

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2021

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 10-01-2021, and ending 09-30-2022

- 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): 8695 Spectrum Center Blvd. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: San Diego, CA 921231489

D Employer identification number: 95-3492461. E Telephone number: (858) 499-5150. G Gross receipts \$ 56,976,726

F Name and address of principal officer: William S Littlejohn, 8695 Spectrum Center Blvd, San Diego, CA 921231489

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: https://give.sharp.com/sharp-foundation

K Form of organization: Corporation

L Year of formation: 1979. M State of legal domicile: CA

Part I Summary

Table with 4 main sections: Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission, membership, revenue, expenses, and assets.

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.

Sign Here: Signature of officer William S Littlejohn SR VP CEO Foundation, dated 2023-08-15.

Paid Preparer Use Only: Print/Type preparer's name ERNST YOUNG US LLP, address 1101 NEW YORK AVE NW, WASHINGTON, DC 20005.

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

Part III Statement of Program Service Accomplishments

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

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 \$ 18,854,024 including grants of \$ 18,484,393) (Revenue \$ 5,935,097)
PROVIDED SUPPORT AND ASSISTANCE TO SHARP HEALTHCARE. SEE SCHEDULE O FOR COMMUNITY BENEFITS REPORT.

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

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

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

4e Total program service expenses ▶ 18,854,024

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as completing schedules A through H, and specific financial reporting rules.

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? If "Yes," complete Schedule I, Parts I and III | Yes | |
| 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? If "Yes," complete Schedule J | Yes | |
| 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | No |
| 24b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | |
| 24d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | No |
| 25b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | | No |
| 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? | | No |
| 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? If "Yes," complete Schedule L, Part III | | No |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| 28a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | No |
| 28b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | No |
| 28c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | | No |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | Yes | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | Yes | |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | No |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | No |
| 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? If "Yes," complete Schedule R, Part I | | No |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | Yes | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | Yes | |
| 35b | 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)? If "Yes," complete Schedule R, Part V, line 2 | Yes | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | Yes | |
| 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? If "Yes," complete Schedule R, Part VI | | No |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | Yes | |

Part V Statements Regarding Other IRS Filings and Tax Compliance
 Check if Schedule O contains a response or note to any line in this Part V

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

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

| | | | | | |
|---|-------------------|------------|-----------|--|--|
| <p>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</p> | <p>2a</p> | <p>24</p> | | | |
| <p>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.</p> | <p>2b</p> | <p>Yes</p> | | | |
| <p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p> | <p>3a</p> | | <p>No</p> | | |
| <p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p> | <p>3b</p> | | | | |
| <p>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)?</p> | <p>4a</p> | | <p>No</p> | | |
| <p>b Enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).</p> | <p>4b</p> | | | | |
| <p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p> | <p>5a</p> | | <p>No</p> | | |
| <p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p> | <p>5b</p> | | <p>No</p> | | |
| <p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p> | <p>5c</p> | | | | |
| <p>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?</p> | <p>6a</p> | | <p>No</p> | | |
| <p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p> | <p>6b</p> | | | | |
| <p>7 Organizations that may receive deductible contributions under section 170(c).</p> | | | | | |
| <p>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?</p> | <p>7a</p> | <p>Yes</p> | | | |
| <p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p> | <p>7b</p> | <p>Yes</p> | | | |
| <p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p> | <p>7c</p> | | <p>No</p> | | |
| <p>d If "Yes," indicate the number of Forms 8282 filed during the year</p> | <p>7d</p> | | | | |
| <p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p> | <p>7e</p> | | <p>No</p> | | |
| <p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p> | <p>7f</p> | | <p>No</p> | | |
| <p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p> | <p>7g</p> | | | | |
| <p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p> | <p>7h</p> | <p>Yes</p> | | | |
| <p>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?</p> | <p>8</p> | | <p>No</p> | | |
| <p>9 Sponsoring organizations maintaining donor advised funds.</p> | | | | | |
| <p>a Did the sponsoring organization make any taxable distributions under section 4966?</p> | <p>9a</p> | | <p>No</p> | | |
| <p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p> | <p>9b</p> | | <p>No</p> | | |
| <p>10 Section 501(c)(7) organizations. Enter:</p> | | | | | |
| <p>a Initiation fees and capital contributions included on Part VIII, line 12</p> | <p>10a</p> | | | | |
| <p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p> | <p>10b</p> | | | | |
| <p>11 Section 501(c)(12) organizations. Enter:</p> | | | | | |
| <p>a Gross income from members or shareholders</p> | <p>11a</p> | | | | |
| <p>b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)</p> | <p>11b</p> | | | | |
| <p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p> | | | | | |
| <p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.</p> | <p>12b</p> | | | | |
| <p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p> | | | | | |
| <p>a Is the organization licensed to issue qualified health plans in more than one state?</p> | <p>13a</p> | | | | |
| <p>Note. See the instructions for additional information the organization must report on Schedule O.</p> | | | | | |
| <p>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</p> | <p>13b</p> | | | | |
| <p>c Enter the amount of reserves on hand</p> | <p>13c</p> | | | | |
| <p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p> | <p>14a</p> | | <p>No</p> | | |
| <p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p> | <p>14b</p> | | | | |
| <p>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?</p> | <p>15</p> | | <p>No</p> | | |
| <p>16 If the organization is a trust, did it file Form 720, Schedule E, to report the section 4968 excise tax on net investment income?</p> | <p>16</p> | | <p>No</p> | | |
| <p>If "Yes," complete Form 4720, Schedule O.</p> | | | | | |
| <p>17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?</p> | <p>17</p> | | | | |
| <p>If "Yes," complete Form 6069.</p> | | | | | |

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 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? 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? 8b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed CA 18 Section 6104 requires an organization to make its Form 1023 (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 in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the 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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | X | | X | | | | 0 | 2,399,076 | 22,311 |
| (2) Joe Bellezzo MD CHAIR | 4.0 5.0 | X | | X | | | | 0 | 10,500 | 0 |
| (3) Lisa Arnold VICE CHAIR | 5.0 0 | X | | X | | | | 0 | 0 | 0 |
| (4) Mike Labelle SECRETARY | 5.0 0 | X | | X | | | | 0 | 0 | 0 |
| (5) Paulette Roberts TREASURER | 2.0 0 | X | | X | | | | 0 | 0 | 0 |
| (6) William Littlejohn SVP, CEO FOUNDATIONS | 30.0 8.0 | X | | X | | | | 0 | 707,188 | 21,769 |
| (7) Aaron Malardino DIRECTOR | 1.0 0 | X | | | | | | 0 | 0 | 0 |
| (8) Aasif Parekh DIRECTOR AS OF 10/01/2021 | 2.0 2.0 | X | | | | | | 0 | 49,945 | 1,620 |
| (9) Charles Athill MD DIRECTOR | 1.0 5.0 | X | | | | | | 0 | 43,176 | 0 |
| (10) Charles Redfern MD DIRECTOR | 2.0 8.0 | X | | | | | | 0 | 51,275 | 0 |
| (11) Cheryl Cox DIRECTOR | 1.0 1.0 | X | | | | | | 0 | 0 | 0 |
| (12) Daniel Chang MD DIRECTOR AS OF 10/01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| (13) Dave Barker DIRECTOR, PRESIDENT SCVMC AUXILIARY | 2.0 15.0 | X | | | | | | 0 | 0 | 0 |
| (14) Diane Wintz MD DIRECTOR AS OF 10/01/2021 | 2.0 0 | X | | | | | | 0 | 0 | 0 |
| (15) Emily Cole MD DIRECTOR | 1.0 2.0 | X | | | | | | 0 | 0 | 0 |
| (16) Eric Northbrook DIRECTOR | 1.0 0 | X | | | | | | 0 | 0 | 0 |
| (17) Gil Cabrera DIRECTOR | 2.0 0 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (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/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (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 | | | |
| (18) Howard Levenson DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (19) Jean Young DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (20) Jerome Stenehjem MD DIRECTOR | 1.00.0 | X | | | | | | 0 | 27,750 | 0 |
| (21) Jill Swartz DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (22) Joanne Sellner DIRECTOR AS OF 10/01/2021 | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (23) Joel Tubao DIRECTOR | 1.00.0 | X | | | | | | 0 | 0 | 0 |
| (24) Kate Herring DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (25) Lynn Congemi DIRECTOR | 1.00.0 | X | | | | | | 0 | 0 | 0 |
| (26) Mike Martin MD DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (27) Moneer Jaibaji MD DIRECTOR | 1.00.0 | X | | | | | | 0 | 7,313 | 0 |
| (28) Naresh Soni DIRECTOR | 1.00.0 | X | | | | | | 0 | 0 | 0 |
| (29) Norma Nelson-Wiberg DIRECTOR | 1.00.0 | X | | | | | | 0 | 0 | 0 |
| (30) Philip Gildred DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (31) Ray Willenberg DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (32) Reggie Smith DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (33) Robert deRose DIRECTOR | 1.00.0 | X | | | | | | 0 | 0 | 0 |
| (34) Ronald MacIntyre MD DIRECTOR | 1.00.0 | X | | | | | | 0 | 0 | 0 |
| (35) Sara Bennett DIRECTOR | 3.02.0 | X | | | | | | 0 | 0 | 0 |
| (36) Shahed Samadi MD DIRECTOR AS OF 10/01/2021 | 1.00.0 | X | | | | | | 0 | 0 | 0 |
| (37) Siavash Jabbari MD DIRECTOR | 2.00.0 | X | | | | | | 0 | 30,550 | 0 |
| (38) Sydney Stanley DIRECTOR AS OF 10/01/2021 | 2.02.0 | X | | | | | | 0 | 0 | 0 |
| (39) Tom Tourtellott DIRECTOR | 2.00.0 | X | | | | | | 0 | 0 | 0 |
| (40) Benjamin Moraga VP ANNUAL GIVING/DONOR DVLPMNT | 40.00.0 | | | | | X | | 0 | 274,104 | 26,472 |
| (41) Elizabeth Morgante VP MAJOR GIFTS | 32.08.0 | | | | | X | | 0 | 375,495 | 42,602 |
| (42) James Sardina MGR ANNUAL GIVING | 40.00.0 | | | | | X | | 0 | 163,876 | 31,446 |
| (43) Pamela Barnett MGR DONOR RELATIONS | 40.00.0 | | | | | X | | 0 | 183,408 | 23,304 |
| (44) Shawna Fallon DIR DEVELOPMENT SHF | 40.00.0 | | | | | X | | 0 | 187,657 | 31,139 |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 4,511,313 | 200,663 |

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 **0**

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

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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 Amt Similar Amounts | | | | |
| 1a Federated campaigns | | | 2,571 | |
| b Membership dues | | | | |
| c Fundraising events | | | 544,972 | |
| d Related organizations | | | 14,800 | |
| e Government grants (contributions) | | | 1,672,611 | |
| f All other contributions, gifts, grants, and similar amounts not included above | | | 34,019,928 | |
| g Noncash contributions included in lines 1a - 1f:\$ | | | 947,904 | |
| h Total. Add lines 1a-1f | | | | 36,254,882 |

| Program Service Revenue | Business Code | | | | |
|--|---------------|-----------|-----------|-----|-----|
| | | (A) | (B) | (C) | (D) |
| 2a FUNDRAISING ACTIVITIES AND EDUCATION | 900099 | 5,935,097 | 5,935,097 | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| f All other program service revenue. | | 0 | 0 | 0 | 0 |
| g Total. Add lines 2a-2f. | | 5,935,097 | | | |

| | | | | | |
|--|----------------|------------|---------------|--------|-----------|
| 3 Investment income (including dividends, interest, and other similar amounts) | | 1,534,529 | | | 1,534,529 |
| 4 Income from investment of tax-exempt bond proceeds | | | | | |
| 5 Royalties | | | | | |
| 6a Gross rents | (i) Real | 32,323 | (ii) Personal | | |
| b Less: rental expenses | | 11,603 | | | |
| c Rental income or (loss) | | 20,720 | | 0 | |
| d Net rental income or (loss) | | 20,720 | | | 20,720 |
| 7a Gross amount from sales of assets other than inventory | (i) Securities | 12,927,960 | (ii) Other | 7,804 | |
| b Less: cost or other basis and sales expenses | | 12,050,666 | | 10,547 | |
| c Gain or (loss) | | 877,294 | | -2,743 | |
| d Net gain or (loss) | | 874,551 | | | 874,551 |
| 8a Gross income from fundraising events (not including \$ 544,972 of contributions reported on line 1c). See Part IV, line 18 | | 220,877 | | | |
| b Less: direct expenses | | 229,783 | | | |
| c Net income or (loss) from fundraising events | | -8,906 | | | -8,906 |
| 9a Gross income from gaming activities. See Part IV, line 19 | | 23,625 | | | |
| b Less: direct expenses | | 3,597 | | | |
| c Net income or (loss) from gaming activities | | 20,028 | | | 20,028 |
| 10a Gross sales of inventory, less returns and allowances | | | | | |
| b Less: cost of goods sold | | | | | |
| c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | Business Code | | | | |
| 11a INVESCO REDEMPTION - MISCELLANEOUS REVENUE | 900099 | 35,629 | | | 35,629 |
| b UNCLAIMED PROPERTY | 900099 | 4,000 | | | 4,000 |
| c | | 0 | | | 0 |
| d All other revenue | | 0 | 0 | 0 | 0 |
| e Total. Add lines 11a-11d | | 39,629 | | | |
| 12 Total revenue. See instructions | | 44,670,530 | 5,935,097 | 0 | 2,480,551 |

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 | 18,458,483 | 18,458,483 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 25,910 | 25,910 | | |
| 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 | 752,994 | 45,180 | 188,249 | 519,565 |
| 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 | 3,035,362 | 182,122 | 758,840 | 2,094,400 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 92,551 | 5,553 | 23,138 | 63,860 |
| 9 Other employee benefits | 490,893 | 29,454 | 122,723 | 338,716 |
| 10 Payroll taxes | 222,064 | 13,324 | 55,516 | 153,224 |
| 11 Fees for services (non-employees): | | | | |
| a Management | 85,301 | 5,118 | 21,325 | 58,858 |
| b Legal | | | | |
| c Accounting | 2,918 | | 2,918 | |
| d Lobbying | 400 | 24 | 100 | 276 |
| e Professional fundraising services. See Part IV, line 17 | 27,000 | | | 27,000 |
| f Investment management fees | 125,103 | | 125,103 | |
| g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) | 298,247 | 17,895 | 74,562 | 205,790 |
| 12 Advertising and promotion | 217,078 | 13,025 | 54,269 | 149,784 |
| 13 Office expenses | 191,147 | 11,469 | 47,787 | 131,891 |
| 14 Information technology | 57,703 | 3,462 | 14,426 | 39,815 |
| 15 Royalties | | | | |
| 16 Occupancy | | | | |
| 17 Travel | 11,161 | 670 | 2,790 | 7,701 |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 4,687 | 281 | 1,172 | 3,234 |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 76,241 | 4,574 | 19,060 | 52,607 |
| 23 Insurance | | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a Dues, Food, Other | 624,669 | 37,480 | 156,167 | 431,022 |
| b | | | | |
| c | | | | |
| d | | | | |
| e All other expenses | 0 | 0 | 0 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 24,799,912 | 18,854,024 | 1,668,145 | 4,277,743 |
| 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 IX

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|-------------|--------------------|
| Assets | 1 Cash-non-interest-bearing | | 1 | |
| | 2 Savings and temporary cash investments | 7,421,751 | 2 | 2,470,999 |
| | 3 Pledges and grants receivable, net | 11,037,454 | 3 | 19,954,049 |
| | 4 Accounts receivable, net | 0 | 4 | |
| | 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 | 48,345 | 9 | 82,102 |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 247,292 | | |
| | b Less: accumulated depreciation | 10b 69,660 | 180,687 | 10c 177,632 |
| | 11 Investments—publicly traded securities | 62,186,059 | 11 | 61,305,046 |
| | 12 Investments—other securities. See Part IV, line 11 | 0 | 12 | |
| | 13 Investments—program-related. See Part IV, line 11 | 0 | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 50,152,740 | 15 | 51,556,302 |
| 16 Total assets: Add lines 1 through 15 (must equal line 33) | 131,027,036 | 16 | 135,546,130 | |
| Liabilities | 17 Accounts payable and accrued expenses | 1,033,901 | 17 | 255,915 |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 217,302 | 19 | 317,964 |
| | 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 | 28,633,357 | 25 | 29,239,280 |
| | 26 Total liabilities: Add lines 17 through 25 | 29,884,560 | 26 | 29,813,159 |
| 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 | 17,187,581 | 27 | 5,586,838 |
| | 28 Net assets with donor restrictions | 83,954,895 | 28 | 100,146,133 |
| | 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 | 101,142,476 | 32 | 105,732,971 |
| 33 Total liabilities and net assets/fund balances | 131,027,036 | 33 | 135,546,130 | |

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 | 44,670,530 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 24,799,912 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 19,870,618 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 101,142,476 |
| 5 | Net unrealized gains (losses) on investments | 5 | -14,880,865 |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -399,258 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | 10 | 105,732,971 |

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 on 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 | | No |
| 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 | Yes | |
| c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | Yes | |
| 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? | Yes | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | Yes | |

Additional Data

[Return to Form](#)

Software ID: 21014044

Software Version: 2021v4.2

Form 990, Special Condition Description:

Special Condition Description

Public Charity Status and Public Support

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

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

▶ **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).)
- 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 **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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 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 on 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 | | |
| | | | | | | |
| | | | | | | |
| 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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 24,297,535
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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) 14 75.65%
Row 15: Public support percentage for 2020 Schedule A, Part II, line 14 15 74.65%

- 16a 33 1/3% support test—2021. 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.
b 33 1/3% support test—2020. 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.
17a 10%-facts-and-circumstances test—2021. 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.
b 10%-facts-and-circumstances test—2020. 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.
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.

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (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 on 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. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2020 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2020 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2021. 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—2020. 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of 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? 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. | | |
| 2 | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). | | |
| 3a | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. | | |
| 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)? If "Yes," describe in Part VI when and how the organization made the determination. | | |
| c | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. | | |
| 4a | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. | | |
| b | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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. | | |
| 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)? 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. | | |
| 5a | Did the organization add, substitute, or remove any supported organizations during the tax year? 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). | | |
| 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? If "Yes," provide detail in Part VI . | | |
| 7 | Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? If "Yes," complete Part I of Schedule L (Form 990) . | | |
| 8 | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990). | | |
| 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))? If "Yes," provide detail in Part VI . | | |
| b | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI . | | |
| c | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI . | | |
| 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)? If "Yes," answer line 10b below. | | |
| b | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings). | | |

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 on lines 11b and 11c below, the governing body of a supported organization? | | |
| b A family member of a person described on 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i> | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i> | | |
| 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? <i>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.</i> | | |

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)? <i>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).</i> | | |

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? | | |
| 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i> | | |
| 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i> | | |

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** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

| | Yes | No |
|---|-----|----|
| 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? <i>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.</i> | | |
| b Did the activities described on 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? <i>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.</i> | | |

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

| | Yes | No |
|---|-----|----|
| 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? <i>If "Yes" or "No", provide details in Part VI.</i> | | |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i> | | |

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): | 1 | | |
| 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 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** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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 2021 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-2021 | (iii) Distributable Amount for 2021 |
|--|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021: | | | |
| a From 2016. | | | |
| b From 2017. | | | |
| c From 2018. | | | |
| d From 2019. | | | |
| e From 2020. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017. | | | |
| b Excess from 2018. | | | |
| c Excess from 2019. | | | |
| d Excess from 2020. | | | |
| e Excess from 2021. | | | |

Part VI Supplemental Information. 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).

Facts And Circumstances Test

| Return Reference | Explanation |
|---|---|
| Schedule A, Part II, Line 10 Other Income | DESCRIPTION - OTHER INCOME, COLUMN A - 48172.0, COLUMN B - 49572.0, COLUMN C - 22576.0, COLUMN D - 3156.0, COLUMN E - 11122.0, COLUMN F - 134598.0; |

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

| | |
|---|---|
| Name of the organization Sharp Healthcare Foundation | Employer identification number 95-3492461 |
|---|---|

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Yes** **No**

4a Was a correction made? **Yes** **No**

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? **Yes** **No**

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | (a) | | (b) |
|--|-----|----|--------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | No | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c Media advertisements? | | No | |
| d Mailings to members, legislators, or the public? | | No | |
| e Publications, or published or broadcast statements? | | No | |
| f Grants to other organizations for lobbying purposes? | | No | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i Other activities? | Yes | | 400 |
| j Total. Add lines 1c through 1i | | | 400 |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

| Return Reference | Explanation |
|--|--|
| Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | SHF PAYS ANNUAL DUES TO THE ASSOCIATION FOR HEALTHCARE PHILANTHROPY. A PORTION OF THESE DUES ARE USED FOR LOBBYING PURPOSES. |

Additional Data

Return to Form

Software ID: 21014044

Software Version: 2021v4.2

Supplemental Financial Statements

2021

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

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.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|-------------------------|------------------------------|
| 1 Total number at end of year | 1 | |
| 2 Aggregate value of contributions to (during year) | 0 | |
| 3 Aggregate value of grants from (during year) | 0 | |
| 4 Aggregate value at end of year | 44,232 | |

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | |
| b Total acreage restricted by conservation easements | |
| c Number of conservation easements on a certified historic structure included in (a) | |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | |

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 22,821,211 | 20,467,744 | 19,137,047 | 18,510,127 | 14,452,475 |
| b Contributions | 1,078,363 | 40,497 | 250,284 | 110,507 | 3,184,217 |
| c Net investment earnings, gains, and losses | -3,645,290 | 2,453,087 | 1,287,011 | 614,127 | 963,120 |
| d Grants or scholarships | 107,909 | 125,581 | 109,612 | 59,848 | 78,661 |
| e Other expenditures for facilities and programs | 93,498 | 14,536 | 96,986 | 37,866 | 11,024 |
| f Administrative expenses | | | | | |
| g End of year balance | 20,052,877 | 22,821,211 | 20,467,744 | 19,137,047 | 18,510,127 |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 25 %
 - b** Permanent endowment ▶ 75 %
 - c** Term endowment ▶ 0 %
- 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 | No | No |
| (ii) Related organizations | No | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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 | 69,660 | 9,224 |
| e Other | | | 0 | 0 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | | 177,632 |

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 | 41,423,504 |
| (2) PLANNED GIVING RESERVES (ANNUITIES, PIF) | 9,306,982 |
| (3) OTHER RECEIVABLES | 777,816 |
| (4) LOAN RECEIVABLE-SHC INVESTMENT FUND X | |
| (5) OTHER INVESTMENTS LONG TERM | 48,000 |
| (6) INTERCOMPANY RECEIVABLE | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 51,556,302 |

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 | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 29,239,280 |

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

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

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

| | | | |
|----------|--|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | -1,517,615 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains (losses) on investments | 2a | -14,880,865 |
| b | Donated services and use of facilities | 2b | 52,421 |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIII.) | 2d | -149,184 |
| e | Add lines 2a through 2d | 2e | -14,977,628 |
| 3 | Subtract line 2e from line 1 | 3 | 13,460,013 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 124,816 |
| b | Other (Describe in Part XIII.) | 4b | 31,085,701 |
| c | Add lines 4a and 4b | 4c | 31,210,517 |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | 44,670,530 |

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

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

| | | | |
|----------|---|-----------|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 10,083,129 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 52,421 |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIII.) | 2d | 233,380 |
| e | Add lines 2a through 2d | 2e | 285,801 |
| 3 | Subtract line 2e from line 1 | 3 | 9,797,328 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | 124,816 |
| b | Other (Describe in Part XIII.) | 4b | 14,877,768 |
| c | Add lines 4a and 4b | 4c | 15,002,584 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | 5 | 24,799,912 |

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|--|--|
| Schedule D, Part V, Line 4 Intended uses of endowment funds | SHARP HEALTHCARE FOUNDATION HAS 36 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 | The principal operations of Sharp are exempt from taxation pursuant to Section 501(c)(3) of the Internal Revenue Code and related California provisions. 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, 2022 and 2021, no such assets or liabilities were recorded. |
| Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990 | DIRECT EXPENSES ON FUNDRAISING EVENTS AND GAMING - 233380 Uncollectible Pledges return of Contributions - -399258 Pension costs - 16694 |
| Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements | Temporarily Restricted Revenue - 29982565 Permanently Restricted Revenue - 1116836 Loss on Sale of Assets - -13700 |
| Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990 | Direct expenses on Fundraising Events Gaming - 233380 |
| Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements | Temporarily Restricted Expenses - 14908162 Loss on Sale of Assets - -13700 Pension costs - -16694 |

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
 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 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|--|--|----|-----------------------------------|---|---|
| | | Yes | No | | | |
| 1 JOSEPH ANGELETTI dba THE ANGELETTI GROUP 365 SOUTH SUITE 100 MORRISTOWN, NJ 07976 | Feasibility study to determine if Sharp/Foundation is ready to undertake a major campaign initiative and at what level | | No | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 0 | 0 | 0 |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

C A

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.

| Revenue | (a)Event #1 | (b) Event #2 | (c)Other events | (d) Total events |
|--|---------------------------------|---------------------------------|----------------------------|---------------------------------|
| | SMH GOLF (event type) | SCV GOLF (event type) | 1 (total number) | (add col. (a) through col. (c)) |
| 1 Gross receipts | 371,991 | 237,817 | 156,041 | 765,849 |
| 2 Less: Contributions | 266,733 | 159,736 | 118,503 | 544,972 |
| 3 Gross income (line 1 minus line 2) | 105,258 | 78,081 | 37,538 | 220,877 |
| 4 Cash prizes | | | | |
| 5 Noncash prizes | 41,061 | 23,355 | 11,390 | 75,806 |
| 6 Rent/facility costs | 63,056 | 27,214 | 9,858 | 100,128 |
| 7 Food and beverages | 12,299 | 26,135 | 15,415 | 53,849 |
| 8 Entertainment | | | | |
| 9 Other direct expenses | | | | |
| 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | 229,783 |
| 11 Net income summary. Subtract line 10 from line 3, column (d) ▶ | | | | -8,906 |

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.

| Revenue | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col.(a) through col.(c)) |
|---|---|---|---|--|
| | 1 Gross revenue | | | 23,625 |
| 2 Cash prizes | | | 0 | 0 |
| 3 Noncash prizes | | | 3,597 | 3,597 |
| 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 62 % <input type="checkbox"/> No | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | 3,597 |
| 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 20,028 |

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 ▶ 8695 Spectrum Center Blvd San Diego, CA 921231489

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 ▶ JENNIFER HALE

Gaming manager compensation ▶ \$ 5,000

Description of services provided ▶ RECORD KEEPING, REGULATORY REPORTING, OVERSEEING GAMING EVENT, ET.

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 21,263

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

| Return Reference | Explanation |
|---|--|
| 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 I, Line 2b(v) payment of fees or payment of expenses | JOSEPH ANGELETTI DBA THE ANGELETTI GROUP-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.; |
| Schedule G, Part III, Line 16 Additional Gaming Manager Information | GAMINGMANAGERBUSINESSNAME=MOLLY MICHAELS,GAMINGMANAGERCOMPENSATIONAMT=2500,GAMINGMANAGERSERVICESPROVTXT=RECORD KEEPING, REGULATORY REPORTING, OVERSEEING GAMING EVEN, ET.,GAMINGMANAGERISEMPLOYEEIND; |
| Schedule G, Part III, Line 17 Distributions required under state law | STATE=CALIFORNIA,MANDATORY DISTRIBUTION AMOUNT=21263; |

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

**Schedule I
(Form 990)**

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

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.

| (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) SHARP MEMORIAL HOSPITAL 8695 Spectrum Center San Diego, CA 921231489 | 95-3782169 | 501(c)(3) | 13,524,283 | 63,363 | FMV | VANS, SUPPLIES | PROGRAM SUPPORT |
| (2) SHARP HEALTHCARE 8695 Spectrum Center Blvd San Diego, CA 921231489 | 95-6077327 | 501(c)(3) | 2,727,351 | 31,888 | FMV and Cost | VAN, CERTIFICATES, SERVICE | PROGRAM SUPPORT |
| (3) SHARP CHULA VISTA MEDICAL CENTER 8695 Spectrum Center Blvd San Diego, CA 921231489 | 95-2367304 | 501(c)(3) | 2,089,707 | 9,867 | FMV AND COST | SUPPLIES AND FOOD | PROGRAM SUPPORT |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3
- 3** Enter total number of other organizations listed in the line 1 table 0

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) SHC HEADNORTH GRANT | 1 | 5,350 | | | |
| (2) SPONSOR TREATMENT | 3 | 20,560 | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |

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

| Return Reference | Explanation |
|---|---|
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. | THE 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. |

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2021

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 Questions Regarding Compensation

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.

- | | |
|---|---|
| <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 idemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing 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.

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

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

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

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

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

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:

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

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

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.

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

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

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC | | | (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 PRESIDENT CEO SHC | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 1,657,003 | ----- 712,884 | ----- 29,189 | ----- 0 | ----- 22,311 | ----- 2,421,387 | ----- 0 |
| 2 William Littlejohn SVP, CEO FOUNDATIONS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 467,699 | ----- 182,130 | ----- 57,359 | ----- 0 | ----- 21,769 | ----- 728,957 | ----- 0 |
| 3 Elizabeth Morgante VP MAJOR GIFTS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 293,231 | ----- 76,017 | ----- 6,247 | ----- 26,816 | ----- 15,786 | ----- 418,097 | ----- 0 |
| 4 Shawna Fallon DIR DEVELOPMENT SHF | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 158,908 | ----- 27,786 | ----- 963 | ----- 16,837 | ----- 14,302 | ----- 218,796 | ----- 0 |
| 5 Pamela Barnett MGR DONOR RELATIONS | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 154,124 | ----- 19,805 | ----- 9,479 | ----- 14,317 | ----- 8,987 | ----- 206,712 | ----- 0 |
| 6 James Sardina MGR ANNUAL GIVING | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 138,963 | ----- 18,371 | ----- 6,542 | ----- 10,743 | ----- 20,703 | ----- 195,322 | ----- 0 |
| 7 Benjamin Moraga VP ANNUAL GIVING/DONOR DVLPMNT | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | ----- 193,932 | ----- 56,022 | ----- 24,150 | ----- 11,724 | ----- 14,748 | ----- 300,576 | ----- 0 |
| | | | | | | | | |
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Part III Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule J, Part I, Line 1a 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 | 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: - A COMPANY PROVIDED BASE ALLOWANCE EQUAL TO 18% OF THE PARTICIPANT'S BASE SALARY - A PARTICIPANT DEFERRAL UP TO 6% OF THE PARTICIPANT'S PRE-TAX BASE SALARY FOR SUCH PLAN YEAR AS ELECTED BY THE PARTICIPANT - A COMPANY MATCH SHOULD THE PARTICIPANT MAKE AN ELECTIVE DEFERRAL FOR A PLAN YEAR. THE COMPANY MATCH BEGINS AT 2% FOR THE FIRST 1% ELECTIVE DEFERRAL AND INCREASES 0.5% FOR EACH ADDITIONAL 1% ELECTIVE DEFERRAL, TO A MAXIMUM MATCH OF 4.5% ON A 6% ELECTIVE DEFERRAL. THE PLAN ALLOWS PARTICIPANTS TO USE THE FLEXIBLE BENEFIT ALLOWANCE TO PURCHASE ADDITIONAL LONG-TERM DISABILITY COVERAGE, LONG-TERM CARE COVERAGE, AND FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS (LIFE INSURANCE). PARTICIPANTS IN THE FLEXIBLE SURVIVOR COVERAGE/ACCUMULATION BENEFITS PLAN PREVIOUSLY COULD ELECT TO APPLY FLEXIBLE BENEFIT ALLOWANCE TO ACQUIRE ADDITIONAL SURVIVOR COVERAGE, OR TOWARD DEPOSITS TO THE 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. |
| 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. |

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

Noncash Contributions

2021

Open to Public Inspection

- ▶ **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 the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sharp Healthcare Foundation

Employer identification number

95-3492461

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|---|----------------------------|---|--|---|
| 1 Art—Works of art | X | 5 | 13,530 | Market value |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | X | | 53,059 | Market value |
| 6 Cars and other vehicles | X | 5 | 96,300 | Other - Selling Price |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | X | 11 | 97,231 | 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 | X | 2 | 1,919 | Market value |
| 19 Food inventory | X | 9 | 14,311 | Cost |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| Other (GIFT CERTIFICATES) | X | 17 | 6,327 | Market value |
| 25 ▶ () | | | | |
| Other (Annuity Life Estate) | X | 3 | 665,227 | Other - Present Value |
| 26 ▶ () | | | | |
| 27 Other ▶ () | | | | |
| 28 Other ▶ () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

| | | | |
|---|--|-----|--|
| 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. | Yes | No | |
| | | No | |
| | 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | Yes | |
| | 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. | Yes | |
| 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 | 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. |

Additional Data

[Return to Form](#)

Software ID: 21014044

Software Version: 2021v4.2

SCHEDULE O
(Form 990)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

2021**Open to Public Inspection**Department of the Treasury
Internal Revenue Service**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.**Name of the organization
Sharp Healthcare Foundation**Employer identification number**

95-3492461

| Return Reference | Explanation |
|--|--|
| 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. |
| 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 | 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 |

| Return Reference | Explanation |
|---|---|
| | EXECUTIVE OFFICER(S) MAKING SUCH DISCLOSURES SHALL LEAVE THE BOARD OR THE COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. IN CERTAIN INSTANCES, SUCH AS IF SOMEONE TAKES A BOARD SEAT ON A COMPETITOR'S BOARD OF DIRECTORS OR HAS A ROLE WITH AN ORGANIZATION WHEREBY THE INFORMATION THAT THEY MAY OBTAIN FROM SHARP WOULD PUT THEM IN A CONSISTENT CONFLICT WITH THEIR TWO ROLES, THE CONFLICT COULD CALL FOR THE INDIVIDUAL'S REMOVAL FROM THE BOARD. THE BYLAWS FOR THE ORGANIZATION PROVIDE FOR THE ABILITY TO REMOVE DIRECTORS IN ACCORDANCE WITH SECTION 5222 OF THE CALIFORNIA CORPORATIONS CODE. THIS CAN GENERALLY BE DONE ON A "FOR CAUSE OR A "NO CAUSE" BASIS BY THE ACTION OF THE MEMBER. |
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | 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 2022. 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 2023. |
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | 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 2022. 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 2023. |
| Form 990, Part VI, Line 19 Required documents available to the public | The organization does not make its governing documents available to the general public. POLICIES ARE CONSIDERED PROPRIETARY INFORMATION, HOWEVER IN SHARP HEALTHCARE'S PUBLICLY AVAILABLE CODE OF CONDUCT, SHARP OUTLINES ITS CONFLICT OF INTEREST POLICIES IN A USER FRIENDLY MANNER. THE ANNUAL AUDITED FINANCIAL STATEMENTS OF THE CONSOLIDATED GROUP ARE PUBLISHED ON THE DACBOND.COM WEBSITE (WWW.DACBOND.COM), ARE ATTACHED TO THE FORM 990 FILED FOR EACH OF THE SHARP HOSPITALS, AND ARE AVAILABLE UPON REQUEST. THE ANNUAL AUDITED FINANCIAL STATEMENTS INCLUDE COMBINING SCHEDULES WHICH DISCLOSE THE FINANCIAL RESULTS (BALANCE SHEET, STATEMENT OF OPERATIONS, STATEMENT OF CHANGES IN NET ASSETS) FOR EACH ENTITY OF THE CONSOLIDATED GROUP. QUARTERLY FINANCIAL STATEMENTS OF SHARP'S OBLIGATED GROUP ARE PUBLISHED ON THE DACBOND.COM WEBSITE (WWW.DACBOND.COM). |
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | PLEDGE WRITE OFF/RETURN OF CONTRIBUTION - -399258; |
| FORM 5471 | FORM 5471 HAS BEEN FILED ON BEHALF OF SHARP HEALTHCARE FOUNDATION BY SHARP HEALTHCARE (FEIN 95-6077327). |
| FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT | See full Sharp HealthCare Annual Community Benefit Plan and Report at: https://www.sharp.com/about/community/community-benefits/benefit-report.cfm 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; 28 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, 2022, Sharp is licensed to operate 2,209 beds and has approximately 2,800 Sharp-affiliated physicians and 19,000 employees. Mission It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patients' expectations and are provided in a caring, convenient, cost-effective and accessible manner. Vision Sharp's vision is to become the best health system in the universe. Sharp will 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 it serves. 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) 2022 (October 1, 2021, through September 30, 2022). In addition, the summary reports the economic value of community benefit provided by Sharp, according to the framework specifically identified in Senate Bill 697 (SB 697), for the following entities: Sharp Chula Vista Medical Center (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) |

| Return Reference | Explanation |
|--|---|
| | <p>Sharp Memorial Hospital (EIN 95-3782169) Sharp Mesa Vista Hospital and Sharp McDonald Center (EIN 95-3782169) Sharp Health Plan (EIN 33-0519730) Community Benefit Planning at Sharp HealthCare Sharp bases its community benefit planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital. Listing of Community Needs Addressed in the Sharp HealthCare Community Benefit Plan and Report, FY 2022 The following community needs are addressed by one or more Sharp hospitals in this Community Benefit Plan and Report: * 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 * Vaccination programs (flu, COVID-19 (coronavirus disease 2019), mpox) * 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 * Aging care and support programs including health education, support and screening activities for seniors and caregivers * Safety and support programs for seniors and people with disabilities * End-of-life and advance care planning services for hospice patients and 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 health career pathways * Cancer patient navigation services and participation in clinical trials * Women's and prenatal/postnatal health services, support and education, including services for high-risk pregnancies * Behavioral health and substance use education, screening and support for the community - including seniors and individuals experiencing homelessness * Provider education and protocol development to enhance community safety programming related to Trauma-Informed Care, human trafficking and related topics Economic Value of Community Benefit Provided in FY 2022 In FY 2022, Sharp provided a total of \$541,721,997 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 2022 was as follows: Sharp Chula Vista Medical Center - \$129,369,339 Sharp Coronado Hospital and Healthcare Center - \$23,706,998 Sharp Grossmont Hospital - \$160,723,765 Sharp Mary Birch Hospital for Women Newborns - \$6,386,797 Sharp Memorial Hospital - \$189,614,043 Sharp Mesa Vista Hospital and Sharp McDonald Center - \$31,794,378 Sharp Health Plan - \$126,677 TOTAL FOR ALL ENTITIES - \$541,721,997 Economic Value of Community Benefit Provided in FY 2022 by SB 697 Category and by Sharp entity was as follows: Sharp Chula Vista Medical Center: Medical Care Services - \$127,892,482 Other Benefits for Vulnerable Populations - \$274,728 Other Benefits for the Broader Community - \$325,619 Health Research, Education and Training Programs - \$876,510 TOTAL - \$129,369,339 Sharp Coronado Hospital and Healthcare Center: Medical Care Services - \$23,453,607 Other Benefits for Vulnerable Populations - \$62,648 Other Benefits for the Broader Community - \$99,866 Health Research, Education and Training Programs - \$90,877 TOTAL - \$23,706,998 Sharp Grossmont Hospital: Medical Care Services - \$157,797,125 Other Benefits for Vulnerable Populations - \$1,164,378 Other Benefits for the Broader Community - \$788,665 Health Research, Education and Training Programs - \$973,597 TOTAL - \$160,723,765 Sharp Mary Birch Hospital for Women Newborns: Medical Care Services - \$5,936,573 Other Benefits for Vulnerable Populations - \$48,483 Other Benefits for the Broader Community - \$313,802 Health Research, Education and Training Programs - \$87,939 TOTAL - \$6,386,797 Sharp Memorial Hospital: Medical Care Services - \$187,736,123 Other Benefits for Vulnerable Populations - \$682,601 Other Benefits for the Broader Community - \$552,984 Health Research, Education and Training Programs - \$642,335 TOTAL - \$189,614,043 Sharp Mesa Vista Hospital and Sharp McDonald Center: Medical Care Services - \$30,296,490 Other Benefits for Vulnerable Populations - \$976,117 Other Benefits for the Broader Community - \$346,348 Health Research, Education and Training Programs - \$175,423 TOTAL - \$31,794,378 Sharp Health Plan: Other Benefits for Vulnerable Populations - \$23,750 Other Benefits for the Broader Community - \$96,676 Health Research, Education and Training Programs - \$6,251 TOTAL - \$126,677</p> |
| FORM 990, PART III, LINE 4A COMMUNITY BENEFITS PLAN AND REPORT | <p>The following are examples of community benefit programs and services provided by Sharp hospitals and entities in FY 2022. 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 Department of Veterans Affairs (CHAMPVA) and TRICARE, the regionally managed health care program for active-duty and retired service members and their families, loved ones and survivors, and unreimbursed costs of workers' compensation programs. Other Benefits for Vulnerable Populations included van transportation for patients to and from medical appointments; education as well as flu and COVID-19 vaccinations for seniors; telephone reassurance and safety check program for isolated or homebound seniors and community members with disabilities, as well as continued outreach during COVID-19; financial and other support to community clinics to assist in providing and improving access to health services; Project Hospital Emergency Liaison Program (Project HELP), which provides funding for medication and transportation to assist lower-income patients; Meals on Wheels San Diego County; contribution of time to the San Diego Food Bank, Feeding San Diego, Mama's Kitchen and ProduceGood; the Sharp Humanitarian Service Program; and support services - including participation in 2-1-1 San Diego's (2-1-1) Community Information Exchange - for patients experiencing homelessness and other health equity barriers. 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 unique needs of the community; community flu, COVID-19, and mpox vaccination programs, health screenings and support groups. Sharp also collaborated with local schools to provide opportunities that promote interest in health care careers. 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 and mpox response task forces. See Appendix A for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as CHNA development and administration. Health Research, Education and Training Programs included education and training programs for medical, nursing and other health care students and professionals, as well as supervision and support for students and interns. Time was also devoted to generalizable health-related research projects that were made available to the broader health care community.</p> |

Additional Data

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Software ID: 21014044

Software Version: 2021v4.2

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

- ▶ **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.**

Department of the Treasury
Internal Revenue Service

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 |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
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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 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-6077327 | HEALTHCARE ORGANIZATION | CA | 501(c)(3) | 3 | NA | | No |
| (2) SHARP MEMORIAL HOSPITAL (SMH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-3782169 | HOSPITAL | CA | 501(c)(3) | 3 | SHARP HEALTHCARE | Yes | |
| (3) GROSSMONT HOSPITAL CORPORATION (SGH) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0449527 | HOSPITAL | CA | 501(c)(3) | 3 | SHARP HEALTHCARE | Yes | |
| (4) SHARP CHULA VISTA MEDICAL CENTER (SCVMC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-2367304 | HOSPITAL | CA | 501(c)(3) | 3 | SHARP HEALTHCARE | Yes | |
| (5) SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER (SCHHC) 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 95-0651579 | HOSPITAL | CA | 501(c)(3) | 3 | SHARP HEALTHCARE | Yes | |
| (6) SHARP HEALTH PLAN 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0519730 | HEALTH INSURANCE COMPANY | CA | 501(c)(4) | | SHARP HEALTHCARE | Yes | |
| (7) GROSSMONT HOSPITAL FOUNDATION 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 921231489 33-0124488 | HOSPITAL FOUNDATION | CA | 501(c)(3) | 7 | GROSSMONT HOSPITAL CORPORATION | Yes | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|---------------------------------|--|----------------------------------|---|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) SHARP HEALTHCARE ACO-II LLC 8695 SPECTRUM CENTER BLVD SAN DIEGO, CA 92123 81-2645189 | OFFICES OF PHYSICIANS | CA | NA | N/A | | | | | | | | |
| (2) SHARP FREESTANDING SURGERY LLC 87-4136918 | FREESTANDING AMBULATORY SURGERY | CA | NA | N/A | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|---|---------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
| | | | | | | | | Yes | No |
| (1)CONTINUOUS QUALITY INSURANCE SPC | CAPTIVE INSURANCE COMPANY | CJ | NA | C Corporation | | | | | No |
| (2)CHARITABLE REMAINDER TRUST (18) | PROGRAM SUPPORT | CA | NA | Trust | | | | | No |
| | | | | | | | | | |
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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?

- 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)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | Yes | |
| 1d | | No |
| 1e | Yes | |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| 1j | | No |
| | | |
| 1k | | No |
| 1l | Yes | |
| 1m | | No |
| 1n | Yes | |
| 1o | Yes | |
| | | |
| 1p | Yes | |
| 1q | | No |
| | | |
| 1r | Yes | |
| 1s | | No |

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 | 13,760,226 | ACCRUAL BASIS |
| (2) SHARP CHULA VISTA MEDICAL CENTER | B | 2,205,177 | ACCRUAL BASIS |
| | | | |
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

Schedule R (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:** 21014044**Software Version:** 2021v4.2