMUNITY *SUPPORT FOR COMMUNITY NONPROFIT HEALTH AND SOCIAL SERVICE ORGANIZATIONS *EDUCATION AND TRAINING FOR COMMUNITY HEALTH CARE PROFESSIONALS *STUDENT AND INTERN SUPERVISION, EDUCATION AND SUPPORT *COLLABORATION WITH LOCAL SCHOOLS TO PROMOTE INTEREST AND PROVIDE CAREER

Return Reference - Identifier	Explanation
	<p>PATHWAYS IN HEALTH CARE</p> <p>*CANCER PATIENT NAVIGATION SERVICES AND PARTICIPATION IN CLINICAL TRIALS</p> <p>*WOMEN'S AND PRENATAL/POSTNATAL HEALTH SERVICES, SUPPORT AND EDUCATION, INCLUDING SERVICES FOR HIGH-RISK PREGNANCIES</p> <p>*BEHAVIORAL HEALTH AND SUBSTANCE USE EDUCATION, SCREENING AND SUPPORT FOR THE COMMUNITY - INCLUDING SENIORS AND TRANSITIONAL AGE YOUTH</p> <p>ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED IN FY 2021</p> <p>IN FY 2021, SHARP PROVIDED A TOTAL OF \$500,660,074 IN COMMUNITY BENEFIT PROGRAMS AND UNREIMBURSED SERVICES. THIS REPRESENTS UNREIMBURSED COMMUNITY BENEFIT COSTS AFTER THE IMPACT OF THE MEDI-CAL HOSPITAL FEE PROGRAM. TOTAL ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED BY EACH SHARP HEALTHCARE ENTITY IN FY 2021 WAS AS FOLLOWS:</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - COMMUNITY BENEFITS PLAN AND REPORT	<p>SHARP CHULA VISTA MEDICAL CENTER - \$122,387,779 SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER - \$21,426,158 SHARP GROSSMONT HOSPITAL - \$143,696,654 SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS - \$4,721,259 SHARP MEMORIAL HOSPITAL - \$180,100,716 SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER - \$28,199,760 SHARP HEALTH PLAN - \$127,748 TOTAL FOR ALL ENTITIES - \$500,660,074</p> <p>ECONOMIC VALUE OF COMMUNITY BENEFIT PROVIDED IN FY 2021 BY SB 697 CATEGORY AND BY SHARP ENTITY WAS AS FOLLOWS:</p> <p>SHARP CHULA VISTA MEDICAL CENTER: MEDICAL CARE SERVICES - \$120,788,144 OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$255,756 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$453,325 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$890,554 TOTAL - \$122,387,779</p> <p>SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER: MEDICAL CARE SERVICES - \$20,949,831 OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$49,482 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$365,256 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$61,589 TOTAL - \$21,426,158</p> <p>SHARP GROSSMONT HOSPITAL: MEDICAL CARE SERVICES - \$140,507,144 OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$884,259 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$1,516,794 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$788,457 TOTAL - \$143,696,654</p> <p>SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS: MEDICAL CARE SERVICES - \$3,995,555 OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$41,152 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$559,102 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$125,450 TOTAL - \$4,721,259</p> <p>SHARP MEMORIAL HOSPITAL: MEDICAL CARE SERVICES - \$178,082,674 OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$631,876 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$720,647 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$665,519 TOTAL - \$180,100,716</p> <p>SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER: MEDICAL CARE SERVICES - \$27,716,418 OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$274,171 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$124,856 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$84,315 TOTAL - \$28,199,760</p> <p>SHARP HEALTH PLAN: OTHER BENEFITS FOR VULNERABLE POPULATIONS - \$27,950 OTHER BENEFITS FOR THE BROADER COMMUNITY - \$94,530 HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS - \$6,068 TOTAL - \$127,748</p> <p>THE FOLLOWING ARE EXAMPLES OF COMMUNITY BENEFIT PROGRAMS AND SERVICES PROVIDED BY SHARP HOSPITALS AND ENTITIES IN FY 2021 INCLUDING IN CATEGORIES ABOVE.</p> <p>MEDICAL CARE SERVICES INCLUDED UNCOMPENSATED CARE FOR PATIENTS WHO ARE UNABLE TO PAY FOR SERVICES, AND THE UNREIMBURSED COSTS OF PUBLIC PROGRAMS SUCH AS MEDI-CAL; MEDICARE; COUNTY MEDICAL SERVICES (CMS); CIVILIAN HEALTH AND MEDICAL PROGRAM OF THE UNITED STATES DEPARTMENT OF VETERANS AFFAIRS (CHAMPVA) AND TRICARE - THE REGIONALLY MANAGED HEALTH CARE PROGRAM FOR ACTIVE-DUTY, NATIONAL GUARD AND RESERVE MEMBERS, RETIREES, THEIR LOVED ONES AND SURVIVORS; AND UNREIMBURSED COSTS OF WORKERS' COMPENSATION PROGRAMS.</p> <p>OTHER BENEFITS FOR VULNERABLE POPULATIONS INCLUDED VAN TRANSPORTATION FOR PATIENTS TO AND FROM MEDICAL APPOINTMENTS; EDUCATION AND FLU VACCINATIONS FOR SENIORS; TELEPHONE REASSURANCE AND SAFETY CHECK PROGRAM FOR ISOLATED OR HOMEBOUND SENIORS AND COMMUNITY MEMBERS WITH DISABILITIES, INCLUDING INCREASED OUTREACH DURING THE COVID-19 PANDEMIC; FINANCIAL AND OTHER SUPPORT TO COMMUNITY CLINICS TO ASSIST IN PROVIDING AND IMPROVING ACCESS TO HEALTH SERVICES; PROJECT HOSPITAL EMERGENCY LIAISON PROGRAM (PROJECT HELP); MEALS ON WHEELS; CONTRIBUTION OF TIME TO THE SAN DIEGO FOOD BANK, FEEDING SAN DIEGO, MAMA'S KITCHEN, KITCHENS FOR GOOD AND HABITAT FOR HUMANITY; FINANCIAL AND OTHER SUPPORT TO THE SHARP HUMANITARIAN SERVICE PROGRAM; SUPPORT SERVICES - INCLUDING PARTICIPATION IN 2-1-1 SAN DIEGO'S COMMUNITY INFORMATION EXCHANGE - FOR PATIENTS EXPERIENCING HOMELESSNESS AND OTHER SOCIOECONOMIC HARDSHIPS.</p> <p>OTHER BENEFITS FOR THE BROADER COMMUNITY INCLUDED HEALTH EDUCATION AND INFORMATION PROVIDED ON-SITE, VIRTUALLY AND IN PARTNERSHIP WITH COMMUNITY-BASED ORGANIZATIONS; PARTICIPATION IN COMMUNITY HEALTH FAIRS AND EVENTS ADDRESSING THE</p>

Return Reference - Identifier	Explanation
	<p>UNIQUE NEEDS OF THE COMMUNITY; COMMUNITY FLU VACCINATIONS, VOLUNTEER WORK TO SUPPORT SHARP HEALTHCARE'S COVID-19 COMMUNITY VACCINATION PROGRAM, HEALTH SCREENINGS AND SUPPORT GROUPS; AND PRENATAL TELEPHONE CONSULTATIONS TO ADDRESS THE NEEDS OF EXPECTANT MOTHERS AND FAMILIES DURING COVID-19. SHARP COLLABORATED WITH LOCAL SCHOOLS TO PROMOTE INTEREST IN AND PROVIDE PATHWAYS FOR CAREERS IN HEALTH CARE; AND MADE ITS FACILITIES AVAILABLE FOR USE BY COMMUNITY GROUPS AT NO CHARGE. SHARP EXECUTIVE LEADERSHIP AND STAFF ALSO ACTIVELY PARTICIPATED IN NUMEROUS COMMUNITY ORGANIZATIONS, COMMITTEES AND COALITIONS TO IMPROVE THE HEALTH OF THE COMMUNITY, INCLUDING COVID-19 RESPONSE TASK FORCES</p> <p>HEALTH RESEARCH, EDUCATION AND TRAINING PROGRAMS INCLUDED EDUCATION AND TRAINING PROGRAMS FOR MEDICAL, NURSING AND OTHER HEALTH CARE STUDENTS AND PROFESSIONALS, AS WELL AS SUPERVISION AND SUPPORT FOR STUDENTS AND INTERNS. TIME WAS ALSO DEVOTED TO GENERALIZABLE HEALTH-RELATED RESEARCH PROJECTS THAT WERE MADE AVAILABLE TO THE BROADER HEALTH CARE COMMUNITY.</p>
FORM 990, PART V, LINE 2A - PART V, LINE 2A	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, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	SHARP HEALTHCARE (FEIN 95-6077327) IS THE SOLE MEMBER OF SHARP HEALTHCARE FOUNDATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	SHARP HEALTHCARE, AS THE SOLE MEMBER OF THE CORPORATION, HAS THE RIGHT TO ELECT AND REMOVE MOST BOARD MEMBERS.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	SHARP HEALTHCARE, AS THE SOLE MEMBER OF THE CORPORATION, HAS THE RIGHT TO ELECT AND REMOVE MOST BOARD MEMBERS. SHARP HEALTHCARE ALSO RETAINS THE APPROVAL RIGHTS AFFORDED MEMBERS FOR CERTAIN SIGNIFICANT TRANSACTIONS (E.G. DISSOLUTION OR SALE OR TRANSFER OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS).
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	THE FINAL FORM 990 IS PLACED ON THE ORGANIZATION'S INTRANET, PRIOR TO THE FILING DATE, WHERE IT IS VIEWABLE FOR COMMENT FROM ALL MEMBERS OF THE GOVERNING BODY. THE BOARD MEMBERS ARE NOTIFIED WHEN THE FORM 990 IS AVAILABLE ON THE INTRANET. THE REVIEW PROCESS INCLUDES MULTIPLE LEVELS OF REVIEW INCLUDING KEY CORPORATE AND ENTITY FINANCE DEPARTMENT PERSONNEL COMPRISED OF THE DIRECTOR OF TAX & ACCOUNTING, VICE PRESIDENT OF FINANCE, SENIOR VICE PRESIDENT AND CHIEF FINANCIAL OFFICER, AND ENTITY CHIEF EXECUTIVE OFFICER. ADDITIONALLY, THE ORGANIZATION CONTRACTS WITH ERNST & YOUNG, AN INDEPENDENT ACCOUNTING FIRM, FOR REVIEW OF THE FORM 990.
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>SHARP HEALTHCARE FOUNDATION HAS A WRITTEN CONFLICT OF INTEREST POLICY WHICH HAS BEEN REVIEWED AND APPROVED BY THE SHARP HEALTHCARE FOUNDATION GOVERNING BOARD. SHARP HEALTHCARE FOUNDATION IS COMMITTED TO PREVENTING ANY PARTICIPANT OF THE CORPORATION FROM GAINING ANY PERSONAL BENEFIT FROM INFORMATION RECEIVED OR FROM ANY TRANSACTION OF SHARP. ONE COMPONENT OF THE WRITTEN CONFLICT OF INTEREST POLICY REQUIRES THAT BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS AND CHIEF EXECUTIVE OFFICER(S) SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY TO LEGAL SERVICES/SENIOR VICE PRESIDENT OF LEGAL SERVICES WHO WILL REVIEW ALL STATEMENTS. IN ADDITION, ALL VICE PRESIDENTS AND ANY EMPLOYEES IN THE PURCHASING/SUPPLY CHAIN, AUDIT AND COMPLIANCE, AND CASE MANAGEMENT/DISCHARGE PLANNING DEPARTMENTS ARE REQUIRED TO COMPLETE AN ONLINE CONFLICT OF INTEREST QUESTIONNAIRE ANNUALLY THAT IS REVIEWED BY THE CONFLICT REVIEW COMMITTEE COMPRISED OF EMPLOYEES FROM SHARP'S LEGAL, COMPLIANCE, AND INTERNAL AUDIT DEPARTMENTS. IN CONNECTION WITH ANY TRANSACTION OR ARRANGEMENT, WHICH MAY CREATE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE PERSON SHALL DISCLOSE IN WRITING THE EXISTENCE AND NATURE OF HIS/HER FINANCIAL INTEREST AND ALL MATERIAL FACTS. BOARD MEMBERS, CORPORATE OFFICERS, SENIOR VICE PRESIDENTS, AND THE CHIEF EXECUTIVE OFFICER(S) SHALL MAKE SUCH DISCLOSURES DIRECTLY TO THE CHAIRMAN OF THE BOARD, AND TO THE MEMBERS OF THE COMMITTEE WITH THE BOARD DESIGNATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. UPON DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, THE BOARD MEMBER, CORPORATE OFFICER, SENIOR VICE PRESIDENT OR THE CHIEF EXECUTIVE OFFICER(S) MAKING SUCH DISCLOSURES SHALL LEAVE THE BOARD OR THE COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IN CERTAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD SEAT ON A COMPETITOR'S BOARD OF DIRECTORS OR HAS A ROLE WITH AN ORGANIZATION WHEREBY THE INFORMATION THAT THEY MAY OBTAIN FROM SHARP WOULD PUT THEM IN A CONSISTENT CONFLICT WITH THEIR TWO ROLES, THE CONFLICT COULD CALL FOR THE INDIVIDUAL'S REMOVAL FROM THE BOARD. THE BYLAWS FOR THE ORGANIZATION PROVIDE FOR THE ABILITY TO REMOVE DIRECTORS IN ACCORDANCE WITH SECTION 5222 OF THE CALIFORNIA CORPORATIONS CODE. THIS CAN GENERALLY BE DONE ON A "FOR CAUSE" OR A "NO CAUSE" BASIS BY THE ACTION OF THE MEMBER.</p>

Return Reference - Identifier	Explanation				
<p>FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL</p>	<p>THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS. THE INFORMATION IS PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT. THE COMPENSATION COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION. THE COMPENSATION COMMITTEE CREATES AND APPROVES THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHIES AND STRATEGIES STATEMENT AND AS PART OF THIS APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE TOTAL COMPENSATION RECOMMENDATIONS FOR THE REMAINING EXECUTIVE TEAM. THE COMPENSATION COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE RETAINS MINUTES OF ITS MEETINGS. THE STUDY WAS LAST CONDUCTED IN NOVEMBER 2021.</p> <p>THE COMPENSATION 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 DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL. THIS STUDY WAS LAST CONDUCTED IN JANUARY 2022.</p>				
<p>FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES</p>	<p>THE COMPENSATION COMMITTEE OF SHARP HEALTHCARE RETAINS AN INDEPENDENT COMPENSATION CONSULTING FIRM TO REVIEW THE TOTAL COMPENSATION PAID TO EXECUTIVE MANAGEMENT (PRESIDENT/CHIEF EXECUTIVE OFFICER, CHIEF OPERATING OFFICER, AND SENIOR VICE PRESIDENTS) AND COMPARES IT TO THE TOTAL COMPENSATION PAID TO SIMILAR POSITIONS WITH LIKE INSTITUTIONS. THE INFORMATION IS PRESENTED TO THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS BY THE INDEPENDENT CONSULTANT. THE COMPENSATION COMMITTEE IS COMPRISED OF BOARD MEMBERS WHO ARE NOT PHYSICIANS AND WHO ARE NOT COMPENSATED IN ANY WAY BY THE ORGANIZATION. THE COMPENSATION COMMITTEE CREATES AND APPROVES THE ORGANIZATION'S EXECUTIVE COMPENSATION PHILOSOPHIES AND STRATEGIES STATEMENT AND AS PART OF THIS APPROVES THE TOTAL COMPENSATION FOR THE PRESIDENT/CHIEF EXECUTIVE OFFICER AND REVIEWS AND APPROVES THE TOTAL COMPENSATION RECOMMENDATIONS FOR THE REMAINING EXECUTIVE TEAM. THE COMPENSATION COMMITTEE PRESENTS ITS DECISION TO THE BOARD OF DIRECTORS. THE COMPENSATION COMMITTEE RETAINS MINUTES OF ITS MEETINGS. THE STUDY WAS LAST CONDUCTED IN NOVEMBER 2021.</p> <p>THE COMPENSATION 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 DEPARTMENT AND IS PRESENTED TO THE PRESIDENT/CHIEF EXECUTIVE OFFICER, THE CHIEF OPERATING OFFICER AND THE APPROPRIATE SENIOR VICE PRESIDENT FOR REVIEW AND APPROVAL. THIS STUDY WAS LAST CONDUCTED IN JANUARY 2022.</p>				
<p>FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC</p>	<p>THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS AVAILABLE TO THE GENERAL PUBLIC. POLICIES ARE CONSIDERED PROPRIETARY INFORMATION, HOWEVER IN SHARP HEALTHCARE'S PUBLICLY AVAILABLE CODE OF CONDUCT, SHARP OUTLINES ITS CONFLICT OF INTEREST POLICIES IN A USER FRIENDLY MANNER. THE ANNUAL AUDITED FINANCIAL STATEMENTS OF THE CONSOLIDATED GROUP ARE PUBLISHED ON THE DACBOND.COM WEBSITE (WWW.DACBOND.COM), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, AND ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS INCLUDE COMBINING SCHEDULES WHICH DISCLOSE THE FINANCIAL RESULTS (BALANCE SHEET, STATEMENT OF OPERATIONS, STATEMENT OF CHANGES IN NET ASSETS) FOR EACH ENTITY OF THE CONSOLIDATED GROUP. QUARTERLY FINANCIAL STATEMENTS OF SHARP'S OBLIGATED GROUP ARE PUBLISHED ON THE DACBOND.COM WEBSITE (WWW.DACBOND.COM).</p>				
<p>FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES</p>	<table border="1"> <thead> <tr> <th data-bbox="464 1381 1304 1409">(a) Description</th> <th data-bbox="1310 1381 1518 1409">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="464 1417 1304 1444">PLEDGE WRITE OFF/RETURN OF CONTRIBUTION</td> <td data-bbox="1310 1417 1518 1444">- 189,000</td> </tr> </tbody> </table>	(a) Description	(b) Amount	PLEDGE WRITE OFF/RETURN OF CONTRIBUTION	- 189,000
(a) Description	(b) Amount				
PLEDGE WRITE OFF/RETURN OF CONTRIBUTION	- 189,000				

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
SHARP HEALTHCARE FOUNDATION

Employer identification number
95-3492461

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SHARP HEALTHCARE (95-6077327) 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HEALTHCARE ORGANIZATION	CA	501(C)(3)	3	N/A		✓
(2) SHARP MEMORIAL HOSPITAL (SMH) (95-3782169) 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HOSPITAL	CA	501(C)(3)	3	SHARP HEALTHCARE	✓	
(3) GROSSMONT HOSPITAL CORPORATION (SGH) (33-0449527) 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HOSPITAL	CA	501(C)(3)	3	SHARP HEALTHCARE	✓	
(4) SHARP CHULA VISTA MEDICAL CENTER (SCVMC) (95-2367304) 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HOSPITAL	CA	501(C)(3)	3	SHARP HEALTHCARE	✓	
(5) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) (95-0651579) 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HOSPITAL	CA	501(C)(3)	3	SHARP HEALTHCARE	✓	
(6) SHARP HEALTH PLAN (33-0519730) 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HEALTH INSURANCE COMPANY	CA	501(C)(4)		SHARP HEALTHCARE	✓	
(7) GROSSMONT HOSPITAL FOUNDATION (33-0124488) 8695 SPECTRUM CENTER BLVD, SAN DIEGO, CA 92123-1489	HOSPITAL FOUNDATION	CA	501(C)(3)	7	GROSSMONT HOSPITAL CORPORATION	✓	

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

Cat. No. 50135Y

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) (SEE STATEMENT)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) (SEE STATEMENT)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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		✓
b Gift, grant, or capital contribution to related organization(s)	✓	
c Gift, grant, or capital contribution from related organization(s)	✓	
d Loans or loan guarantees to or for related organization(s)		✓
e Loans or loan guarantees by related organization(s)	✓	
f Dividends from related organization(s)		✓
g Sale of assets to related organization(s)		✓
h Purchase of assets from related organization(s)		✓
i Exchange of assets with related organization(s)		✓
j Lease of facilities, equipment, or other assets to related organization(s)		✓
k Lease of facilities, equipment, or other assets from related organization(s)		✓
l Performance of services or membership or fundraising solicitations for related organization(s)	✓	
m Performance of services or membership or fundraising solicitations by related organization(s)		✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	✓	
o Sharing of paid employees with related organization(s)	✓	
p Reimbursement paid to related organization(s) for expenses	✓	
q Reimbursement paid by related organization(s) for expenses		✓
r Other transfer of cash or property to related organization(s)	✓	
s Other transfer of cash or property from related organization(s)		✓

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHARP MEMORIAL HOSPITAL	B	7,404,244	ACCRUAL BASIS
(2) SHARP CHULA VISTA MEDICAL CENTER	B	3,267,087	ACCRUAL BASIS
(3) SHARP HEALTH PLAN	C	4,005,000	ACCRUAL BASIS
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part III Identification of Related Organizations Taxable as a Partnership (continued)

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

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CONTINUOUS QUALITY INSURANCE SPC 23 LIME TREE BAY AVENUE, PO BOX 1363, GRAND CAYMAN	CAPTIVE INSURANCE COMPANY	CAYMAN ISLANDS	N/A	C CORPORATION			N/A		✓
(2) CHARITABLE REMAINDER TRUST (19)	PROGRAM SUPPORT	CA	N/A	TRUST			N/A		✓