

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2006

Open to Public Inspection

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

A For the 2006 calendar year, or tax year beginning 10-01-2006 and ending 09-30-2007

- B Check if applicable
Address change
Name change
Initial return
Final return
Amended return
Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization SHARP HEALTHCARE FOUNDATION
Number and street (or P O box if mail is not delivered to street address) Room/suite 8695 SPECTRUM CENTER BLVD
City or town, state or country, and ZIP + 4 SAN DIEGO, CA 921231489

D Employer identification number

95-3492461

E Telephone number

(858) 499-5150

F Accounting method Cash Accrual

Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Web site: www.sharpcorp.com

J Organization type (check only one) 501(c)(3) (insert no) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 22,939,235

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? Yes No

(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number

M Check if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Interest on savings, Dividends, Gross rents, Other investment income, Gross amount from sales of assets, Special events and activities, Gross sales of inventory, Other revenue, Total revenue, Program services, Management and general, Fundraising, Payments to affiliates, Total expenses, Excess or (deficit) for the year, Net assets or fund balances at beginning of year, Other changes in net assets or fund balances, Net assets or fund balances at end of year.

**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b>	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ 6,313,128 noncash \$ 2,699,900) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>	9,013,028	9,013,028	
<b>23</b>	Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b>	Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b>	Compensation of current officers, directors, key employees etc Listed in Part V - A (attach schedule)	<b>25a</b>	370,319	37,033	74,063
<b>b</b>	Compensation of former officers, directors, key employees etc listed in Part V - B (attach schedule)	<b>25b</b>			
<b>c</b>	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b>	Salaries and wages of employees not included on lines 25a, b and c	<b>26</b>	1,249,658	124,966	249,931
<b>27</b>	Pension plan contributions not included on lines 25a, b and c	<b>27</b>	39,013	3,901	7,803
<b>28</b>	Employee benefits not included on lines 25a - 27	<b>28</b>	312,388	31,239	62,477
<b>29</b>	Payroll taxes	<b>29</b>	116,974	11,697	23,395
<b>30</b>	Professional fundraising fees	<b>30</b>			
<b>31</b>	Accounting fees	<b>31</b>			
<b>32</b>	Legal fees	<b>32</b>	24,589	2,459	4,918
<b>33</b>	Supplies	<b>33</b>	22,859	2,285	4,572
<b>34</b>	Telephone	<b>34</b>	1,922	192	384
<b>35</b>	Postage and shipping	<b>35</b>	28,178	2,818	5,636
<b>36</b>	Occupancy	<b>36</b>			
<b>37</b>	Equipment rental and maintenance	<b>37</b>	693	69	139
<b>38</b>	Printing and publications	<b>38</b>	22,610	2,261	4,522
<b>39</b>	Travel	<b>39</b>	16,136	1,614	3,227
<b>40</b>	Conferences, conventions, and meetings	<b>40</b>	8,089	809	1,618
<b>41</b>	Interest	<b>41</b>	35,764	3,576	7,153
<b>42</b>	Depreciation, depletion, etc (attach schedule)	<b>42</b>	13,802	1,380	2,760
<b>43</b>	Other expenses not covered above (itemize)	<b>43g</b>			
<b>a</b>	Purchased Services	<b>43a</b>	551,975	55,197	110,394
<b>b</b>	Miscellaneous	<b>43b</b>	160,490	16,049	32,098
<b>c</b>	Fundraising Event Exps	<b>43c</b>	252,979		252,979
<b>d</b>		<b>43d</b>			
<b>e</b>		<b>43e</b>			
<b>f</b>		<b>43f</b>			
<b>g</b>		<b>43g</b>			
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>44</b>	12,241,466	9,310,573	595,090

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_




**Part III Statement of Program Service Accomplishments (See the instructions.)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶ THE PRIMARY EXEMPT PURPOSE OF SHARP HEALTHCARE FOUNDATION IS TO SUPPORT AND PROVIDE ASSISTANCE TO SHARP HEALTHCARE, SHARP MEMORIAL HOSPITAL, AND SHARP CHULA VISTA MEDICAL CENTER</b>  <small>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</small>	<b>Program Service Expenses</b> <small>(Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others.)</small>
<b>a</b> Provide support to Sharp HealthCare, Sharp Memorial Hospital, and Sharp Chula Vista Medical Center  (Grants and allocations \$ 9,013,028) If this amount includes foreign grants, check here <input type="checkbox"/>	9,310,573
<b>b</b> See Community Benefit Report, Statements 17-36  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> _____ _____ (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . <b>▶</b>	9,310,573

**Part IV Balance Sheets (See the instructions.)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)	
		Beginning of year		End of year	
Assets	<b>45</b> Cash—non-interest-bearing . . . . .	250	<b>45</b>	250	
	<b>46</b> Savings and temporary cash investments . . . . .	740,399	<b>46</b>	2,701,425	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 40,822			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b>	11,584	<b>47c</b> 40,822	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b> 12,300,400			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b> 3,541,455	7,082,479	<b>48c</b> 8,758,945	
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule) . . . . .		<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .	11,987	<b>53</b>	28,104	
	<b>54a</b> Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	13,467,151	<b>54a</b>	16,878,215	
	<b>b</b> Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>		
<b>55a</b> Investments—land, buildings, and equipment basis . . . . .	<b>55a</b>				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>	2,175,000	<b>55c</b>		
<b>56</b> Investments—other (attach schedule) . . . . .		<b>56</b>			
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 63,669				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 51,509	6,821	<b>57c</b>  12,160		
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> _____ )		13,216,204	<b>58</b>  14,097,611		
<b>59 Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .	36,711,875	<b>59</b>	42,517,532		
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	420,980	<b>60</b>	712,173	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .	75,850	<b>62</b>	163,885	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>		
	<b>65</b> Other liabilities (describe <input type="checkbox"/> _____ )	6,526,582	<b>65</b>  7,270,622		
<b>66 Total liabilities</b> Add lines 60 through 65 . . . . .	7,023,412	<b>66</b>	8,146,680		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted . . . . .	1,904,136	<b>67</b>	2,216,131	
	<b>68</b> Temporarily restricted . . . . .	24,468,338	<b>68</b>	28,831,787	
	<b>69</b> Permanently restricted . . . . .	3,315,989	<b>69</b>	3,322,934	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
	<b>73 Total net assets or fund balances</b> Add lines 67 through 69 <b>or</b> lines 70 through 72 (Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line 21) . . . . .	29,688,463	<b>73</b>	34,370,852	
	<b>74 Total liabilities and net assets / fund balances</b> Add lines 66 and 73 . . . . .	36,711,875	<b>74</b>	42,517,532	





Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?
82b If "Yes," you may indicate the value of these items here
83a Did the organization comply with the public inspection requirements for returns and exemption applications?
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84a Did the organization solicit any contributions or gifts that were not tax deductible?
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?
85b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85c Dues assessments, and similar amounts from members
85d Section 162(e) lobbying and political expenditures
85e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?
86 501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12
86b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) orgs. Enter a Gross income from members or shareholders
87b Gross income from other sources
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?
88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)?
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, and section 4955
89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year?
89c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89d Enter Amount of tax on line 89c, above, reimbursed by the organization
89e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?
89f All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?
89g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
90a List the states with which a copy of this return is filed
90b Number of employees employed in the pay period that includes March 12, 2006
91a The books are in care of
91b 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?

**Part VI Other Information (continued)**

**c** At any time during the calendar year, did the organization maintain an office outside of the United States? **91c**  Yes  No

If "Yes," enter the name of the foreign country  \_\_\_\_\_

**92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here  and enter the amount of tax-exempt interest received or accrued during the tax year **92**

**Part VII Analysis of Income-Producing Activities (See the instructions.)**

**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>f</b> Medicare/Medicaid payments . . . . .					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments . . . . .					
<b>95</b> Interest on savings and temporary cash investments			14	33,254	
<b>96</b> Dividends and interest from securities . . . . .			14	456,874	
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property . . . . .					
<b>b</b> non debt-financed property . . . . .			16	39,493	
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income . . . . .					
<b>100</b> Gain or (loss) from sales of assets other than inventory			18	291,711	
<b>101</b> Net income or (loss) from special events . . . . .			01	69,116	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue <b>a</b> _____					
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> _____					
<b>e</b> _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) . . . . .				890,448	
<b>105</b> Total (add line 104, columns (B), (D), and (E)) . . . . .					890,448

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**

**(a)** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

**(b)** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**NOTE:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

**Part XI** **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

<b>106</b> Did the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>107</b> Did the reporting organization <b>receive</b> any transfers <b>from</b> a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	<b>Yes</b>	<b>No</b>

	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
<b>Totals</b>				

<b>108</b> Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	<b>Yes</b>	<b>No</b>

<b>Please Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	Signature of officer	Date
	WILLIAM LITTLEJOHN SVP/CEO Foundation	2008-08-12
	Type or print name and title	

<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	ERNST & YOUNG US LLP 18111 VON KARMAN AVE SUITE 1000 IRVINE, CA 92612			Phone no (949) 794-2300

**SCHEDULE A  
(Form 990 or  
990EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

**2006**

Department of the  
Treasury  
Internal Revenue  
Service

**MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization  
SHARP HEALTHCARE FOUNDATION

**Employer identification number**

95-3492461

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Marsha A Lubick 8695 Spectrum Center Blvd San Diego, CA 92123	Exec Dir-Philanthrop 40 00	161,423	35,359	982
Rosetta S Ellis 8695 Spectrum Center Blvd San Diego, CA 92123	Mgr-Major Gifts 40 00	123,290	7,432	221
Jean-Paul Lamontagne 8695 Spectrum Center Blvd San Diego, CA 92123	Gift & Estate Planng 40 00	112,899	7,992	479
Shawna M Fallon 8695 Spectrum Center Blvd San Diego, CA 92123	Mgr Major Gifts 40 00	103,734	9,343	155
Pamela S Barnett 8695 Spectrum Center Blvd San Diego, CA 92123	Mgr Donor Relations 40 00	88,972	27,148	169
Total number of other employees paid over \$50,000	7			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
San Diego Center for Spinal 4130 La Jolla Vlg Dr 300 La Jolla, CA 92037	Medical Fellowships	91,000
Total number of others receiving over \$50,000 for professional services		

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Manchester Resorts LP One Market Place San Diego, CA 92101	Event catering & space rental	85,070
Leslie Casale 1579 Country Vistas Ln Bonita, CA 91902	Printing	70,450
Total number of other contractors receiving over \$50,000 for other services		

**Part III Statements About Activities** (See page 2 of the instructions.)**Yes No**

<b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ►\$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	<b>1</b>		No
<b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.) <b>a</b> Sale, exchange, or leasing property?	<b>2a</b>		No
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>		No
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>		No
<b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	<b>2d</b>	Yes	
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>		No
<b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )	<b>3a</b>	Yes	
<b>b</b> Did the organization have a section 403(b) annuity plan for its employees?	<b>3b</b>	Yes	
<b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	<b>3c</b>		No
<b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	<b>3d</b>		No
<b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	<b>4a</b>	Yes	
<b>b</b> Did the organization make any taxable distributions under section 4966?	<b>4b</b>		
<b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>4c</b>		
<b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____			
<b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
<b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
<b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8**  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶
- 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12**  An organization that normally receives **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions—subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

Type I     Type II     Type III - Functionally Integrated     Type III - Other

**Provide the following information about the supported organizations. (see page 7 of the instructions.)**

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
<b>Total</b>					

- 14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )



**Part V Private School Questionnaire** (See page 7 of the instructions.)**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
<b>32</b> Does the organization maintain the following	<b>32a</b>	
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges?	<b>33a</b>	
<b>b</b> Admissions policies?	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>	
<b>e</b> Educational policies?	<b>33e</b>	
<b>f</b> Use of facilities?	<b>33f</b>	
<b>g</b> Athletic programs?	<b>33g</b>	
<b>h</b> Other extracurricular activities?	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )		
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group Check **b**  if you checked "a" and "limited control" provisions apply

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred )

**(a)**  
Affiliated group  
totals

**(b)**  
To be completed  
for all electing  
organizations

<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b>	Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b>	Other exempt purpose expenditures	<b>39</b>		
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table— <b>If the amount on line 40 is—</b> <b>The lobbying nontaxable amount is—</b> Not over \$500,000                                      20% of the amount on line 40 Over \$500,000 but not over \$1,000,000        \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000     \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000    \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000                                    \$1,000,000	<b>41</b>		
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions )

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines **c** through **h**.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



**Additional Data****Software ID:****Software Version:****EIN:** 95-3492461**Name:** SHARP HEALTHCARE FOUNDATION**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
William Littlejohn 8695 Spectrum Center Blvd San Diego, CA 92123	Sr VP CEO FND 40 00	279,017	91,302	0
Frank Arrington 8695 Spectrum Center Blvd San Diego, CA 92123	Chair 2 00	0	0	0
Anette Asher 8695 Spectrum Center Blvd San Diego, CA 92123	Secretary 2 00	0	0	0
Stephen Austin 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Barbara Brown 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Betty Byrnes 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Chris Cate 8695 Spectrum Center Blvd San Diego, CA 92123	Ex Officio 2 00	0	0	0
Joy Charney 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
H Michael Collins 8695 Spectrum Center Blvd San Diego, CA 92123	Ex Officio 2 00	0	0	0
Richard D Coutts MD 8695 Spectrum Center Blvd San Diego, CA 92123	Emeritus 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

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Steve Finden 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Judi Freeman 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Philip L Gildred Jr 8695 Spectrum Center Blvd San Diego, CA 92123	Ex Officio 2 00	0	0	0
John Hattox MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
James C Haugh 8695 Spectrum Center Blvd San Diego, CA 92123	Emeritus 2 00	0	0	0
Brian Jaski MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Russell L Johnson 8695 Spectrum Center Blvd San Diego, CA 92123	Ex Officio 2 00	0	0	0
Henry M Killmar 8695 Spectrum Center Blvd San Diego, CA 92123	Emeritus 2 00	0	0	0
Yvonne W Larsen 8695 Spectrum Center Blvd San Diego, CA 92123	Emeritus 2 00	0	0	0
Chris Lewis 8695 Spectrum Center Blvd San Diego, CA 92123	SCVMC Fdn Advisory 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

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Eric Linebarger MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Elizabeth Gildred MacVean 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Betsy McClendon 8695 Spectrum Center Blvd San Diego, CA 92123	Emeritus 2 00	0	0	0
Colleen P McNally MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Susan Moriarty 8695 Spectrum Center Blvd San Diego, CA 92123	Ex Officio 2 00	0	0	0
Michael Murphy 8695 Spectrum Center Blvd San Diego, CA 92123	PresidentEx-OfficioBdMem 2 00	0	0	0
Peter Preovolos 8695 Spectrum Center Blvd San Diego, CA 92123	Ex Officio 2 00	0	0	0
Kathleen Porter 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Jim Reopelle 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Howard Robin MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Kenneth J Roth MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Richard Santore MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Ted Schroeder 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Charles Schuetz MD 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Regina Smith 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Joseph Strazzeri 8695 Spectrum Center Blvd San Diego, CA 92123	Treasurer 2 00	0	0	0
Nan Stufkosky 8695 Spectrum Center Blvd San Diego, CA 92123	Ex Officio 2 00	0	0	0
Tom Tourtellott 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Bud Wilson 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0
Gordon L Witter Jr 8695 Spectrum Center Blvd San Diego, CA 92123	Vice Chair 2 00	0	0	0

**Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation plans</b>	<b>(E) Expense account and other allowances</b>
Robert Wolford 8695 Spectrum Center Blvd San Diego, CA 92123	Board Member 2 00	0	0	0

**Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:**

Name of the Organization	Exempt	Nonexempt
Sharp HealthCare	X	
Sharp Memorial Hospital	X	
Sharp Chula Vista Medical Center	X	
Grossmont Hospital Foundation	X	
Grossmont Hospital Corporation	X	
Sharp Health Plan	X	
Sharp Coronado Hospital & Healthcare Center	X	

## TY 2006 Cash Grants Paid Schedule

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Class of Activity	Recipient's name	Address	Amount	Relationship
	Sharp HealthCare	8695 Spectrum Center Blvd San Diego, CA 921231489	87,474	Related Entity
	Sharp Memorial Hospital	8695 Spectrum Center Blvd San Diego, CA 921231489	5,268,828	Related Entity
	Sharp Chula Vista Medical Ctr	8695 Spectrum Center Blvd San Diego, CA 921231489	956,826	Related Entity

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2006 Compensation Schedule

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
Michael Murphy	Sharp HealthCare	95-6077327	Sharp HealthCare controls Sharp HealthCare Foundation	795,373	298,694		
Richard Coutts MD	Sharp Memorial Hospital	95-3782169	Sharp HealthCare controls Sharp Memorial Hospital & Sharp HealthCare Fnd	70,413			Medical Director/Patient Services
Richard D Coutts MD Inc	Sharp Memorial Hospital	95-3782169	Sharp HealthCare controls Sharp Memorial Hospital & Sharp HealthCare Fnd	50,000			Medical Director/Research

## TY 2006 Depreciation and Depletion Schedule

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Asset	Amount
Office Equipment	13,802

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

## TY 2006 Gain/Loss from Sale of Other Assets Schedule

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
Land - Hillcrest	2006-04	DONATED	2007-06		1,652,412	1,750,000	0	-97,588	
Vehicles	2006-03	DONATED	2006-03		4,963	9,925	0	-4,962	
Artwork	2006-11	DONATED	2006-11		1,472	1,600	0	-128	

**TY 2006 Gain/Loss from Sale of Public Securities Schedule****Name:** SHARP HEALTHCARE FOUNDATION**EIN:** 95-3492461**Gross Sales Price:** 5,707,781**Basis:** 5,313,392**Sales Expenses:** 0**Total (net):** 394,389

# TY 2006 General Explanation Attachment

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Identifier	Return Reference	Explanation
community benefit report	form 900, part iii, line b	<p>Sharp HealthCareCommunity Benefits ReportFiscal Year 2007Sharp HealthCare prepared this Co mmunity Benefits Report for Fiscal Year 2007 in accordance w ith the requirements of Senate Bill 697, community benefits legislation Enacted in September 1994, Senate Bill 697 requi res not-for-profit hospitals to file a report annually w ith the Office of Statew ide Health Planning and Development on activities undertaken to address community needs w ithin its mission and financial capacity In addition, not-for-profit hospitals are, to the extent pr acticable, to assign and report the economic value of community benefits provided in furth erance of their plans, according to the following framew ork medical care services, other benefits for vulnerable populations, other benefits for the broader community, health rese arch, education and training programs and non-quantifiable benefits An Overview of Sharp H ealthCareSharp HealthCare (Sharp) is an integrated, regional health care delivery system b ased in San Diego, California The Sharp system includes four acute care hospitals, three specialty hospitals, three affiliated medical groups, 24 medical clinics, six urgent care facilities, four skilled nursing facilities, home health, hospice, home infusion programs and a variety of other community health education programs and related services Sharp Hea lthCare also has a Knox-Keene licensed health maintenance organization, Sharp Health Plan Serving a population of approximately 3 million in San Diego County, Sharp operates 1,870 beds, has approximately 2,600 Sharp-affiliated physicians and more than 14,000 employees FOUR ACUTE CARE HOSPITALS Sharp Grossmont Hospital (481 beds) The largest provider of healt h care services in San Diego's East County, operating the busiest emergency room in San Di ego County Sharp Memorial Hospital (341 beds)The central region tertiary care leader of Sa n Diego, providing specialized care in trauma, oncology, orthopedics, organ transplantatio n, cardiology and rehabilitation Sharp Chula Vista Medical Center (330 beds)The largest pr ovider of health care services in the rapidly expanding area of south San Diego County, on e of the fastest grow ing areas in California Sharp Coronado Hospital and Healthcare Center (204 beds)An acute care hospital w ith services including sub-acute and long-term care, re habilitation therapies, hospice and emergency services THREE SPECIALTY HOSPITALS Sharp Mar y Birch Hospital for Women (169 beds) The only freestanding w omen's hospital w est of the Mi ssissippi specializing in obstetrics/gynecology and gynecologic oncology Sharp Mesa Vista Hospital (149 beds)The largest freestanding psychiatric hospital in San Diego and a premie r provider of psychiatric services Sharp Vista Pacifica (16 beds)A freestanding chemical d ependency recovery hospital Sharp HealthCare has recently received the follow ing aw ards *S harp HealthCare w as named one of tw o hospitals and five organizations to receive the 2007 Malcolm Baldrige National Quality Aw ard, the nation's highest Presidential honor for quality and organizational performance excellence Sharp is the eighth hospital provider nation w ide and the first California hospital provider to receive this recognition *Sharp HealthC are w as named the Number 1 best integrated health care netw ork in California and Number 18 nationally by Modern Healthcare magazine in February 2007 The rankings are part of the T op 100 Most Highly Integrated Healthcare Netw orks (ICN), an annual survey conducted by lea ding health care data analyst Verispan *Sharp Healthcare w as named Best Health Care Provid er and Best Hospital by San Diego Union-Tribune readers participating in the paper's Best of San Diego Readers Poll published August 3, 2007 *Both Sharp Grossmont Hospital and Shar p Memorial Hospital w ere aw arded Magnet Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC) The Magnet Recognition Program is the highest level o f honor aw arded by the ANCC and is accepted nationally as the gold standard in nursing exc ellence Sharp is the only health care system in California w ith tw o magnet-aw arded hospit als *Sharp HealthCare w as named the No 1 best integrated health-care netw ork in Californi a and No 18 nationally by Modern Healthcare magazine in 2007 The rankings are part of the "Top 100 Most Highly Integrated Healthcare Netw orks" (IHN), an annual survey conducted by leading health care data analyst Verispan</p>

Identifier	Return Reference	Explanation
community benefit report (continued)	form 900, part III, line b	<p>Executive Summary This Executive Summary provides an overview of community benefits planning at Sharp HealthCare, a listing of community needs addressed in this Community Benefits Report and a summary of community benefits programs and services provided by Sharp HealthCare in Fiscal Year 2007 (October 1, 2006 through September 30, 2007). In addition, the economic value of community benefits provided by Sharp HealthCare, according to the frameworks specifically identified in Senate Bill 697, is reported for the following:</p> <ul style="list-style-type: none"> <li>*Sharp Chula Vista Medical Center</li> <li>*Sharp Coronado Hospital and Healthcare Center</li> <li>*Sharp Grossmont Hospital</li> <li>*Sharp Mary Birch Hospital for Women</li> <li>*Sharp Metropolitan Medical Campus</li> <li>*Sharp Rees-Stealy and Sharp Mission Park Medical Groups</li> <li>*Sharp Health Plan</li> </ul> <p>Commitment to Mission Sharp HealthCare's Mission Statement to improve the health of those we serve with a commitment to excellence in all that we do serves as the basis for systemwide focus on improving the health of the community.</p> <p>Community Benefits Planning at Sharp HealthCare The community health needs assessments conducted by the Community Health Improvement Partners (CHIP) in 1995, 1998, 2001 and 2004, combined with the expertise in programs and services of each Sharp HealthCare hospital, are the basis for community benefits planning.</p> <p>Listing of Community Needs Addressed in this Benefits Report The following community needs are addressed by one or more Sharp HealthCare hospitals in this Community Benefits Report:</p> <ul style="list-style-type: none"> <li>*Access to care for individuals without a medical provider</li> <li>*Focused education, screening and training programs on health conditions such as heart disease, stroke, cancer, diabetes, domestic violence and preterm delivery</li> <li>*Programs for prevention of unintentional injuries</li> <li>*Health education and screening activities for seniors</li> <li>*Outreach for flu vaccines</li> <li>*Health education for midlife women on topics such as breast health and cancer</li> <li>*Mental health and substance abuse education</li> <li>*Special support services for hospice families and patients, and the community</li> <li>*Support of community nonprofit health organizations</li> </ul> <p>Highlights of Community Benefits Provided by Sharp HealthCare in Fiscal Year 2007 Some examples of community benefits programs and services provided by Sharp HealthCare hospitals or facilities in Fiscal Year 2007 include:</p> <ul style="list-style-type: none"> <li>*Unreimbursed Medical Care Services, including the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), uncompensated care for patients who are unable to pay for services, and physician emergency room backup services to cover the cost of physicians on call for uninsured patients</li> <li>*Other Services for Vulnerable Populations, including transportation for seniors and disabled people to and from medical appointments, financial and other support to community clinics to assist in providing health services and improving access to health services, financial support for onsite workers to process Medi-Cal eligibility forms, funds to assist patients with transportation, medication and other medical needs, volunteers delivering meals to homebound seniors, community-wide efforts to ensure the safety of seniors in their homes (Project CARE), and collection and donation of items to the needy</li> <li>*Other Services for the Broader Community, including health education, screenings, flu shots, counseling and support groups, information and referral services, and participation in community health fairs addressing the unique needs of the community</li> </ul> <p>Sharp HealthCare facilities were available for use by community groups at no charge. Also, executive leadership and staff were involved in numerous community organizations, committees and coalitions to improve the health of the community.</p>

Identifier	Return Reference	Explanation																																																												
community benefit report (continued)	form 900, part III, line b	<p>*Health Research, Education and Training Programs, including education and training programs for medical, nursing and other health professionals To increase the pool of nursing graduates, Sharp and other hospitals continued sponsorship of health-related programs, classes and professors at San Diego State University (Nurses Now Partnership) and the University of California San Diego Sharp also partnered with Southwestern College, San Diego State University and The University of Oklahoma (OU) College of Nursing to provide clinical experience in San Diego County for students enrolled in the OU Online Accelerated Second Degree Bachelor of Science in Nursing (BSN) Program The new program is designed to help ease the nursing shortage by providing students with greater program access and flexibility, and by graduating new nurses Additionally, Sharp HealthCare initiated a five-year agreement with San Diego State University for financial support of the Sharp HealthCare Human Patient Simulation Center, to provide specialized education to nursing students Sharp HealthCare continued its collaboration with Rady Children's Hospital and Health Center and Scripps Health in support of Partnership for Smoke-Free Families, a program designed to benefit mothers and their families by focusing on reducing tobacco exposure In addition, Sharp HealthCare provided a financial grant to California Regional Health Information Exchange (CalRHIO) to support development of a statewide health information exchange utility</p> <p>Economic Value of Community Benefits Provided in Fiscal Year 2007</p> <p>In Fiscal Year 2007, Sharp HealthCare provided a total of \$257,549,443 in community benefits programs and services that were unreimbursed</p> <p>Total Economic Value of Community Benefits Provided Sharp HealthCare Fiscal Year 2007</p> <p>Sharp HealthCare Entity</p> <table border="0"> <tr> <td>Estimated FY 2007 Unreimbursed Costs</td> <td>Sharp Chula Vista Medical Center</td> <td>\$36,763,451</td> </tr> <tr> <td></td> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>\$10,505,700</td> </tr> <tr> <td></td> <td>Sharp Grossmont Hospital</td> <td>\$90,984,408</td> </tr> <tr> <td></td> <td>Sharp Mary Birch Hospital for Women</td> <td>\$9,779,631</td> </tr> <tr> <td></td> <td>Sharp Metropolitan Medical Campus</td> <td>\$103,996,185</td> </tr> <tr> <td></td> <td>Sharp Rees-Stealy and Sharp Mission Park</td> <td>\$4,973,213</td> </tr> <tr> <td></td> <td>Sharp Health Plan</td> <td>\$5,468,855</td> </tr> <tr> <td></td> <td><b>GRAND TOTAL</b></td> <td><b>\$257,549,443</b></td> </tr> </table> <p>For a detailed summary of unreimbursed costs of community benefits provided by each Sharp HealthCare entity in Fiscal Year 2007, see tables presented in Sections 4 through 10</p> <p>Detailed Economic Value of Community Benefits Based on Senate Bill 697 Categories</p> <table border="0"> <tr> <td>Sharp HealthCare Entities</td> <td>Fiscal Year 2007</td> <td>Sharp HealthCare Entity</td> <td>Medical Care</td> <td>Services</td> <td>Other Benefits for Vulnerable Populations</td> <td>Other Benefits for the Broader Community</td> <td>Health Research, Education and Training Programs</td> <td>Total</td> </tr> <tr> <td>Sharp Chula Vista Medical Center</td> <td>\$35,861,125</td> <td>\$196,252</td> <td>\$515,034</td> <td>\$191,040</td> <td>\$36,763,451</td> <td></td> <td></td> <td>\$36,763,451</td> </tr> <tr> <td>Sharp Coronado Hospital and Healthcare Center</td> <td>\$9,675,939</td> <td>\$236,952</td> <td>\$402,079</td> <td>\$190,730</td> <td>\$10,505,700</td> <td></td> <td></td> <td>\$10,505,700</td> </tr> <tr> <td>Sharp Grossmont Hospital</td> <td>\$87,549,582</td> <td>\$593,636</td> <td>\$2,636,806</td> <td>\$204,384</td> <td>\$90,984,408</td> <td></td> <td></td> <td>\$90,984,408</td> </tr> </table>	Estimated FY 2007 Unreimbursed Costs	Sharp Chula Vista Medical Center	\$36,763,451		Sharp Coronado Hospital and Healthcare Center	\$10,505,700		Sharp Grossmont Hospital	\$90,984,408		Sharp Mary Birch Hospital for Women	\$9,779,631		Sharp Metropolitan Medical Campus	\$103,996,185		Sharp Rees-Stealy and Sharp Mission Park	\$4,973,213		Sharp Health Plan	\$5,468,855		<b>GRAND TOTAL</b>	<b>\$257,549,443</b>	Sharp HealthCare Entities	Fiscal Year 2007	Sharp HealthCare Entity	Medical Care	Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	Total	Sharp Chula Vista Medical Center	\$35,861,125	\$196,252	\$515,034	\$191,040	\$36,763,451			\$36,763,451	Sharp Coronado Hospital and Healthcare Center	\$9,675,939	\$236,952	\$402,079	\$190,730	\$10,505,700			\$10,505,700	Sharp Grossmont Hospital	\$87,549,582	\$593,636	\$2,636,806	\$204,384	\$90,984,408			\$90,984,408
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community benefit report (continued)	form 900, part III, line b	<p>Sharp Mary Birch Hospital for Women \$9,183,851 \$21,978 \$493,341 \$80,461 \$9,779,631 Sharp Metropolitan Medical Campus \$101,341,712 \$482,245 \$1,489,393 \$682,835 \$103,996,185 Sharp Rees-Stealy and Sharp Mission Park \$4,481,063 \$165,801 \$207,596 \$118,753 \$4,973,213 Sharp Health Plan \$222,787 \$19,500 \$187,747 \$116,821 \$546,855 All Entities \$248,316,059 \$1,716,364 \$5,931,996 \$1,585,024 \$257,549,443 Sharp HealthCare Mission and Values</p> <p>Mission To improve the health of those we serve with a commitment to excellence in all that 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 Values *Integrity-Trustworthiness, Respect, Commitment to Organizational Values, Decision Making *Caring-Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, Celebration *Innovation-Creativity, Continuous Improvement, Initiating Breakthroughs, Self-Development *Excellence-Quality, Safety, Operational and Service Excellence, Financial Results, Accountability Culture The Sharp Experience For more than seven years, SHC has been on a journey to transform the health care experience Through a sweeping organizational improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to the purpose of worthwhile work and making a difference, and the fundamentals that have made Sharp one of the nation's top ranked health care systems This renewed sense of direction has added discipline and focus to every part of the organization Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation the patient Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be *The best place to work Attracting highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth This commitment to serving patients and supporting one another will make Sharp the best health system in the universe *The best place to practice medicine Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers, experience unsurpassed service as valued customers, have access to state-of-the-art equipment and cutting-edge technology, and enjoy the camaraderie of the highest-caliber medical staff at San Diego's preeminent medical institution *The best place to receive care Providing a new standard of service in the health care industry, much like that of a five-star hotel, employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient treating them with the utmost care, compassion and respect, and creating healing environments that are pleasant, soothing, safe, immaculate and easy to access and navigate</p>

Identifier	Return Reference	Explanation
community benefit report (continued)	form 900, part III, line b	<p>Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for over half a century. Pillars of Excellence</p> <p>The six pillars listed below are a visible testament to Sharp's commitment to making Sharp the best health care system in the universe by achieving excellence in these areas:</p> <ul style="list-style-type: none"> <li>Quality - Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations</li> <li>Service - Create exceptional experiences at every touch point for customers and physicians by demonstrating service excellence</li> <li>People - Create a workforce culture that attracts and retains the best and brightest people who are committed to Sharp HealthCare's mission and values</li> <li>Finance - Continually improve financial results to assure Sharp's ability to invest in new technology and provide quality health care services</li> <li>Growth - Achieve consistent growth in net revenue to enhance market dominance and sustain infrastructure and innovative development</li> <li>Community - Be an exemplary community citizen</li> </ul> <p>Our Behavior Standards</p> <ul style="list-style-type: none"> <li>Attitude is Everything - Create a Lasting Impression - We treat every customer as if he/she is the most important person in our workplace. Our behavior and attitude create a positive first impression that is lasting. We strive to exceed expectations.</li> <li>Thank Somebody - Reward and Recognition - Reward and recognition are central to the Sharp culture. We express gratitude and appreciation to one another. We celebrate our accomplishments and hard work to make Sharp the best place to work, practice medicine and receive care.</li> <li>Make Words Work - Talk, Listen and Learn - We communicate with courtesy, clarity and care in all verbal and non-verbal messages. We listen attentively to customers to understand their needs and to ensure they comprehend information we provide to them.</li> <li>All for One, One for All - Teamwork - Sharp team members share a common purpose to serve our customers. We build each other up, we share our successes, failures, information and ideas.</li> <li>Make it Better - Service Recovery - When The Sharp Experience doesn't go right for a customer, we pledge to make things better. We listen and respond with empathy and apologize for not exceeding expectations. We are proactive in making amends, even in difficult situations.</li> <li>Think Safe, Be Safe - Safety at Work - It is essential that we provide a hospitable, healing, healthy and safe environment at Sharp HealthCare. We identify and report safety hazards promptly and apply remedies when ever needed.</li> <li>Look Sharp, Be Sharp - Appearance Speaks - When we dress, groom and maintain our workplace with care, we show respect for our customers and give them confidence in our ability to care for them.</li> <li>Keep in Touch - Ease Waiting Times - Keeping our customers informed puts them and their families at ease. We are committed to sharing information and acknowledging the presence of our customers at all times. It's a Private Matter - Confidentiality - Sharp HealthCare protects customers' confidentiality, privacy and modesty in all situations. We are sensitive to the personal nature of health care and we do everything we can to earn the trust that others place in us. We strive to promote peace of mind and relieve anxiety.</li> <li>To E or Not to E - Email Manners - Using e-mail may save the sender time, but may not always be the most appropriate or expedient way to communicate. Use discretion in sending, responding to and forwarding e-mail.</li> <li>Vive La Difference - Diversity - At Sharp HealthCare, we know that our differences, unique talents and varied backgrounds come together to create a stronger whole.</li> </ul>

Identifier	Return Reference	Explanation
community benefit report (continued)	form 900, part III, line b	<p>Get Smart Increasing Skills and Competence - Sharp HealthCare is committed to helping its employees, leaders and physicians learn and grow Professional development demonstrates a desire to continually enhance the delivery of health care We encourage innovation and constant improvement in efficiency and effectiveness Community Benefits Planning Process Findings from the community health needs assessments conducted by the Community Health Improvement Partners (CHIP) and expertise in programs and services of each Sharp HealthCare hospital are the basis for community benefits planning at Sharp HealthCare Methodology to Conduct the Community Needs Assessments In 1995, in response to the passage of Senate Bill 697 (Community Benefits legislation), Sharp HealthCare participated with a broad range of hospitals and health care organizations in a collaborative effort to conduct the Community Needs Assessment Since Senate Bill 697 requires the updating of a community health needs assessment at least every three years, CHIP again organized in 1998 to conduct a health needs assessment A Needs Assessment Committee, under the direction of the collaborative's Steering Committee, determined a methodology and approach to the needs assessment, which included information from the following four primary sources *Collection and analysis of health-related statistics, conducted by the County of San Diego Health and Human Services Agency *Review of health-related scientific literature *Review of results of facilitated discussions held with 13 focus groups, representing a cross-section of age, ethnic/racial, geographic and special interest groups *Results of a process used by the members of the CHIP to set priorities among competing health issues, using objective rating scales corresponding to a health issue's size and seriousness and the level of community concern In 2001, CHIP began updating the health needs assessment using a new approach, which is a framework for understanding the relationships between risk factors and health outcomes The assessment methodology, which was intended to extend the 1998 needs assessment, included *Study of health priorities by age cohorts infants and children 0 to 14 years, adolescents and young adults 15 to 24 years, adults 25 to 64 years and seniors 65 years and older *Use of a conceptual model of community health, based on RAND Corporation's California Health Report, to identify risk factors for each key health indicator by age group and to isolate risk factors that appear to pervade and recur across multiple key health indicators *Development of a critical pathway for each key indicator, including identification of environmental risk factors, behavioral and societal risk factors and intermediate outcomes In 2004, the CHIP Needs Assessment Work Team, under the direction of the CHIP Steering Committee, determined a methodology and approach to the needs assessment, which included information from the following sources *Collection and analysis of health-related statistics, conducted by the County of San Diego Health and Human Services Agency, supplemented by data from the California Health Interview Survey, Office of Statewide Health Planning and Development, Youth Risk Behavior Surveillance System and United Way of San Diego County *Review of health-related scientific literature *Review of results of facilitated discussions held with nine focus groups representing a cross-section of the community *Review of results from a survey of key informants to identify which health issues impact the community most based on size of the problem, seriousness and level of community concern *Results of a process used by members of CHIP to set priorities among various health issues Determination of Priority Community Needs Sharp HealthCare The community health needs assessments conducted by CHIP were reviewed by each Sharp HealthCare hospital and used to determine priority needs for their communities In identifying these priorities, each entity considered the expertise and mission of the hospital in providing services in addition to the unique regional, age group and/or health topics For example, the specialty hospitals Sharp Mesa Vista, Sharp Vista Pacifica and Sharp Mary Birch Hospital for Women reviewed the needs assessment priorities, specifically focusing on mental health, substance abuse and issues relevant to women Other Sharp general acute care hospitals reviewed the needs assessment with a focus on the region and/or subregional areas, with the goal of matching community benefit programs and services to the unique needs of the region</p>

Identifier	Return Reference	Explanation
community benefit report (continued)	form 900, part III, line b	<p>Steps Completed to Prepare an Annual Community Benefits Report</p> <p>On an annual basis, each Sharp HealthCare hospital conducts the following steps in the preparation of its Community Benefits Report</p> <ul style="list-style-type: none"> <li>*Establishes and/or reviews hospital-specific measurable objectives</li> <li>*Verifies the need for ongoing focus on identified community needs</li> <li>*Reports on activities conducted in the prior fiscal year</li> </ul> <p>Fiscal Year 2007 Report of Activities</p> <ul style="list-style-type: none"> <li>*Develops a plan for the upcoming fiscal year, including specific steps to be undertaken</li> <li>Fiscal Year 2008 Plan</li> <li>*Reports and categorizes the economic value of community benefits provided, according to the framework specifically identified in Senate Bill 697</li> <li>*Reviews and approves a Community Benefits Plan</li> <li>*Distributes the Community Benefits Report to members of the Board, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year</li> </ul> <p>Ongoing Commitment to Community Health Improvement Partners (CHIP)</p> <p>In support of its ongoing commitment to working with others on addressing community health priorities to improve health status of residents of the County of San Diego, Sharp HealthCare remains active in the Community Health Improvement Partners (CHIP) efforts</p> <p>Sharp HealthCare executive leadership and other staff are actively involved in the following CHIP committees and work teams</p> <ul style="list-style-type: none"> <li>Steering Committee, Needs Assessment Committee, Access to Care Work Team, Mental Health Work Team, Substance Abuse Work Team, Violence Injury Prevention and Suicide Committee, Adult Immunization Committee, and San Diego Diabetes Coalition</li> </ul> <p>Sharp Rees-Stealy &amp; Sharp Mission Park</p> <p>Sharp Rees-Stealy and Sharp Mission Park are divisions of Sharp HealthCare and are not required to develop a separate Community Benefits Report as part of Senate Bill 697</p> <p>These divisions of Sharp HealthCare offered a variety of community benefits programs and services in Fiscal Year 2007, a selection of which are highlighted in this section</p> <p>Program and Service Highlights</p> <p>Sharp Rees-Stealy</p> <ul style="list-style-type: none"> <li>*17 multi-specialty medical center locations, offering primary and specialty care services</li> <li>*After-hours pediatric clinics</li> <li>*Clinical research program</li> <li>*Diabetes services, recognized by American Diabetes Association</li> <li>*Occupational health services and executive health</li> <li>*Onsite optical shops, pharmacies, laboratories and radiology at selected locations</li> <li>*Physical therapy and rehabilitation</li> <li>*Sharp Weight Management and Health Education Programs</li> <li>*Urgent Care Centers</li> </ul> <p>Sharp Mission Park</p> <ul style="list-style-type: none"> <li>*Seven medical office locations</li> <li>*After-hours pediatric clinics</li> <li>*Clinical research program</li> <li>*Diabetes services, recognized by American Diabetes Association</li> <li>*Health education and weight management services</li> <li>*Laboratory and radiology at major locations</li> <li>*Occupational health services and physical therapy</li> <li>*Same-day/next-day appointment services</li> <li>*Sports physicals for local high schools</li> <li>*Teen Clinic</li> <li>*Urgent Care Center</li> </ul> <p>Fiscal Year 2007 Community Benefits Program Highlights</p> <p>Sharp Rees-Stealy and Sharp Mission Park provided a total of \$4,973,213 in community benefits in Fiscal Year 2007</p> <p>Among the key highlights</p> <ul style="list-style-type: none"> <li>*Unreimbursed Medical Care Services, including the unreimbursed costs of Medi-Cal and uncompensated care for patients who are unable to pay for services</li> <li>*Other Benefits for Vulnerable Populations, including transportation for seniors and other disabled patients to and from medical appointments (at Sharp Rees-Stealy), a food drive and donation of funds</li> <li>*Other Benefits for the Broader Community, including health education on topics such as weight management, diets and healthy eating, participation in community health fairs and other community events, and participation by senior leadership and other staff on community boards, committees and civic organizations</li> </ul> <p>See Appendix A for a listing of Sharp HealthCare community involvement</p> <ul style="list-style-type: none"> <li>*Health Research, Education and Training Programs, including education and training of health professionals and financial support of CalRHIO</li> </ul>

Identifier	Return Reference	Explanation
community benefit report (continued)	form 900, part III, line b	<p>Economic Value of Community Benefits Provided Sharp Rees-Stealy and Sharp Mission Park Fiscal Year 2007 Senate Bill 697 Category Programs and Services Included in Senate Bill 697 Category Estimated FY 2007 Unreimbursed Costs Medical Care Services Shortfall in Medi-Cal \$1,576,249 Charity Care and Bad Debt \$2,904,814 Other Benefits for Vulnerable Populations Patient transportation, food drive and donation of funds \$165,801 Other Benefits for the Broader Community Health education programs and participation in community events \$207,596 Health Research, Education and Training Programs Education and training programs for health professionals \$118,753 TOTAL \$4,973,213</p> <p>Community organizations are listed alphabetically</p> <ul style="list-style-type: none"> <li>*Acute, Critical Care and Ambulatory Operations Group</li> <li>*Aging and Independence Services</li> <li>*Alliance Healthcare Foundation</li> <li>*Alpine Chamber Health Committee</li> <li>*Alzheimer's Research and Resource Foundation</li> <li>*American Academy of Ambulatory Nursing</li> <li>*American Academy of Professional Coders</li> <li>*American Cancer Society</li> <li>*American College of Obstetricians and Gynecologists District Advisory Council</li> <li>*American College of Obstetricians and Gynecologists Genetics Committee</li> <li>*American Heart Association</li> <li>*American Hospital Association</li> <li>*American Red Cross of San Diego</li> <li>*Association for Ambulatory Behavioral Health Care (National)</li> <li>*Association for Ambulatory Behavioral Health Care of Southern California</li> <li>*Association of California Nurse Leaders</li> <li>*Association of Fundraising Professionals</li> <li>*Association of Psychology Postdoctoral and Internship Centers</li> <li>*Association of Women's Health, Obstetrics and Neonatal Nurses</li> <li>*Bone Marrow Foundation</li> <li>*Bonita Business and Professional Association</li> <li>*Boy Scouts</li> <li>*Boys and Girls Club of San Diego</li> <li>*Building Industry Association Cares for Kids</li> <li>*Business Healthcare Connection</li> <li>*California Association of Health Plans</li> <li>*California Association of Hospitals and Health Systems</li> <li>*California Elected Women's Association for Education and Research</li> <li>*California Endowment</li> <li>*California Health Improvement Partnership</li> <li>*California Healthcare Association</li> <li>*California Hospital Association</li> <li>*California Rehabilitation Association</li> <li>*Center for Urban Ministry</li> <li>*Chula Vista Chamber of Commerce</li> <li>*Chula Vista Coordinating Council</li> <li>*Chula Vista Friends of Parks and Recreation</li> <li>*Chula Vista Police Department</li> <li>*Chula Vista Rotary</li> <li>*City of Chula Vista - Commission on Aging</li> <li>*City of Poway - Housing Commission</li> <li>*City of San Diego</li> <li>*Clairemont Friendship Senior Center</li> <li>*Clinical Laboratory Management Association</li> <li>*Clinical Pastoral Education Professional Consultation Committee</li> <li>*Coalition to Prevent Youth Violence</li> <li>*Combined Health Agencies</li> <li>*Communities Against Substance Abuse</li> <li>*Community Health Improvement Partners (CHIP)</li> <li>*Consumer Center for Health, Education and Advocacy</li> <li>*Coronado Hospital Foundation</li> <li>*Coronado Rotary</li> </ul>

Identifier	Return Reference	Explanation
community benefit report (continued)	form 900, part iii, line b	<p>*Council of Community Clinics*Council on Access and Mobility*Chrons &amp; Colitis Foundation * Directors of Volunteers in Agencies (DOVIA)*Domestic Violence Response Team Advisory Board *East County Action Network*East County Economic Development Council*East County Regional Chamber of Commerce*East County Senior Service Providers*El Camino Creek School Site Council*Electronic Medical Record Council*Emergency Medical Care Committee*Emergency Medical Services Quality Improvement*Employee Assistance Professionals Association*First Five Commission*Fronteras Unidas Pro Salud*Frost Street Surgicenter*Grossmont College*Grossmont Healthcare District *Grossmont Hospital Foundation*Grossmont Union High School District *Health Care Communicators*Healthcare Association of San Diego/Imperial Counties*Healthlink*Healthy Eating Active Communities*Healthy San Diego*Heartland Human Relations and Fair Housing Association*HFMA San Diego/Imperial Chapter*Immunization Coalition *Insure the Uninsured Project*Kiwanis Club of Bonita*Kiwanis Club of Coronado*Journal of Emergency Nursing*KPBS Advisory Board*La Mesa Lion's Club*La Mesa Rotary*Latino/a Unity Coalition*LEAD, San Diego, Inc*Lifesharing Community Advisory Board*Long-Term Care Integration Project*Low Ride and Strides Committee*March of Dimes*Meal-on-Wheels East County*Mental Health Association *Mental Health Recognition Committee*National Association for the Mentally Ill*National Association of Psychiatric Healthcare Systems*National Council on Alcoholism and Drug Dependences - San Diego*Neighborhood Healthcare Community Clinic*Neurology Society*Norma Park Educational Foundation*NurseWeek*Optimist Club of Coronado*Paratransit Coordinating Council for San Diego/Imperial Counties*Parents for Addiction Treatment Healing (PATH)*Partnership for Public Health*Peninsula Shepherd Senior Center*Planned Parenthood of San Diego and Imperial Counties*Por La Vida*Principal Players*Professional Coaches and Mentors Association*Professional Consultation Committee*Psychiatric Emergency Response Team (PERT)</p>

Identifier	Return Reference	Explanation
community benefit report (continued)	form 900, part iii, line b	<p>*San Diego North Chamber of Commerce*Rancho Bernardo High School*Rancho Bernardo Sunrise Rotary*Reduce and Eliminate Health Disparities with Information*Safe Communities*Safe Kids Coalition*San Diego American Payroll Association*San Diego Aquatics Association*San Diego Association of Directors of Volunteer Services*San Diego Blood Bank*San Diego Brain Injury Foundation*San Diego Breastfeeding Coalition*San Diego City Schools - Partners for Life*San Diego Council on Aging*San Diego Coalition for Mental Health*San Diego Community College District*San Diego County Hispanic Chamber of Commerce*San Diego County Psychiatric Hospital Auxiliary*San Diego County Safety Net Workgroup*San Diego County Social Services*San Diego Crew Classic*San Diego Eye Bank*San Diego Foundation*San Diego Group Psychotherapy Society*San Diego Habitat for Humanity*San Diego-Imperial Council of Hospital Volunteers*San Diego Medical Society - Mental Health Commission*San Diego Mental Health Association*San Diego Organization of Healthcare Leaders (SOHL), ACHE Chapter*San Diego Psychiatric Society*San Diego Regional Asthma Coalition*San Diego Regional Chamber of Commerce*San Diego State University*San Diego Urban League*San Diego Women's Foundation*Santee Chamber of Commerce*School Health Innovative Programs*Senior Community Center*Sharp and Children's MRI*Sharp Chula Vista Domestic Violence Task Force*Sharp Health Plan*Sidney Kimmel Cancer Center*Society of Human Resource Managers*South Bay Human Services Council*South Bay YMCA*South County Domestic Violence Action Coalition*Southwestern College Advisory Council*Special Libraries Association*Stroke Council*Susan G Komen For the Cure Foundation*ThinkFirst - San Diego Chapter*Thousand Smiles Foundation*Trauma Administrators*Uniform Data Systems National Advisory Council*United Way of San Diego County*Violence Prevention Network*Vistas Healthcare*Western University College of Pharmacy*Women in Leadership*Women in Transportation*Women's Health Alliance*Women Together Luncheon*YMCA*YMCA Border View*YWCA In the Company of Women Luncheon*Youth Soccer</p>

**TY 2006 Land etc. Schedule**

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Office Equipment	63,669	51,509	12,160

## TY 2006 Non Cash Grants Paid Schedule

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	Sharp HealthCare
<b>Donee's Address</b>	8695 Spectrum Center Blvd San Diego, CA 921231489
<b>Amount (FMV)</b>	1060903
<b>Relationship</b>	Related Entity
<b>Description</b>	Various
<b>Book Value</b>	
<b>How Book Value is Determined?</b>	
<b>How FMV is Determined?</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	
<b>Donee's Name</b>	Sharp Memorial Hospital
<b>Donee's Address</b>	8695 Spectrum Center Blvd San Diego, CA 921231489
<b>Amount (FMV)</b>	1513571
<b>Relationship</b>	Related Entity
<b>Description</b>	Various
<b>Book Value</b>	
<b>How Book Value is Determined?</b>	
<b>How FMV is Determined?</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	3
<b>Class of Activity</b>	
<b>Donee's Name</b>	Sharp Chula Vista Medical Ctr
<b>Donee's Address</b>	8695 Spectrum Center Blvd San Diego, CA 921231489
<b>Amount (FMV)</b>	125426
<b>Relationship</b>	Related Entity
<b>Description</b>	Various
<b>Book Value</b>	
<b>How Book Value is Determined?</b>	
<b>How FMV is Determined?</b>	
<b>Date of Gift</b>	

## TY 2006 Other Assets Schedule

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Description	Beginning of Year Amount	End of Year Amount
Deferred Planned Gifts	10,947,727	10,767,180
Planned Giving Reserve (Annuities etc)	2,159,530	3,282,297
Accrued Receivables	51,414	5,142
Other Receivables (Life Insur)	57,533	42,992

**TY 2006 Other Changes in Net Assets Schedule**

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Description	Amount
Unrealized GainsLosses	1,084,664

**TY 2006 Other Expenses  
Not Included Schedule**

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Description	Amount
Temp Restricted Grants Allocations	8,771,929

**TY 2006 Other Liabilities Schedule****Name:** SHARP HEALTHCARE FOUNDATION**EIN:** 95-3492461

<b>Description</b>	<b>Beginning of Year Amount</b>	<b>End of Year Amount</b>
Deferred Planned Gift Liabilities	5,247,903	5,124,067
Line of Credit Payable SHC	697,601	1,908,126
Intercompany Payable	581,078	238,429

**TY 2006 Other Revenues  
Not Included Schedule****Name:** SHARP HEALTHCARE FOUNDATION**EIN:** 95-3492461

<b>Description</b>	<b>Amount</b>
Temp Restricted Contributions	10,871,466
Temp Restricted Investment Income	653,259
Temp Restricted Other Income	39,493
Temp Restricted Non-Operating Receipts	486,497
Perm Restricted Contributions	6,944

## TY 2006 Special Events Schedule

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

Event Name	Gross Receipts	Contributions	Gross Revenue	Direct Expense	Net Income (Loss)
Victories of Spirit	146,745	114,800	31,945	0	31,945
Cardiac Fishing Trip	18,000	10,000	8,000	0	8,000
SCVMC Gala	69,380	66,908	2,472	0	2,472
SMH Golf Tournament	176,551	124,725	51,826	25,127	26,699
Misc Sponsorships	40,000	40,000	0	0	0

**TY 2006 Scholarship Award Statement**

**Name:** SHARP HEALTHCARE FOUNDATION

**EIN:** 95-3492461

**Statement:** Sharp HealthCare Foundation maintains certain funds which were restricted by the donors to provide scholarships in nursing and other healthcare areas. Applications are reviewed by a committee and awarded based on criteria established for each of the scholarship funds.

Exempt Organization Declaration and Signature for Electronic Filing

For filing by, see 2006 or tax year beginning with OCT 1 2006 and ending SEP 30 2007 For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 990-B

2008

See instructions.

Employer identification number

SHARP HEALTHCARE FOUNDATION

95-3492461

Part I Type of Return and Return Information (All in Dollars Only)

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

Table with 5 rows (1a-5a) and 2 columns (a, b). 1a: Form 990 check here [X] b: Total revenue, if any (Form 990, line 12) 1c: 15839191. 2a: Form 990-EZ check here [ ] b: Total revenue, if any (Form 990-EZ, line 9) 2c: . 3a: Form 1120-POL check here [ ] b: Total tax (Form 1120-POL, line 22) 3c: . 4a: Form 990-PF check here [ ] b: Tax based on (over) investment income (Form 990-PF, Part VI, line 5) 4c: . 5a: Form 990-B check here [ ] b: Balance due (Form 990-B, line 3a) 5c: .

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for a payment of the organization's federal tax due owed on this return, and the financial institution to accept the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-800-355-5777 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institution involved in the processing of the entry, no payment of funds to receive confidential information as necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency for extrajurisdictional purposes as part of the IRS Fed File program, I certify that I executed the electronic disclosure consent contained with this return following a disclosure by the IRS of the Form 990 990-EZ 990-PF or 990-B specifically identified in Part I above to the selected state agency(ies).

I certify that I am an officer or director of the exempt organization and that the information on this form is true and correct. I am not aware of any information that would cause the organization to be ineligible for exempt status under section 501(c)(3) or 501(c)(29) of the Internal Revenue Code. I am not aware of any information that would cause the organization to be ineligible for exempt status under section 501(c)(3) or 501(c)(29) of the Internal Revenue Code. I am not aware of any information that would cause the organization to be ineligible for exempt status under section 501(c)(3) or 501(c)(29) of the Internal Revenue Code.

Sign Here [Signature] Date 8/17/2007 SVP/CFO Foundation

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not receiving this for receiving the return and only declare that this form accurately reflects the data on the return. The organization or I will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized Return Originators of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Table with 4 columns: Date, Check 1, Check 2, Check 3. ERO's Use Only section.

Paid Preparer's Use Only: HANST & YOUNG U.S. LLC, 16111 VON NEUMANN AVE., SUITE #1600, IRVINE, CA 92614, EIN 34-2785333, Phone no 949-794 2300