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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014, and ending 06-30-2015

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Sacred Heart Health System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

5151 North 9th Avenue

City or town, state or province, country, and ZIP or foreign postal code

Pensacola, FL 325048721

F Name and address of principal officer

Susan Cornejo

5151 North 9th Avenue

Pensacola, FL 325048721

D Employer identification number

59-0634434

E Telephone number

(850) 416-7000

G Gross receipts \$ 729,158,401

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) ( )

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

J Website: www.sacred-heart.org

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other

L Year of formation 1915

M State of legal domicile FL

| Part I                      | Summary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
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| Activities & Governance     | <div>1 Briefly describe the organization's mission or most significant activities</div> <div>Provides necessary medical care to the sick and poor regardless of the ability to pay</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
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|                             | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             | <table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>11</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>8</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2014 (Part V, line 2a)</td><td>5,318</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>440</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>1,175,672</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>372,584</td></tr></table>                                                                                                                                                                                                                                                                                                                                                       | 3                         | Number of voting members of the governing body (Part VI, line 1a) | 11                        | 4            | Number of independent voting members of the governing body (Part VI, line 1b) | 8                                                             | 5           | Total number of individuals employed in calendar year 2014 (Part V, line 2a) | 5,318 | 6                                                                                 | Total number of volunteers (estimate if necessary) | 440         | 7a  | Total unrelated business revenue from Part VIII, column (C), line 12     | 1,175,672   | 7b          | Net unrelated business taxable income from Form 990-T, line 34 | 372,584                                                                          |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 3                           | Number of voting members of the governing body (Part VI, line 1a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11                        |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 4                           | Number of independent voting members of the governing body (Part VI, line 1b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 8                         |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 5                           | Total number of individuals employed in calendar year 2014 (Part V, line 2a)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5,318                     |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 6                           | Total number of volunteers (estimate if necessary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 440                       |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 7a                          | Total unrelated business revenue from Part VIII, column (C), line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1,175,672                 |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 7b                          | Net unrelated business taxable income from Form 990-T, line 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 372,584                   |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
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|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
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|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| Revenue                     | <table><tr><td>8</td><td>Contributions and grants (Part VIII, line 1h)</td><td>Prior Year</td><td>Current Year</td></tr><tr><td>9</td><td>Program service revenue (Part VIII, line 2g)</td><td>7,254,992</td><td>4,990,169</td></tr><tr><td>10</td><td>Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td><td>652,470,518</td><td>708,589,646</td></tr><tr><td>11</td><td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td><td>6,923,335</td><td>4,744,609</td></tr><tr><td>12</td><td>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td><td>3,322,081</td><td>6,811,042</td></tr><tr><td></td><td></td><td>669,970,926</td><td>725,135,466</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>                                                                                                                                                                                                                                                       | 8                         | Contributions and grants (Part VIII, line 1h)                     | Prior Year                | Current Year | 9                                                                             | Program service revenue (Part VIII, line 2g)                  | 7,254,992   | 4,990,169                                                                    | 10    | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 652,470,518                                        | 708,589,646 | 11  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 6,923,335   | 4,744,609   | 12                                                             | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 3,322,081 | 6,811,042 |    |                                                              | 669,970,926 | 725,135,466 |    |                                                                          |             |             |    |                                                     |            |            |
| 8                           | Contributions and grants (Part VIII, line 1h)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Prior Year                | Current Year                                                      |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 9                           | Program service revenue (Part VIII, line 2g)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 7,254,992                 | 4,990,169                                                         |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 10                          | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 652,470,518               | 708,589,646                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 11                          | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 6,923,335                 | 4,744,609                                                         |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 12                          | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3,322,081                 | 6,811,042                                                         |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 669,970,926               | 725,135,466                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| Expenses                    | <table><tr><td>13</td><td>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</td><td>1,783,276</td><td>1,574,212</td></tr><tr><td>14</td><td>Benefits paid to or for members (Part IX, column (A), line 4)</td><td>0</td><td>0</td></tr><tr><td>15</td><td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</td><td>326,068,043</td><td>345,344,274</td></tr><tr><td>16a</td><td>Professional fundraising fees (Part IX, column (A), line 11e)</td><td>0</td><td>0</td></tr><tr><td>b</td><td>Total fundraising expenses (Part IX, column (D), line 25)</td><td></td><td></td></tr><tr><td>17</td><td>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</td><td>330,530,305</td><td>361,354,006</td></tr><tr><td>18</td><td>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</td><td>658,381,624</td><td>708,272,492</td></tr><tr><td>19</td><td>Revenue less expenses Subtract line 18 from line 12</td><td>11,589,302</td><td>16,862,974</td></tr></table> | 13                        | Grants and similar amounts paid (Part IX, column (A), lines 1–3)  | 1,783,276                 | 1,574,212    | 14                                                                            | Benefits paid to or for members (Part IX, column (A), line 4) | 0           | 0                                                                            | 15    | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 326,068,043                                        | 345,344,274 | 16a | Professional fundraising fees (Part IX, column (A), line 11e)            | 0           | 0           | b                                                              | Total fundraising expenses (Part IX, column (D), line 25)                        |           |           | 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 330,530,305 | 361,354,006 | 18 | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 658,381,624 | 708,272,492 | 19 | Revenue less expenses Subtract line 18 from line 12 | 11,589,302 | 16,862,974 |
| 13                          | Grants and similar amounts paid (Part IX, column (A), lines 1–3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1,783,276                 | 1,574,212                                                         |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 14                          | Benefits paid to or for members (Part IX, column (A), line 4)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                         | 0                                                                 |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 15                          | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 326,068,043               | 345,344,274                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 16a                         | Professional fundraising fees (Part IX, column (A), line 11e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 0                         | 0                                                                 |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| b                           | Total fundraising expenses (Part IX, column (D), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 17                          | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 330,530,305               | 361,354,006                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 18                          | Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 658,381,624               | 708,272,492                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 19                          | Revenue less expenses Subtract line 18 from line 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 11,589,302                | 16,862,974                                                        |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| Net Assets or Fund Balances | <table><tr><td></td><td></td><td>Beginning of Current Year</td><td>End of Year</td></tr><tr><td>20</td><td>Total assets (Part X, line 16)</td><td>708,743,203</td><td>739,703,995</td></tr><tr><td>21</td><td>Total liabilities (Part X, line 26)</td><td>258,699,101</td><td>309,154,678</td></tr><tr><td>22</td><td>Net assets or fund balances Subtract line 21 from line 20</td><td>450,044,102</td><td>430,549,317</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           |                                                                   | Beginning of Current Year | End of Year  | 20                                                                            | Total assets (Part X, line 16)                                | 708,743,203 | 739,703,995                                                                  | 21    | Total liabilities (Part X, line 26)                                               | 258,699,101                                        | 309,154,678 | 22  | Net assets or fund balances Subtract line 21 from line 20                | 450,044,102 | 430,549,317 |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Beginning of Current Year | End of Year                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 20                          | Total assets (Part X, line 16)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 708,743,203               | 739,703,995                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 21                          | Total liabilities (Part X, line 26)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 258,699,101               | 309,154,678                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
| 22                          | Net assets or fund balances Subtract line 21 from line 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 450,044,102               | 430,549,317                                                       |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |
|                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                   |                           |              |                                                                               |                                                               |             |                                                                              |       |                                                                                   |                                                    |             |     |                                                                          |             |             |                                                                |                                                                                  |           |           |    |                                                              |             |             |    |                                                                          |             |             |    |                                                     |            |            |

Part II

Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

Susan Cornejo CFO

Date

2016-05-16

Type or print name and title

Print/Type preparer's name

Rebecca Lyons

Preparer's signature

Rebecca Lyons

Date

Check ☐ if self-employed

PTIN

P01487105

Firm's name

Deloitte Tax LLP

Firm's EIN

86-1065772

Phone no

(513) 784-7100

Firm's address

250 East Fifth Street Suite 1900

Cincinnati, OH 45202

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2014)

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

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care that sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

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

If "Yes," describe these changes on Schedule O

**4a** (Code ) (Expenses \$ 510,533,989 including grants of \$ 1,574,212 ) (Revenue \$ 706,971,763 )

SACRED HEART HEALTH SYSTEM PROVIDES PRIMARY, SECONDARY, AND TERTIARY HEALTH CARE SERVICES TO RESIDENTS OF THE COMMUNITIES IT SERVES. THERE IS SPECIAL EMPHASIS ON SERVICE TO THE POOR AND THOSE MOST IN NEED. THE SYSTEM INCLUDES THE FLAGSHIP 566 BEDS MEDICAL, SURGICAL/ACUTE CARE HOSPITAL IN PENSACOLA, FLORIDA. HOUSED WITHIN THE PENSACOLA FACILITY IS THE 118 BED CHILDREN'S HOSPITAL, THE ONLY ONE IN NORTHWEST FLORIDA. SACRED HEART HOSPITAL ON THE EMERALD COAST IS A 58 BED MEDICAL/SURGICAL HOSPITAL LOCATED IN MIRAMAR BEACH, FL. SACRED HEART HOSPITAL OF THE GULF IS A 19 BED MEDICAL/SURGICAL HOSPITAL LOCATED IN PORT ST. JOE, FL. SACRED HEART HEALTH SYSTEM TOGETHER WITH LHP HOSPITAL GROUP, INC. OPERATES 323-BED BAY COUNTY HEALTH SYSTEM, LLC DBA BAY MEDICAL. SACRED HEART HEALTH SYSTEM LOCATED IN PANAMA CITY, FL. SACRED HEART HEALTH SYSTEM EXPANDS AWARENESS, EDUCATION AND PROMOTION OF HEALTH BY OFFERING HEALTHCARE, CLASSES AND SEMINARS FOR THE COMMUNITY.

**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 \$ \_\_\_\_\_ )

|           |                                       |                    |
|-----------|---------------------------------------|--------------------|
| <b>4e</b> | <b>Total program service expenses</b> | <b>510,533,989</b> |
|-----------|---------------------------------------|--------------------|

Part IV

Checklist of Required Schedules

|                                                                                                                                                                                                                                                                                                                                                     | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>                                                                                                                 | Yes |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?                                                                                                                                                | Yes |    |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>                                                                                                                                               |     | No |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>                                               | Yes |    |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>                                                                                                        |     | No |
| <b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>                                                                             |     | No |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>                                                                                                                     |     | No |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>                                                                                                                                                                                  |     | No |
| <b>9</b> Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>                                      |     | No |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>                                           | Yes |    |
| <b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable                                                                                                                                                                                            |     |    |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>                                                                                                               | Yes |    |
| <b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>                                                                                                                              |     | No |
| <b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>                                                                                                                              |     | No |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>                                                            | Yes |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>                                                                                                                         | Yes |    |
| <b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>  | Yes |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>                                                                                                                                                                                 |     | No |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>               | Yes |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>                                                                                                                                                                                                                                 |     | No |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                                              |     | No |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>                          |     | No |
| <b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>                                                                                                                                    |     | No |
| <b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>                                                                                                                              |     | No |
| <b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).                                                                                                                     |     | No |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>                                                                                                                                                    |     | No |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>                                                                                                                                                                              |     | No |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>                                                                                                                                                 | Yes |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                          | Yes |    |

Part IV

Checklist of Required Schedules (continued)

|     |                                                                                                                                                                                                                                                                                                                            |     |     |    |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .                                                                                             | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .                                                                                                                 | 22  |     | No |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .                                                      | 23  | 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 24a |     | No |
| b   | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .                                                                                                                                                                                                                  | 24b |     |    |
| c   | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .                                                                                                                                                                       | 24c |     |    |
| d   | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .                                                                                                                                                                                                            | 24d |     |    |
| 25a | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                                                                         | 25a |     | No |
| b   | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .                                 | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 27  |     | No |
| 28  | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)                                                                                                                               |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                                   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                                                                                                                | 28b |     | No |
| c   | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .                                                                                    | 28c | Yes |    |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . .                                                                                                                                                                                                    | 29  |     | No |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .                                                                                                                                  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .                                                                                                                                                                                        | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .                                                                                                                                                                      | 32  |     | 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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .                                                                                                                      | 33  | Yes |    |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .                                                                                                                                                                  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?                                                                                                                                                                                                                                    | 35a | Yes |    |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                         | 35b | Yes |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .                                                                                                                           | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>                                                                                       | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .                                                                                                                              | 38  | 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 in 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 to prize winners?                                                                                   |     |    |
| 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.                                                             |     |    |
| 2b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).        | Yes |    |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | Yes |    |
| 3b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.                                                                                                                               | Yes |    |
| 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)? |     | No |
| b   | If "Yes," enter the name of the foreign country:<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                    |     |    |
| 5a  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      |     | No |
| 5b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                           |     | No |
| 5c  | If "Yes," to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                         |     |    |
| 6a  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |     | No |
| 6b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                              |     |    |
| 7   | Organizations that may receive deductible contributions under section 170(c).                                                                                                                                                              |     |    |
| a   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                            |     | No |
| 7b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                            |     |    |
| 7c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                       |     | No |
| 7d  | If "Yes," indicate the number of Forms 8282 filed during the year.                                                                                                                                                                         |     |    |
| 7e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                            |     | No |
| 7f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                               |     | No |
| 7g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                           |     |    |
| 7h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                         |     |    |
| 8   | Sponsoring organizations maintaining donor advised funds.<br>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                 |     |    |
| 9a  | Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                         |     |    |
| 9b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                          |     |    |
| 10  | Section 501(c)(7) organizations. Enter                                                                                                                                                                                                     |     |    |
| 10a | Initiation fees and capital contributions included on Part VIII, line 12.                                                                                                                                                                  |     |    |
| 10b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.                                                                                                                                               |     |    |
| 11  | Section 501(c)(12) organizations. Enter                                                                                                                                                                                                    |     |    |
| 11a | Gross income from members or shareholders.                                                                                                                                                                                                 |     |    |
| 11b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).                                                                                                               |     |    |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                 |     |    |
| 12b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.                                                                                                                                                     |     |    |
| 13  | Section 501(c)(29) qualified nonprofit health insurance issuers.                                                                                                                                                                           |     |    |
| 13a | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.                                           |     |    |
| 13b | 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.                                                                                 |     |    |
| 13c | Enter the amount of reserves on hand.                                                                                                                                                                                                      |     |    |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                 |     | No |
| 14b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.                                                                                                                                 |     |    |

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

|    |                                                                                                                                                                                                                               |     |     |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
|    |                                                                                                                                                                                                                               | Yes | No  |
| 1a | Enter the number of voting members of the governing body at the end of the tax year . . . . .                                                                                                                                 |     |     |
|    | If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O              |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .                                                                                                                                  |     |     |
| 2  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .                                               | 2   | Yes |
| 3  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . . | 3   | No  |
| 4  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .                                                                                                    | 4   | No  |
| 5  | Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .                                                                                                          | 5   | No  |
| 6  | Did the organization have members or stockholders? . . . . .                                                                                                                                                                  | 6   | Yes |
| 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? . . . . .                                                                  | 7a  | Yes |
| b  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .                                                           | 7b  | Yes |
| 8  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following                                                                                              |     |     |
| a  | The governing body? . . . . .                                                                                                                                                                                                 | 8a  | Yes |
| b  | Each committee with authority to act on behalf of the governing body? . . . . .                                                                                                                                               | 8b  | Yes |
| 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 . . . . .        | 9   | No  |

Section B. Policies

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

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

Section C. Disclosure

|    |                                                                                                                                                                                                                                                                                                                                                                                                                |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed                                                                                                                                                                                                                                                                                                                                     |
| 18 | Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.<br><input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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<br>Susan Cornejo                                                                                                                                                                                                                                                                                |

5151 N 9th Ave  
Pensacola, FL 32504 (850) 416-7000

Part VII

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
|                       |                                                                                            |                                                                                                           |                       |         |              |                              |        |                                                                      |                                                                           |                                                                                               |

## Part VII

| (A)<br>Name and Title | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                       |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |

|           |                                                                        |   |            |         |         |
|-----------|------------------------------------------------------------------------|---|------------|---------|---------|
| <b>1b</b> | <b>Sub-Total . . . . .</b>                                             | ▼ |            |         |         |
| <b>c</b>  | <b>Total from continuation sheets to Part VII, Section A . . . . .</b> | ▼ |            |         |         |
| <b>d</b>  | <b>Total (add lines 1b and 1c) . . . . .</b>                           | ▼ | 14,933,341 | 119,432 | 790,044 |

**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 ►316

|   |                                                                                                                                                                                                                                               | Yes   | No |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----|
| 3 | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .                                        | 3 Yes |    |
| 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> . . . . . | 4 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> . . . . .                       | 5     | 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)<br>Name and business address | (B)<br>Description of services | (C)<br>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)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
|-----------------------------------------------------------|-----|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------|
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a  | Federated campaigns . . . . . 1a                                                                                                           |                      |                                                    |                                         |                                                                     |
|                                                           | b   | Membership dues . . . . . 1b                                                                                                               |                      |                                                    |                                         |                                                                     |
|                                                           | c   | Fundraising events . . . . . 1c                                                                                                            |                      |                                                    |                                         |                                                                     |
|                                                           | d   | Related organizations . . . . . 1d                                                                                                         |                      |                                                    |                                         |                                                                     |
|                                                           | e   | Government grants (contributions) 1e 4,871,369                                                                                             |                      |                                                    |                                         |                                                                     |
|                                                           | f   | All other contributions, gifts, grants, and<br>similar amounts not included above 1f 118,800                                               |                      |                                                    |                                         |                                                                     |
|                                                           | g   | Noncash contributions included in lines<br>1a-1f \$                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           | h   | Total. Add lines 1a-1f . . . . .                                                                                                           | 4,990,169            |                                                    |                                         |                                                                     |
| Program Service Revenue                                   | 2a  | Net Patient Revenue                                                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           |     | Business Code 621990                                                                                                                       | 701,869,909          | 700,694,237                                        | 1,175,672                               |                                                                     |
|                                                           | b   | Management Services                                                                                                                        | 5,437,644            | 5,437,644                                          |                                         |                                                                     |
|                                                           | c   | Medical Transportation                                                                                                                     | 1,174,799            | 1,174,799                                          |                                         |                                                                     |
|                                                           | d   | Education                                                                                                                                  | 107,294              | 107,294                                            |                                         |                                                                     |
|                                                           | e   |                                                                                                                                            |                      |                                                    |                                         |                                                                     |
|                                                           | f   | All other program service revenue                                                                                                          | 0                    | 0                                                  | 0                                       | 0                                                                   |
|                                                           | g   | Total. Add lines 2a-2f . . . . .                                                                                                           | 708,589,646          |                                                    |                                         |                                                                     |
| Other Revenue                                             | 3   | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .                                                  | 5,090,827            |                                                    |                                         | 5,090,827                                                           |
|                                                           | 4   | Income from investment of tax-exempt bond proceeds . . . . .                                                                               |                      |                                                    |                                         |                                                                     |
|                                                           | 5   | Royalties . . . . .                                                                                                                        |                      |                                                    |                                         |                                                                     |
|                                                           | 6a  | Gross rents                                                                                                                                |                      |                                                    |                                         |                                                                     |
|                                                           | b   | Less rental expenses                                                                                                                       |                      |                                                    |                                         |                                                                     |
|                                                           | c   | Rental income or (loss)                                                                                                                    |                      |                                                    |                                         |                                                                     |
|                                                           | d   | Net rental income or (loss) . . . . .                                                                                                      | -298,157             |                                                    |                                         | -298,157                                                            |
|                                                           | 7a  | Gross amount from sales of assets other than inventory                                                                                     |                      |                                                    |                                         |                                                                     |
|                                                           | b   | Less cost or other basis and sales expenses                                                                                                |                      |                                                    |                                         |                                                                     |
|                                                           | c   | Gain or (loss)                                                                                                                             |                      |                                                    |                                         |                                                                     |
|                                                           | d   | Net gain or (loss) . . . . .                                                                                                               | -346,218             |                                                    |                                         | -346,218                                                            |
|                                                           | 8a  | Gross income from fundraising events (not including<br>\$ _____<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |                      |                                                    |                                         |                                                                     |
|                                                           | b   | Less direct expenses . . . . .                                                                                                             |                      |                                                    |                                         |                                                                     |
|                                                           | c   | Net income or (loss) from fundraising events . . . . .                                                                                     |                      |                                                    |                                         |                                                                     |
|                                                           | 9a  | Gross income from gaming activities<br>See Part IV, line 19 . . . . .                                                                      |                      |                                                    |                                         |                                                                     |
|                                                           | b   | Less direct expenses . . . . .                                                                                                             |                      |                                                    |                                         |                                                                     |
|                                                           | c   | Net income or (loss) from gaming activities . . . . .                                                                                      |                      |                                                    |                                         |                                                                     |
|                                                           | 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                                                                                                                      |                      |                                                    |                                         |                                                                     |
|                                                           | 11a | Cafeteria Revenue                                                                                                                          | 2,397,277            |                                                    |                                         | 2,397,277                                                           |
|                                                           | b   | Pharmacy Revenue                                                                                                                           | 5,462,816            | 5,462,816                                          |                                         |                                                                     |
|                                                           | c   | Unconsolidated Ops                                                                                                                         | -5,905,027           | -5,905,027                                         |                                         |                                                                     |
|                                                           | d   | All other revenue . . . . .                                                                                                                | 5,154,133            | 0                                                  | 0                                       | 5,154,133                                                           |
|                                                           | e   | Total. Add lines 11a-11d . . . . .                                                                                                         | 7,109,199            |                                                    |                                         |                                                                     |
|                                                           | 12  | Total revenue. See Instructions . . . . .                                                                                                  | 725,135,466          | 706,971,763                                        | 1,175,672                               | 11,997,862                                                          |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| 1                                                                              | Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.                                                                                                                                          | 1,574,212             | 1,574,212                       |                                        |                             |
| 2                                                                              | Grants and other assistance to domestic individuals. See Part IV, line 22.                                                                                                                                                                     |                       |                                 |                                        |                             |
| 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.                                                                                                                                                                      | 9,967,690             |                                 | 9,967,690                              |                             |
| 6                                                                              | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).                                                                                                 | 435,632               |                                 | 435,632                                |                             |
| 7                                                                              | Other salaries and wages.                                                                                                                                                                                                                      | 280,691,816           | 242,586,864                     | 38,104,952                             |                             |
| 8                                                                              | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).                                                                                                                                            | 4,694,899             | 498,857                         | 4,196,042                              |                             |
| 9                                                                              | Other employee benefits.                                                                                                                                                                                                                       | 31,726,186            | 2,367,987                       | 29,358,199                             |                             |
| 10                                                                             | Payroll taxes.                                                                                                                                                                                                                                 | 17,828,051            | 14,739,796                      | 3,088,255                              |                             |
| 11                                                                             | Fees for services (non-employees):                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| a                                                                              | Management.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| b                                                                              | Legal.                                                                                                                                                                                                                                         | 403,276               |                                 | 403,276                                |                             |
| c                                                                              | Accounting.                                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| d                                                                              | Lobbying.                                                                                                                                                                                                                                      | 185,003               |                                 | 185,003                                |                             |
| e                                                                              | Professional fundraising services. See Part IV, line 17.                                                                                                                                                                                       |                       |                                 |                                        |                             |
| f                                                                              | Investment management fees.                                                                                                                                                                                                                    |                       |                                 |                                        |                             |
| g                                                                              | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).                                                                                                                                    | 74,474,709            | 25,406,243                      | 49,068,466                             | 0                           |
| 12                                                                             | Advertising and promotion.                                                                                                                                                                                                                     | 2,074,239             | 37,193                          | 2,037,046                              |                             |
| 13                                                                             | Office expenses.                                                                                                                                                                                                                               | 2,162,711             | 1,013,972                       | 1,148,739                              |                             |
| 14                                                                             | Information technology.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 15                                                                             | Royalties.                                                                                                                                                                                                                                     |                       |                                 |                                        |                             |
| 16                                                                             | Occupancy.                                                                                                                                                                                                                                     | 36,115,441            | 36,115,441                      | 0                                      |                             |
| 17                                                                             | Travel.                                                                                                                                                                                                                                        | 1,620,100             | 756,036                         | 864,064                                |                             |
| 18                                                                             | Payments of travel or entertainment expenses for any federal, state, or local public officials.                                                                                                                                                |                       |                                 |                                        |                             |
| 19                                                                             | Conferences, conventions, and meetings.                                                                                                                                                                                                        | 1,066,255             | 286,808                         | 779,447                                |                             |
| 20                                                                             | Interest.                                                                                                                                                                                                                                      | 3,620,772             | 1,771                           | 3,619,001                              |                             |
| 21                                                                             | Payments to affiliates.                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| 22                                                                             | Depreciation, depletion, and amortization.                                                                                                                                                                                                     | 23,956,166            | 14,359,910                      | 9,596,256                              |                             |
| 23                                                                             | Insurance.                                                                                                                                                                                                                                     | 8,678,584             | 2,251,748                       | 6,426,836                              |                             |
| 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                                                                              | Medical Supplies                                                                                                                                                                                                                               | 133,328,069           | 128,307,804                     | 5,020,265                              |                             |
| b                                                                              | Provider Tax Expense                                                                                                                                                                                                                           | 6,253,208             | 26,498                          | 6,226,710                              |                             |
| c                                                                              | Professional Fees                                                                                                                                                                                                                              | 21,296,431            | 21,296,431                      |                                        |                             |
| d                                                                              | Service Fees                                                                                                                                                                                                                                   | 3,500,000             | 3,500,000                       |                                        |                             |
| e                                                                              | All other expenses                                                                                                                                                                                                                             | 42,619,042            | 15,407,418                      | 27,211,624                             | 0                           |
| 25                                                                             | <b>Total functional expenses.</b> Add lines 1 through 24e.                                                                                                                                                                                     | 708,272,492           | 510,534,989                     | 197,737,503                            | 0                           |
| 26                                                                             | <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |                                        |                             |

Part X

Balance Sheet

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

|                             |                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                        |     |             | (A)<br>Beginning of year |             | (B)<br>End of year |
|-----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-------------|--------------------------|-------------|--------------------|
| Assets                      | 1                                                                                                                                                   | Cash—non-interest-bearing . . . . .                                                                                                                                                                                                                                                                                                    |     |             |                          | 1           |                    |
|                             | 2                                                                                                                                                   | Savings and temporary cash investments . . . . .                                                                                                                                                                                                                                                                                       |     |             | 10,019,857               | 2           | 2,208,675          |
|                             | 3                                                                                                                                                   | Pledges and grants receivable, net . . . . .                                                                                                                                                                                                                                                                                           |     |             |                          | 3           |                    |
|                             | 4                                                                                                                                                   | Accounts receivable, net . . . . .                                                                                                                                                                                                                                                                                                     |     |             | 121,998,942              | 4           | 143,745,028        |
|                             | 5                                                                                                                                                   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .                                                                                                                                                           |     |             | 0                        | 5           | 0                  |
|                             | 6                                                                                                                                                   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |     |             | 0                        | 6           |                    |
|                             | 7                                                                                                                                                   | Notes and loans receivable, net . . . . .                                                                                                                                                                                                                                                                                              |     |             |                          | 7           |                    |
|                             | 8                                                                                                                                                   | Inventories for sale or use . . . . .                                                                                                                                                                                                                                                                                                  |     |             | 17,998,084               | 8           | 17,938,434         |
|                             | 9                                                                                                                                                   | Prepaid expenses and deferred charges . . . . .                                                                                                                                                                                                                                                                                        |     |             | 4,130,573                | 9           | 4,058,695          |
|                             | 10a                                                                                                                                                 | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D                                                                                                                                                                                                                                                      | 10a | 695,319,355 |                          |             |                    |
|                             | b                                                                                                                                                   | Less accumulated depreciation . . . . .                                                                                                                                                                                                                                                                                                | 10b | 395,001,117 | 305,874,696              | 10c         | 300,318,238        |
|                             | 11                                                                                                                                                  | Investments—publicly traded securities . . . . .                                                                                                                                                                                                                                                                                       |     |             |                          | 11          |                    |
|                             | 12                                                                                                                                                  | Investments—other securities See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                            |     |             | 22,526,807               | 12          | 2,238,458          |
|                             | 13                                                                                                                                                  | Investments—program-related See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                             |     |             | 0                        | 13          |                    |
|                             | 14                                                                                                                                                  | Intangible assets . . . . .                                                                                                                                                                                                                                                                                                            |     |             | 6,351,860                | 14          | 6,301,838          |
|                             | 15                                                                                                                                                  | Other assets See Part IV, line 11 . . . . .                                                                                                                                                                                                                                                                                            |     |             | 219,842,384              | 15          | 262,894,629        |
| 16                          | Total assets. Add lines 1 through 15 (must equal line 34) . . . . .                                                                                 |                                                                                                                                                                                                                                                                                                                                        |     | 708,743,203 | 16                       | 739,703,995 |                    |
| Liabilities                 | 17                                                                                                                                                  | Accounts payable and accrued expenses . . . . .                                                                                                                                                                                                                                                                                        |     |             | 72,580,897               | 17          | 49,667,770         |
|                             | 18                                                                                                                                                  | Grants payable . . . . .                                                                                                                                                                                                                                                                                                               |     |             |                          | 18          |                    |
|                             | 19                                                                                                                                                  | Deferred revenue . . . . .                                                                                                                                                                                                                                                                                                             |     |             | 7,134,068                | 19          | 5,050,889          |
|                             | 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .                                                                                                                                          |     |             | 0                        | 22          |                    |
|                             | 23                                                                                                                                                  | Secured mortgages and notes payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                               |     |             |                          | 23          |                    |
|                             | 24                                                                                                                                                  | Unsecured notes and loans payable to unrelated third parties . . . . .                                                                                                                                                                                                                                                                 |     |             |                          | 24          |                    |
|                             | 25                                                                                                                                                  | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .                                                                                                                                                         |     |             | 178,984,136              | 25          | 254,436,019        |
|                             | 26                                                                                                                                                  | Total liabilities. Add lines 17 through 25 . . . . .                                                                                                                                                                                                                                                                                   |     |             | 258,699,101              | 26          | 309,154,678        |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |                                                                                                                                                                                                                                                                                                                                        |     |             |                          |             |                    |
|                             | 27                                                                                                                                                  | Unrestricted net assets . . . . .                                                                                                                                                                                                                                                                                                      |     |             | 442,028,157              | 27          | 430,549,317        |
|                             | 28                                                                                                                                                  | Temporarily restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |             | 8,015,945                | 28          |                    |
|                             | 29                                                                                                                                                  | Permanently restricted net assets . . . . .                                                                                                                                                                                                                                                                                            |     |             |                          | 29          |                    |
|                             | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.                          |                                                                                                                                                                                                                                                                                                                                        |     |             |                          |             |                    |
|                             | 30                                                                                                                                                  | Capital stock or trust principal, or current funds . . . . .                                                                                                                                                                                                                                                                           |     |             |                          | 30          |                    |
|                             | 31                                                                                                                                                  | Paid-in or capital surplus, or land, building or equipment fund . . . . .                                                                                                                                                                                                                                                              |     |             |                          | 31          |                    |
|                             | 32                                                                                                                                                  | Retained earnings, endowment, accumulated income, or other funds . . . . .                                                                                                                                                                                                                                                             |     |             |                          | 32          |                    |
|                             | 33                                                                                                                                                  | Total net assets or fund balances . . . . .                                                                                                                                                                                                                                                                                            |     |             | 450,044,102              | 33          | 430,549,317        |
|                             | 34                                                                                                                                                  | Total liabilities and net assets/fund balances . . . . .                                                                                                                                                                                                                                                                               |     |             | 708,743,203              | 34          | 739,703,995        |

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  | 725,135,466 |
| 2  | Total expenses (must equal Part IX, column (A), line 25)                                                      | 2  | 708,272,492 |
| 3  | Revenue less expenses Subtract line 2 from line 1                                                             | 3  | 16,862,974  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 450,044,102 |
| 5  | Net unrealized gains (losses) on investments                                                                  | 5  | -6,712,346  |
| 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  | -29,645,413 |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 430,549,317 |

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<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O                                                                                                                                              |     |     |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | 2a  | No  |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>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<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | 2b  | Yes |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O                                                                    | 2c  | 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?                                                                                                                                                                                                                                                                 | 3a  | Yes |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits                                                                                                                                                                                                     | 3b  | Yes |

## Additional Data

**Software ID:** 14000329  
**Software Version:** 2014v1.0  
**EIN:** 59-0634434  
**Name:** Sacred Heart Health System Inc

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                                                     | (B)<br>Average<br>hours per<br>week (list<br>any hours<br>for related<br>organizations<br>below<br>dotted line) | (C)<br>Position (do not check<br>more than one box, unless<br>person is both an officer<br>and a director/trustee) |                       |         |              |                                 |        | (D)<br>Reportable<br>compensation<br>from the<br>organization (W-<br>2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations (W-<br>2/1099-MISC) | (F)<br>Estimated amount<br>of other<br>compensation<br>from the<br>organization and<br>related<br>organizations |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|---------------------------------|--------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                                                           |                                                                                                                 | Individual trustee<br>or director                                                                                  | Institutional Trustee | Officer | Key employee | Highest compensated<br>employee | Former |                                                                                   |                                                                                        |                                                                                                                 |
| (1) ROBERT A EMMANUEL<br>DIRECTOR/CHAIR                                   | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (1) QUINT STUDER<br>DIRECTOR/VICE CHAIR                                   | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (2) RICHARD R BAKER<br>DIRECTOR/SECRETARY/TREASURER                       | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       | X       |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (3) SUSAN L DAVIS RN<br>DIRECTOR, PRESIDENT/CEO                           | 40 00<br>.....<br>2 00                                                                                          | X                                                                                                                  |                       | X       |              |                                 |        | 3,274,669                                                                         | 0                                                                                      | 57,710                                                                                                          |
| (4) DEBBIE CALDER<br>DIRECTOR                                             | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (5) SISTER MARY JEAN DOYLE<br>DIRECTOR                                    | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (6) JOHN FORRESTER<br>DIRECTOR                                            | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (7) SISTER NORA GATTO DC<br>DIRECTOR                                      | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (8) SHARON KERRIGAN<br>DIRECTOR                                           | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (9) COLLIER MERRILL<br>DIRECTOR                                           | 1 00<br>.....<br>0                                                                                              | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (10) SISTER LOIS O'MALLEY CSJ<br>DIRECTOR                                 | 1 00<br>.....<br>1 00                                                                                           | X                                                                                                                  |                       |         |              |                                 |        | 0                                                                                 | 0                                                                                      | 0                                                                                                               |
| (11) KERRY EATON<br>CHIEF OPERATING OFFICER                               | 40 00<br>.....<br>2 00                                                                                          |                                                                                                                    |                       | X       |              |                                 |        | 590,168                                                                           | 0                                                                                      | 37,701                                                                                                          |
| (12) KAREN EMMANUEL<br>GENERAL COUNSEL                                    | 40 00<br>.....<br>1 00                                                                                          |                                                                                                                    |                       | X       |              |                                 |        | 373,655                                                                           | 0                                                                                      | 31,110                                                                                                          |
| (13) C SUSAN CORNEJO<br>CHIEF FINANCIAL OFFICER - SHHS                    | 30 00<br>.....<br>12 00                                                                                         |                                                                                                                    |                       | X       |              |                                 |        | 358,295                                                                           | 119,432                                                                                | 36,237                                                                                                          |
| (14) ROGER HALL<br>PRESIDENT - SHHEC & SHHG                               | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       | X       |              |                                 |        | 570,080                                                                           | 0                                                                                      | 40,280                                                                                                          |
| (15) ROGER POITRAS<br>PRESIDENT - SHMG                                    | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       | X       |              |                                 |        | 450,513                                                                           | 0                                                                                      | 35,290                                                                                                          |
| (16) HENRY STOVALL<br>PRESIDENT - SHHP                                    | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       | X       |              |                                 |        | 503,493                                                                           | 0                                                                                      | 33,063                                                                                                          |
| (17) JAMES WARD MD<br>CHIEF MEDICAL OFFICER                               | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       | X       |              |                                 |        | 501,365                                                                           | 0                                                                                      | 42,355                                                                                                          |
| (18) CAROL WHITTINGTON<br>VP - HUMAN RESOURCES                            | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       | X       |              |                                 |        | 475,768                                                                           | 0                                                                                      | 40,802                                                                                                          |
| (19) DENISE BARTON<br>VP BUSINESS DEVELOPMENT                             | 40 00<br>.....<br>1 00                                                                                          |                                                                                                                    |                       |         | X            |                                 |        | 440,342                                                                           | 0                                                                                      | 37,658                                                                                                          |
| (20) STEPHANIE J DUGGAN MD<br>CMO SHHP                                    | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       |         | X            |                                 |        | 462,356                                                                           | 0                                                                                      | 34,736                                                                                                          |
| (21) NINA JEFFORDS<br>COO/CNO                                             | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       |         | X            |                                 |        | 234,985                                                                           | 0                                                                                      | 27,161                                                                                                          |
| (22) TERESA D SMITH<br>VP CANCER SERVICES                                 | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       |         | X            |                                 |        | 230,300                                                                           | 0                                                                                      | 30,567                                                                                                          |
| (23) AMY WILSON<br>CHIEF NURSING OFFICER                                  | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       |         | X            |                                 |        | 239,717                                                                           | 0                                                                                      | 25,318                                                                                                          |
| (24) MARIUS PETRUC MD<br>CHIEF MEDICAL INFORMATION OFFICER (THRU 5/31/15) | 40 00<br>.....<br>0                                                                                             |                                                                                                                    |                       |         | X            |                                 |        | 271,186                                                                           | 0                                                                                      | 45,460                                                                                                          |

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

| (A)<br>Name and Title                               | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-----------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
|                                                     |                                                                                            | Individual trustee or director                                                                            | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |                                                                      |                                                                           |                                                                                               |
| (26) DOUGLAS A ROSS<br>VP, AH & CCO, Gulf Coast Mkt | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         | X            |                              |        | 412,604                                                              | 0                                                                         | 22,746                                                                                        |
| (1) MARK S BOATRIGHT MD<br>PHYSICIAN                | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 905,997                                                              | 0                                                                         | 47,046                                                                                        |
| (2) MICHAEL L GOODMAN MD<br>PHYSICIAN               | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 1,424,295                                                            | 0                                                                         | 38,644                                                                                        |
| (3) PAUL A TAMBURRO MD<br>PHYSICIAN                 | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 976,953                                                              | 0                                                                         | 36,812                                                                                        |
| (4) HARISH K MALHOTRA MD<br>PHYSICIAN               | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 930,252                                                              | 0                                                                         | 23,852                                                                                        |
| (5) JAMES F WATKINS MD<br>PHYSICIAN                 | 40 00<br>.....<br>0                                                                        |                                                                                                           |                       |         |              | X                            |        | 893,472                                                              | 0                                                                         | 42,740                                                                                        |
| (6) DANA N BLEDSOE<br>FORMER EMPLOYEE               | 0 00<br>.....<br>0                                                                         |                                                                                                           |                       |         |              |                              | X      | 292,316                                                              | 0                                                                         | 17,471                                                                                        |
| (7) PETER HECKATHORN<br>FORMER EVP SHMG             | 0 00<br>.....<br>0                                                                         |                                                                                                           |                       |         |              |                              | X      | 120,560                                                              | 0                                                                         | 5,285                                                                                         |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                            |                                              |
|------------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>Sacred Heart Health System Inc | Employer identification number<br>59-0634434 |
|------------------------------------------------------------|----------------------------------------------|

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

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

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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- 9 above or IRC section (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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                         | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")                                                                                                   |          |          |          |          |          |           |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                                                                                     |          |          |          |          |          |           |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge                                                                                             |          |          |          |          |          |           |
| 4 Total. Add lines 1 through 3                                                                                                                                                                        |          |          |          |          |          |           |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| 6 Public support. Subtract line 5 from line 4                                                                                                                                                         |          |          |          |          |          |           |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶                                                                                                                                                | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 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, whether or not the business is regularly carried on                                                                                         |          |          |          |          |          |           |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )                                                                                            |          |          |          |          |          |           |
| 11 Total support Add lines 7 through 10                                                                                                                                                      |          |          |          |          |          |           |
| 12 Gross receipts from related activities, etc (see instructions)                                                                                                                            |          |          |          |          | 12       |           |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ |          |          |          |          |          |           |

Section C. Computation of Public Support Percentage

|                                                                                                                                                                                                                                                                                                                                                                                               |    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))                                                                                                                                                                                                                                                                                                     | 14 |  |
| 15 Public support percentage for 2013 Schedule A, Part II, line 14                                                                                                                                                                                                                                                                                                                            | 15 |  |
| 16a 33 1/3% support test—2014. 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—2013. 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—2014. 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—2013. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support                                                                                                                                                  |          |          |          |          |          |           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶                                                                                                                              | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (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) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) 2014 | (f) Total |
| 9 Amounts from line 6                                                                                                                                                              |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources                                                 |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975                                                                          |          |          |          |          |          |           |
| c Add lines 10a and 10b                                                                                                                                                            |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on                                                     |          |          |          |          |          |           |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)                                                                                 |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12.)                                                                                                                                  |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ |          |          |          |          |          |           |

| Section C. Computation of Public Support Percentage                                       |    |  |
|-------------------------------------------------------------------------------------------|----|--|
| 15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2013 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage                                                                                                                                                                                                               |    |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))                                                                                                                                                                       | 17 |  |
| 18 Investment income percentage from 2013 Schedule A, Part III, line 17                                                                                                                                                                                              | 18 |  |
| 19a 33 1/3% support tests—2014. 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—2013. 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 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d 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 <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.                                                                                                                                                                                                         | 1   |    |
| 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).                                                                                                                                                                                                                                      | 2   |    |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                                                                       | 3a  |    |
| 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 <b>Part VI</b> when and how the organization made the determination.                                                                                                                                                                                                                                                    | 3b  |    |
| 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 <b>Part VI</b> what controls the organization put in place to ensure such use.                                                                                                                                                                                                                                                                                             | 3c  |    |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.                                                                                                                                                                                                                                                                                                                                         | 4a  |    |
| 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.                                                                                                                                                                                                        | 4b  |    |
| 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.                                                                                                                                                                           | 4c  |    |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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). | 5a  |    |
| b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                           | 5b  |    |
| c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                  | 5c  |    |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .                                                     | 6   |    |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).                                                                                                                                                                                              | 7   |    |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).                                                                                                                                                                                                                                                                                                                                                       | 8   |    |
| 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 <b>Part VI</b> .                                                                                                                                                                                                                              | 9a  |    |
| b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                                | 9b  |    |
| c Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b> .                                                                                                                                                                                                                                                                                     | 9c  |    |
| 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.                                                                                                                                                                                                                                                             | 10a |    |
| 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).                                                                                                                                                                                                                                                                                                                                                   | 10b |    |
| 11 Has the organization accepted a gift or contribution from any of the following persons?                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?                                                                                                                                                                                                                                                                                                                                                        | 11a |    |
| b A family member of a person described in (a) above?                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 11b |    |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.                                                                                                                                                                                                                                                                                                                                                                                                      | 11c |    |

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the 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? If "No," describe in <b>Part VI</b> 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. |     |    |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.                                                                                                                                                                                                                                                                              |     |    |

Section C. Type II Supporting Organizations

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

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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) 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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                    |     |    |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                       |     |    |

Section E. Type III Functionally-Integrated Supporting Organizations

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    |
| a <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.                                                                                                                                                                                                                                                                                                                                                                                                                         |    |     |    |
| b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.                                                                                                                                                                                                                                                                                                                                                                                                  |    |     |    |
| c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).                                                                                                                                                                                                                                                                                                                                                                       |    |     |    |
| 2 <u>Activities Test</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |    | 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? If "Yes," then in <b>Part VI identify those supported organizations and explain</b> 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. | 2a |     |    |
| b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                              | 2b |     |    |
| 3 <u>Parent of Supported Organizations</u> <b>Answer (a) and (b) below.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |    |     |    |
| 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? Provide details in Part VI.                                                                                                                                                                                                                                                                                                                                       | 3a |     |    |
| b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.                                                                                                                                                                                                                                                                                           | 3b |     |    |

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                        | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____                                     |                |                             |
| 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 1-1/2% 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 .035                                                                                                        | 6              |                             |
| 7                                | Recoveries of prior-year distributions                                                                                         | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)                                             | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) |   |              |

| Section D - Distributions                                                                                                                  | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes                                                                    |              |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity    |              |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations                                                    |              |
| 4 Amounts paid to acquire exempt-use assets                                                                                                |              |
| 5 Qualified set-aside amounts (prior IRS approval required)                                                                                |              |
| 6 Other distributions (describe in Part VI) See instructions                                                                               |              |
| 7 Total annual distributions. Add lines 1 through 6                                                                                        |              |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions |              |
| 9 Distributable amount for 2014 from Section C, line 6                                                                                     |              |
| 10 Line 8 amount divided by Line 9 amount                                                                                                  |              |

| Section E - Distribution Allocations (see instructions)                                                                                             | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2014 | (iii)<br>Distributable<br>Amount for 2014 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| 1 Distributable amount for 2014 from Section C, line 6                                                                                              |                             |                                        |                                           |
| 2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)                                                 |                             |                                        |                                           |
| 3 Excess distributions carryover, if any, to 2014                                                                                                   |                             |                                        |                                           |
| a From 2009. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| f Total of lines 3a through e                                                                                                                       |                             |                                        |                                           |
| g Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| h Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| i Carryover from 2009 not applied (see instructions)                                                                                                |                             |                                        |                                           |
| j Remainder Subtract lines 3g, 3h, and 3i from 3f                                                                                                   |                             |                                        |                                           |
| 4 Distributions for 2014 from Section D, line 7<br>\$                                                                                               |                             |                                        |                                           |
| a Applied to underdistributions of prior years                                                                                                      |                             |                                        |                                           |
| b Applied to 2014 distributable amount                                                                                                              |                             |                                        |                                           |
| c Remainder Subtract lines 4a and 4b from 4                                                                                                         |                             |                                        |                                           |
| 5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions) |                             |                                        |                                           |
| 6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)                        |                             |                                        |                                           |
| 7 Excess distributions carryover to 2015. Add lines 3j and 4c                                                                                       |                             |                                        |                                           |
| 8 Breakdown of line 7                                                                                                                               |                             |                                        |                                           |
| a From 2010. . . . .                                                                                                                                |                             |                                        |                                           |
| b From 2011. . . . .                                                                                                                                |                             |                                        |                                           |
| c From 2012. . . . .                                                                                                                                |                             |                                        |                                           |
| d From 2013. . . . .                                                                                                                                |                             |                                        |                                           |
| e From 2014. . . . .                                                                                                                                |                             |                                        |                                           |

**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 C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (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<br>Sacred Heart Health System Inc | Employer identification number<br>59-0634434 |
|------------------------------------------------------------|----------------------------------------------|

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

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

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

|    |                                                                                         |                                                          |
|----|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1  | Enter the amount of any excise tax incurred by the organization under section 4955      | ▶ \$                                                     |
| 2  | Enter the amount of any excise tax incurred by organization managers under section 4955 | ▶ \$                                                     |
| 3  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made?                                                                  | <input type="checkbox"/> Yes <input type="checkbox"/> 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?                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV |                                                          |

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (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<br>(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><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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) 2011 | (b) 2012 | (c) 2013 | (d) 2014 | (e) Total |
| 2a Lobbying nontaxable amount                                |          |          |          |          |           |
| b Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| c Total lobbying expenditures                                |          |          |          |          |           |
| d Grassroots nontaxable amount                               |          |          |          |          |           |
| e Grassroots ceiling amount<br>(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 to 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)?                                                                                                                                 | Yes |    |         |
| 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?                                                                                                                                  | Yes |    | 6,423   |
| h                                                                                                                         | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?                                                                                                                                    |     | No |         |
| i                                                                                                                         | Other activities?                                                                                                                                                                                                            | Yes |    | 178,580 |
| j                                                                                                                         | Total. Add lines 1c through 1i.                                                                                                                                                                                              |     |    | 185,003 |
| 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<br>DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY | Sacred Heart Health System, Inc. engaged consultants to assist in various lobbying activities pertaining to state and federal health care legislation, including healthcare reform. Staff and consultants wrote letters and met personally with state and local legislators on these matters. Sacred Heart Health System, Inc. does not participate in or intervene in (including the publishing or distributing of statements) any political campaign on behalf of (or in opposition to) any candidate for public office. |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

[illegible]

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

|                                                            |                                                  |
|------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Sacred Heart Health System Inc | Employer identification number<br><br>59-0634434 |
|------------------------------------------------------------|--------------------------------------------------|

Part I

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

|   |                                                                                                                                                                                                                                                                                                                                         |                              |
|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
|   | (a) Donor advised funds                                                                                                                                                                                                                                                                                                                 | (b) Funds and other accounts |
| 1 | Total number at end of year                                                                                                                                                                                                                                                                                                             |                              |
| 2 | Aggregate value of contributions to (during year)                                                                                                                                                                                                                                                                                       |                              |
| 3 | Aggregate value of grants from (during year)                                                                                                                                                                                                                                                                                            |                              |
| 4 | Aggregate value at end of year                                                                                                                                                                                                                                                                                                          |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>                                                            |                              |
| 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

|   |                                                                                                                                          |
|---|------------------------------------------------------------------------------------------------------------------------------------------|
|   | Held at the End of the 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 8/17/06, 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, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

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

(i) Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2014

**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" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 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" to Form 990, Part IV, line 10.

|                                                            | (a)Current year | (b)Prior year | b (c)Two years back | (d)Three years back | (e)Four years back |
|------------------------------------------------------------|-----------------|---------------|---------------------|---------------------|--------------------|
| 1a Beginning of year balance . . . . .                     | 36,642          | 36,149        | 36,833              | 32,833              | 29,420             |
| b Contributions . . . . .                                  |                 | 0             | 0                   | 4,000               | 3,413              |
| c Net investment earnings, gains, and losses               | 0               | 493           | -684                | 0                   | 0                  |
| d Grants or scholarships . . . . .                         |                 | 0             | 0                   |                     |                    |
| e Other expenditures for facilities and programs . . . . . |                 | 0             | 0                   |                     |                    |
| f Administrative expenses . . . . .                        |                 | 0             | 0                   |                     |                    |
| g End of year balance . . . . .                            | 36,642          | 36,642        | 36,149              | 36,833              | 32,833             |

- 2

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

Board designated or quasi-endowment

0 %
- b

Permanent endowment

100 %
- c

Temporarily restricted endowment

0 %
- The percentages in 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
- (i) unrelated organizations . . . . .

3a(i)

☐ Yes

☒ No

(ii) related organizations . . . . .

3a(ii)

☒ Yes

☐ No
- b

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

3b

☒ Yes

☐ No
- 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' to 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 . . . . .                                                                                | 4,702,123                            | 23,522,976                      |                              | 28,225,099     |
| b Buildings . . . . .                                                                            | 15,123,107                           | 410,875,225                     | 219,259,393                  | 206,738,939    |
| c Leasehold improvements . . . . .                                                               |                                      |                                 |                              |                |
| d Equipment . . . . .                                                                            |                                      | 209,952,860                     | 158,615,586                  | 51,337,274     |
| e Other . . . . .                                                                                |                                      | 31,143,064                      | 17,126,138                   | 14,016,926     |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                              | 300,318,238    |



**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|          |                                                                                                         |           |  |
|----------|---------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                      | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12                                      |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .                                                  | <b>2a</b> |  |
| <b>b</b> | Donated services and use of facilities . . . . .                                                        | <b>2b</b> |  |
| <b>c</b> | Recoveries of prior year grants . . . . .                                                               | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                         | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                    | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>                              |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                              | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                             | <b>4c</b> |  |
| <b>5</b> | Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . . | <b>5</b>  |  |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|          |                                                                                                          |           |  |
|----------|----------------------------------------------------------------------------------------------------------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                     | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25                                         |           |  |
| <b>a</b> | Donated services and use of facilities . . . . .                                                         | <b>2a</b> |  |
| <b>b</b> | Prior year adjustments . . . . .                                                                         | <b>2b</b> |  |
| <b>c</b> | Other losses . . . . .                                                                                   | <b>2c</b> |  |
| <b>d</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>2d</b> |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .                                                          | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .                                                     | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                               |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |  |
| <b>b</b> | Other (Describe in Part XIII ) . . . . .                                                                 | <b>4b</b> |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .                                                              | <b>4c</b> |  |
| <b>5</b> | Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . . | <b>5</b>  |  |

**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 | The endowment fund was established for the benefit of Sacred Heart Health System, Inc. with the intended purpose of providing resource materials for parents.                                                                                                                                                                                                                                                                                                                                                                |
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote        | FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE ("THE SYSTEM") (WHICH INCLUDE THE ACTIVITY OF SACRED HEART HEALTH SYSTEM, INC.) THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITION BY APPLYING A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE SYSTEM HAS DETERMINED THAT NO MATERIAL UNRECOGNIZED TAX BENEFITS OR LIABILITIES EXIST AS OF JUNE 30, 2015. |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

[illegible]

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 59-0634434

Name: Sacred Heart Health System Inc

Form 990, Schedule D, Part IX, - Other Assets

| (a) Description                                               | (b) Book value |
|---------------------------------------------------------------|----------------|
| (1) Due from Affiliates                                       | 68,005,394     |
| (2) Interest in Investments Held by Ascension Health Alliance | 166,286,759    |
| (3) Temporarily Restricted Investments                        |                |
| (4) Ascension Deferred Compensation                           | 11,312,510     |
| (5) Other Receivables                                         | 8,374,793      |
| (6) Security Deposits                                         | 397,004        |
| (7) Lease Receivable ST                                       | 52,974         |
| (8) NR Physicians                                             | 1,971,500      |
| (9) Lease Receivable LT                                       | 1,791,572      |
| (10) Invests Property Plant Equipment                         | 4,702,123      |

Form 990, Schedule D, Part X, - Other Liabilities

| 1 (a) Description of Liability                   | (b) Book Value |
|--------------------------------------------------|----------------|
| Intercompany Debt with Ascension Health Alliance | 111,913,277    |
| Deferred Compensation                            | 11,312,510     |
| Due to Affiliates                                | 68,763,316     |
| Retirement Plan Obligation                       | 16,701,680     |
| Self Insurance Trust                             | 5,094,674      |
| Other Liabilities                                | 4,590,586      |
| Third Party Payables                             | 9,569,427      |
| MOB LIABILITY ACCOUNTING OWNERSHIP               | 11,490,074     |
| AR CREDIT BALANCES                               | 4,231,858      |
| Current Portion LTD CDMS                         | 1,398,106      |
| AH Savings Plan Liability                        | 2,993,100      |
| Accrued Sales Use Tax                            | 12,938         |
| Lease Liability LT                               | 1,203,705      |
| Asset Retirement Obligations Liability           | 137,768        |
| Long Term At Risk Compensation                   | 2,638,467      |
| Valuation Allowance                              | 2,220,000      |
| Accrued State Healthcare Tax                     | 164,533        |

SCHEDULE H  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990.  
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Sacred Heart Health System Inc

Employer identification number  
59-0634434

Part I

Financial Assistance and Certain Other Community Benefits at Cost

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |     |    |
|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----|
|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Yes | No  |    |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1a  | Yes |    |
| b  | If "Yes," was it a written policy? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1b  | Yes |    |
| 2  | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year<br><br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities<br><input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |     |    |
| 3  | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year<br><br>a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care<br><br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %<br><br>b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care . . . . .<br><br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %<br><br>c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care | 3a  | Yes |    |
| 4  | Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 4   | Yes |    |
| 5a | Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 5a  | Yes |    |
| b  | If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 5b  | Yes |    |
| c  | If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 5c  |     | No |
| 6a | Did the organization prepare a community benefit report during the tax year? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6a  | Yes |    |
| b  | If "Yes," did the organization make it available to the public? . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6b  |     | No |
|    | Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |     |    |

7

Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs                                             | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|-------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) . . . . .                                           |                                                 |                               | 24,648,630                          |                               | 24,648,630                        | 3 26 %                       |
| b Medicaid (from Worksheet 3, column a) . . . . .                                                     |                                                 |                               | 119,970,904                         | 87,341,963                    | 32,628,941                        | 4 31 %                       |
| c Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .              |                                                 |                               | 0                                   | 0                             | 0                                 | 0 %                          |
| d <b>Total</b> Financial Assistance and Means-Tested Government Programs . . . . .                    | 0                                               | 0                             | 144,619,534                         | 87,341,963                    | 57,277,571                        | 7 57 %                       |
| <b>Other Benefits</b>                                                                                 |                                                 |                               |                                     |                               |                                   |                              |
| e Community health improvement services and community benefit operations (from Worksheet 4) . . . . . |                                                 |                               | 17,083,474                          | 13,178,479                    | 3,904,995                         | 0 52 %                       |
| f Health professions education (from Worksheet 5) . . . . .                                           |                                                 |                               | 794,085                             | 0                             | 794,085                           | 0 10 %                       |
| g Subsidized health services (from Worksheet 6) . . . . .                                             |                                                 |                               | 0                                   | 0                             | 0                                 | 0 %                          |
| h Research (from Worksheet 7) . . . . .                                                               |                                                 |                               | 551,012                             | 221,251                       | 329,761                           | 0 04 %                       |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .                   |                                                 |                               | 356,372                             | 0                             | 356,372                           | 0 05 %                       |
| j <b>Total</b> Other Benefits . . . . .                                                               | 0                                               | 0                             | 18,784,943                          | 13,399,730                    | 5,385,213                         | 0 71 %                       |
| k <b>Total.</b> Add lines 7d and 7j . . . . .                                                         | 0                                               | 0                             | 163,404,477                         | 100,741,693                   | 62,662,784                        | 8 28 %                       |

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

|                                                            | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|------------------------------------------------------------|-------------------------------------------------|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1Physical improvements and housing                         |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 2Economic development                                      |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 3Community support                                         |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 4Environmental improvements                                |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 5Leadership development and training for community members |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 6Coalition building                                        |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 7Community health improvement advocacy                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 8Workforce development                                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 9Other                                                     |                                                 |                               |                                      |                               | 0                                  | 0 %                          |
| 10Total                                                    | 0                                               | 0                             | 0                                    | 0                             | 0                                  | 0 %                          |

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

37,060,929

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

5,525,927

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

244,927,307

6Enter Medicare allowable costs of care relating to payments on line 5.

6

249,035,115

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-4,107,808

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☒ Cost to charge ratio

☐ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|-----------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------|
| 1                  |                                               |                                                  |                                                                                    |                                               |
| 2                  |                                               |                                                  |                                                                                    |                                               |
| 3                  |                                               |                                                  |                                                                                    |                                               |
| 4                  |                                               |                                                  |                                                                                    |                                               |
| 5                  |                                               |                                                  |                                                                                    |                                               |
| 6                  |                                               |                                                  |                                                                                    |                                               |
| 7                  |                                               |                                                  |                                                                                    |                                               |
| 8                  |                                               |                                                  |                                                                                    |                                               |
| 9                  |                                               |                                                  |                                                                                    |                                               |
| 10                 |                                               |                                                  |                                                                                    |                                               |
| 11                 |                                               |                                                  |                                                                                    |                                               |
| 12                 |                                               |                                                  |                                                                                    |                                               |
| 13                 |                                               |                                                  |                                                                                    |                                               |

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)  
How many hospital facilities did the organization operate during the tax year?

4  
Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

|  |                           | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|--|---------------------------|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
|  | See Additional Data Table |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |
|  |                           |                   |                            |                     |                   |                          |                   |             |          |                  |                          |

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A.)

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Yes | No  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| Community Health Needs Assessment                                                                                                                                                                                                                                                                                                                                                                                                                      |     |     |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?                                                                                                                                                                                                                                                                       | 1   | No  |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C                                                                                                                                                                                                                                          | 2   | No  |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12<br>If "Yes," indicate what the CHNA report describes (check all that apply)                                                                                                                                                                                         | 3   | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility                                                                                                                                                                                                                                                                                                                                                    |     |     |
| b <input checked="" type="checkbox"/> Demographics of the community                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community                                                                                                                                                                                                                                                                            |     |     |
| d <input checked="" type="checkbox"/> How data was obtained                                                                                                                                                                                                                                                                                                                                                                                            |     |     |
| e <input checked="" type="checkbox"/> The significant health needs of the community                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups                                                                                                                                                                                                                                                                                          |     |     |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs                                                                                                                                                                                                                                                                                              |     |     |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests                                                                                                                                                                                                                                                                                                                                   |     |     |
| i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs                                                                                                                                                                                                                                                                                                               |     |     |
| j <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                               |     |     |
| 4 Indicate the tax year the hospital facility last conducted a CHNA 20 12                                                                                                                                                                                                                                                                                                                                                                              |     |     |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5   | Yes |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C                                                                                                                                                                                                                                                                                                    | 6a  | Yes |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C                                                                                                                                                                                                                                                                                        | 6b  | Yes |
| 7 Did the hospital facility make its CHNA report widely available to the public?<br>If "Yes," indicate how the CHNA report was made widely available (check all that apply)                                                                                                                                                                                                                                                                            | 7   | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url) http //www.sacred-heart.org/CHNA/                                                                                                                                                                                                                                                                                                                                         |     |     |
| b <input type="checkbox"/> Other website (list url)                                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility                                                                                                                                                                                                                                                                                                                        |     |     |
| d <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                                                                                                    |     |     |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11                                                                                                                                                                                                                                                              | 8   | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 12                                                                                                                                                                                                                                                                                                                                                            |     |     |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?                                                                                                                                                                                                                                                                                                                                                       | 10  | Yes |
| a If "Yes" (list url) http //www.sacred-heart.org/CHNA/                                                                                                                                                                                                                                                                                                                                                                                                |     |     |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?                                                                                                                                                                                                                                                                                                                                           | 10b | No  |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed                                                                                                                                                                                                 |     |     |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?                                                                                                                                                                                                                                                                                                | 12a | No  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?                                                                                                                                                                                                                                                                                                                                                     | 12b |     |
| c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$                                                                                                                                                                                                                                                                                              |     |     |

Part V

Facility Information (continued)

Name of hospital facility or letter of facility reporting group

A

|                                          |                                                                                                                                                                                                                                                                                                | Yes       | No  |
|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>Financial Assistance Policy (FAP)</b> |                                                                                                                                                                                                                                                                                                |           |     |
| <b>13</b>                                | Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP | <b>13</b> | Yes |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0</u> %                                                               |           |     |
| <b>b</b>                                 | <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                   |           |     |
| <b>c</b>                                 | <input type="checkbox"/> Asset level                                                                                                                                                                                                                                                           |           |     |
| <b>d</b>                                 | <input type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                     |           |     |
| <b>e</b>                                 | <input checked="" type="checkbox"/> Insurance status                                                                                                                                                                                                                                           |           |     |
| <b>f</b>                                 | <input checked="" type="checkbox"/> Underinsurance discount                                                                                                                                                                                                                                    |           |     |
| <b>g</b>                                 | <input checked="" type="checkbox"/> Residency                                                                                                                                                                                                                                                  |           |     |
| <b>h</b>                                 | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |           |     |
| <b>14</b>                                | Explained the basis for calculating amounts charged to patients? . . . . .                                                                                                                                                                                                                     | <b>14</b> | Yes |
| <b>15</b>                                | Explained the method for applying for financial assistance? . . . . .                                                                                                                                                                                                                          | <b>15</b> | Yes |
|                                          | If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)                                                                                             |           |     |
| <b>a</b>                                 | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application                                                                                                                                     |           |     |
| <b>b</b>                                 | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application                                                                                                                         |           |     |
| <b>c</b>                                 | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process                                                                                                       |           |     |
| <b>d</b>                                 | <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                            |           |     |
| <b>e</b>                                 | <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                         |           |     |
| <b>16</b>                                | Included measures to publicize the policy within the community served by the hospital facility? . . . . .                                                                                                                                                                                      | <b>16</b> | Yes |
|                                          | If "Yes," indicate how the hospital facility publicized the policy (check all that apply)                                                                                                                                                                                                      |           |     |
| <b>a</b>                                 | <input type="checkbox"/> The FAP was widely available on a website (list url) _____                                                                                                                                                                                                            |           |     |
| <b>b</b>                                 | <input type="checkbox"/> The FAP application form was widely available on a website (list url) _____                                                                                                                                                                                           |           |     |
| <b>c</b>                                 | <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____                                                                                                                                                                                |           |     |
| <b>d</b>                                 | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                           |           |     |
| <b>e</b>                                 | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                          |           |     |
| <b>f</b>                                 | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                               |           |     |
| <b>g</b>                                 | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility                                                                                                                                                             |           |     |
| <b>h</b>                                 | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                   |           |     |
| <b>i</b>                                 | <input checked="" type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                              |           |     |
| <b>Billing and Collections</b>           |                                                                                                                                                                                                                                                                                                |           |     |
| <b>17</b>                                | Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment? . . . . .                   | <b>17</b> | Yes |
| <b>18</b>                                | Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP                                                    |           |     |
| <b>a</b>                                 | <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                                       |           |     |
| <b>b</b>                                 | <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                                         |           |     |
| <b>c</b>                                 | <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                                      |           |     |
| <b>d</b>                                 | <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                                         |           |     |
| <b>e</b>                                 | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                                              |           |     |

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Yes | No  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|
| <div>19</div> <div>Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .</div> <div>If "Yes," check all actions in which the hospital facility or a third party engaged</div> <div><div>a</div><div><input type="checkbox"/></div><div>Reporting to credit agency(ies)</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>Selling an individual's debt to another party</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>Actions that require a legal or judicial process</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other similar actions (describe in Section C)</div></div> <div>20</div> <div>Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)</div> <div><div>a</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy on admission</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy prior to discharge</div></div> <div><div>c</div><div><input checked="" type="checkbox"/></div><div>Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills</div></div> <div><div>d</div><div><input checked="" type="checkbox"/></div><div>Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy</div></div> <div><div>e</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div><div>f</div><div><input type="checkbox"/></div><div>None of these efforts were made</div></div> | 19  | No  |
| <div>Policy Relating to Emergency Medical Care</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |     |
| <div>21</div> <div>Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .</div> <div>If "No," indicate why</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility did not provide care for any emergency medical conditions</div></div> <div><div>b</div><div><input type="checkbox"/></div><div>The hospital facility's policy was not in writing</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 21  | Yes |
| <div>Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |     |
| <div>22</div> <div>Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care</div> <div><div>a</div><div><input type="checkbox"/></div><div>The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged</div></div> <div><div>b</div><div><input checked="" type="checkbox"/></div><div>The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged</div></div> <div><div>c</div><div><input type="checkbox"/></div><div>The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged</div></div> <div><div>d</div><div><input type="checkbox"/></div><div>Other (describe in Section C)</div></div> <div>23</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .</div> <div>If "Yes," explain in Section C</div> <div>24</div> <div>During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .</div> <div>If "Yes," explain in Section C</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 23  | No  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 24  | No  |

Part V

Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

| Form and Line Reference   | Explanation |
|---------------------------|-------------|
| See Additional Data Table |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |
|                           |             |

**Part V**

**Facility Information** *(continued)*

**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **26**

| Name and address                   | Type of Facility (describe) |
|------------------------------------|-----------------------------|
| <b>1</b> See Additional Data Table |                             |
| <b>2</b>                           |                             |
| <b>3</b>                           |                             |
| <b>4</b>                           |                             |
| <b>5</b>                           |                             |
| <b>6</b>                           |                             |
| <b>7</b>                           |                             |
| <b>8</b>                           |                             |
| <b>9</b>                           |                             |
| <b>10</b>                          |                             |

Part VI

Supplemental Information

Provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc )
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

| Form and Line Reference                                                               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | The cost of providing charity care, means tested government programs, and community benefit programs is estimated using internal cost data, and is calculated in compliance with the Catholic Health Association ("CHA") guidelines The organization uses a costing accounting system that addresses all patient segments (for example inpatient, outpatient, emergency room, private insurance, Medicaid, Medicare, uninsured, or self pay) The best available data was used to calculate the amounts reported in the table For the information in the table, a cost-to-charge ratio was calculated and applied |

| Form and Line Reference                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part II Community Building Activities | Part II, Community Building Activities Physical Improvements & Housing SHHS contributed to the construction of Habitat for Humanity homes SHHS participated with a coalition of local agencies including the EscaRosa Coalition on the Homeless and the Alfred-Washburn Center, to developing low-income housing solutions, and provided physical improvements to the dwellings of low-income homeowners |

| Form and Line Reference                                                             | Explanation                                                                                                                                                                                                                    |
|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | Bad debt expense at cost is determined using the same cost to charge ratios that are used to calculate Financial Assistance and Medicaid Shortfall Discounts and allowances are accounted for separately from Bad Debt Expense |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                      |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 3 Bad Debt Expense Methodology | The amount is derived based on an estimated percentage by our business office of charity care that is part of bad debt. We then apply the same cost to charge ratio methodology used for organization's bad debt expense to derive the estimated charity care within the population of bad debt. |

| Form and Line Reference                                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote | FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ASCENSION HEALTH ALLIANCE (WHICH INCLUDE THE ACTIVITY OF SACRED HEART HEALTH SYSTEM, INC ) THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE SYSTEM FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE SYSTEM ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE SYSTEM'S POLICIES THE METHODOLOGY FOR DETERMINING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED WRITE-OFFS ON UNINSURED PATIENT ACCOUNTS HAS REMAINED CONSISTENT WITH THE PRIOR YEAR The Health Ministry has not experienced material changes in write-off trends and has not materially changed its charity care policy in the current fiscal year |

| Form and Line Reference                                                                           | Explanation                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 8<br>Community benefit & methodology for<br>determining medicare costs | Ascension Health and related health ministries follow the Catholic Health Association ("CHA")<br>guidelines for determining community benefit CHA community benefit reporting guidelines suggest<br>that Medicare shortfall not be treated as community benefit The cost to charge ratio method is used<br>in determining the shortfall |

| Form and Line Reference                                                                                 | Explanation                                                                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part III, Line 9b<br>Collection practices for patients<br>eligible for financial assistance | The organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance<br>If a patient qualifies for charity or financial assistance certain collection practices do not apply |

| Form and Line Reference                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 2 Needs assessment | <p>The Comprehensive Community Health Needs Assessment ("CHNA") provides the general public as well as policy leaders with data and information on the health status of the population and existing resources to address health issues. Conducted in collaboration with the Partnership for a Healthy Community (Sacred Heart Hospital in Pensacola), the Walton County Health Improvement Partnership and the Florida Department of Health-Walton County (Sacred Heart Hospital on the Emerald Coast), and the Florida Department of Health-Gulf County (Sacred Heart Hospital on the Gulf) as well as the plans for Sacred Heart Health System to sustain and develop new community benefit programs that address prioritized needs from the study. The community enjoys a rich history of cooperation as Sacred Heart Health System and Baptist Health Care have jointly-sponsored four assessments of Escambia and Santa Rosa Counties in Northwest Florida since 1995. The studies have been widely used by the two competing organizations and many other health care providers in the market area to develop plans for addressing priority health needs. The Partnership study conducted by Florida HealthTrac provides current and trended data on 234 health indicators for Escambia County and 233 for Santa Rosa County. The study reports data at county and zip code levels, and includes comparisons to peer counties in the State of Florida, as well as at the national level. The study also incorporates key demographic and socioeconomic data, and data on lifestyle/behavioral risk factors that impact health status. The assessment tool enables Sacred Heart Health System the ability to track community health needs on an annual basis as it is aggregated from various sources within the State of Florida constantly updated in real time. Studies of Walton and Gulf Counties continue to bear evidence of similar health outcomes as those experienced in Escambia and Santa Rosa Counties. Florida ranks near the bottom nationally for public and preventative health funded outlays. Walton County is designated as a primary care Health Professional Shortage Population and a Medically Underserved Population for low-income persons. Health priorities for Escambia/Santa Rosa include smoking cessation, attaining and maintaining a healthy weight, and access/care navigation. The priorities for Walton County include healthy behaviors, preventative care and health resource awareness. Gulf County priorities include a healthy economy, health and care management resources, and mental health.</p> |

| Form and Line Reference                                                     | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | Financial counselors assist individuals who do not have insurance to qualify for Medicaid, SCHIP, and other programs. Counselors are trained not only in the policy, program and form processes, but also to respond with compassion, understanding and sensitivity toward persons living in poverty. These services are available at established patient encounter locations such as pre-registration, registration, admissions and discharge, or at any other time requested along the continuum of patient care. Further, trained counselors may assist with charity care or discount care based on the patient's personal income, their assets, and the size of their medical services bill. Self-pay patients are granted a 50% discount applied to their total charges. A summary of financial assistance services, policies and programs are found on the health system website, posted predominately in key areas and made available through brochures. A Guide to your Hospital Bill outlines payment and assistance options and it can be found in most areas of the hospital including admitting, emergency department, and diagnostic services. |

| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 4<br>Community information | Sacred Heart Health System provides primary, secondary, and tertiary health care services to residents of the communities we serve. This includes the greater Pensacola MSA consisting of Escambia and Santa Rosa Counties, and Okaloosa, Walton, Bay, Gulf and Franklin Counties in Northwest Florida and Baldwin and Escambia counties in Southwest Alabama. There is special emphasis on service to the poor and those most in need. The system includes the flagship 566 bed medical, surgical acute care hospital in Pensacola, Florida. Housed within the Pensacola facility is the 118 bed Children's Hospital, the only one in Northwest Florida. Sacred Heart Hospital on the Emerald Coast is a 58 bed medical surgical hospital located in Miramar Beach, Florida. Sacred Heart Hospital of the Gulf is a 19 bed medical surgical hospital located in Port St. Joe, FL. In 2013, Sacred Heart Health System entered into a joint venture with LHP Hospital Group, Inc. to operate 323-bed Bay Medical - Sacred Heart located in Panama City, Florida. The regional referral center serves Bay County and surrounding communities. Sacred Heart Health System also provides long-term care and operates a 120 bed long-term care, The Haven of Our Lady of Peace in Pensacola, which is a joint venture with the Methodist Home for the Aging. |

| Form and Line Reference                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 5<br>Promotion of community health | Sacred Heart Health System provides many community benefits such as social services, pastoral care, community meeting space, and health education, all at no charge. SHHS has an open medical staff with privileges available to all qualified physicians in the area. The system is governed by a body of SHHS leaders with independent persons, representative of the community, comprising a majority of the board. It also engages in medical or scientific research programs and in the training and education of health care professionals. Another facility and program that promotes the health of the community includes a Pediatric Medical Clinic. The Seton Center for Obstetrics and Gynecology provides services to low-income women eligible for Medicaid. |

| Form and Line Reference                                   | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part VI, Line 6 Affiliated health care system | <p>Sacred Heart Health System, Inc and subsidiaries (the Health Ministry) is a member of Ascension Health Alliance ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 23 STATES AND THE DISTRICT OF COLUMBIA ASCENSION AND ITS MEMBER ORGANIZATIONS ARE HEREAFTER REFERRED TO COLLECTIVELY AS THE SYSTEM ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE The Health System's principal operations consist of three nonprofit acute care hospitals Sacred Heart Hospital is located in Pensacola, Florida, Sacred Heart Hospital on the Emerald Coast is located in Miramar Beach, Florida, and Sacred Heart Hospital on the Gulf, Located in Port St Joe, Florida A fourth hospital, Bay Medical - Sacred Heart located in Panama City, Florida is a for-profit joint venture with LHP Hospital Group, Inc The Health System also owns and operates other health care related entities, including a long term care nursing facility and a physicians' medical group The Health System provides inpatient, outpatient, and emergency care services for residents of Northwest Florida and Southwest Alabama Admitting physicians are primarily practitioners in the local area The Health System is related to Ascension Health's other sponsored organizations through common control Substantially all expenses of Ascension Health are related to providing health care services THE SYSTEM DIRECTS ITS GOVERNANCE AND MANAGEMENT ACTIVITIES TOWARD STRONG, VIBRANT, CATHOLIC HEALTH MINISTRIES UNITED IN SERVICE AND HEALING, AND DEDICATES ITS RESOURCES TO SPIRITUALLY CENTERED CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES IN ACCORDANCE WITH THE SYSTEM'S MISSION OF SERVICE TO THOSE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY THE SYSTEM USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF PERSONS LIVING IN POVERTY AND COMMUNITY BENEFIT PROGRAMS - TRADITIONAL CHARITY CARE INCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED - UNPAID COST OF PUBLIC PROGRAMS, EXCLUDING MEDICARE, REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COVERED BY PUBLIC PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS - COST OF OTHER PROGRAMS FOR PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS INCLUDES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE PERSONS LIVING IN POVERTY AND OTHER VULNERABLE PERSONS OF THE COMMUNITY, INCLUDING SUBSTANCE ABUSERS, THE HOMELESS, VICTIMS OF CHILD ABUSE, AND PERSONS WITH ACQUIRED IMMUNE DEFICIENCY SYNDROME - COMMUNITY BENEFIT CONSISTS OF THE UNREIMBURSED COSTS OF COMMUNITY BENEFIT PROGRAMS AND SERVICES FOR THE GENERAL COMMUNITY, NOT SOLELY FOR THE PERSONS LIVING IN POVERTY, INCLUDING HEALTH PROMOTION AND EDUCATION, HEALTH CLINICS AND SCREENINGS, AND MEDICAL RESEARCH DISCOUNTS ARE PROVIDED TO ALL UNINSURED PATIENTS, INCLUDING THOSE WITH THE MEANS TO PAY DISCOUNTS PROVIDED TO THOSE PATIENTS WHO DID NOT QUALIFY FOR ASSISTANCE UNDER CHARITY CARE GUIDELINES ARE NOT INCLUDED IN THE COST OF PROVIDING CARE OF PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS THE COST OF PROVIDING CARE TO PERSONS LIVING IN POVERTY AND OTHER COMMUNITY BENEFIT PROGRAMS IS ESTIMATED BY REDUCING CHARGES FORGONE BY A FACTOR DERIVED FROM THE RATIO OF EACH ENTITY'S TOTAL OPERATING EXPENSES TO THE ENTITY'S BILLED CHARGES FOR PATIENT CARE</p> |



## Additional Data

**Software ID:** 14000329

**Software Version:** 2014v1.0

**EIN:** 59-0634434

**Name:** Sacred Heart Health System Inc

### Form 990 Part V Section C Supplemental Information for Part V, Section B.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Schedule H, Part V, Section B, Line 5<br>Facility A, 1 | Facility A, 1 - Sacred Heart Hospital The CHNA process was facilitated by Partnership for a Healthy Community (PFAHC), a nonprofit tax-exempt organization whose mission is to sponsor community health status assessments for the two counties and to support and promote collaborative initiatives that address priority health problems In addition to PFAHC, Sacred Heart Health System, Baptist Health Care ("BHC"), and Escambia Community Clinics ("ECC"), a federally qualified health center, were lead organizations and funders of the CHNA process Senior leadership from Sacred Heart, BHC, Florida Department of Health-Escambia County and the University of West Florida also served as members of a PFAHC workgroup that designed the CHNA process, assimilated the results and provided recommendations to the PFAHC Board of Directors PFAHC's Board of Directors provided oversight and input throughout the development of the assessment and establishment of priority health needs PFAHC board members include health care providers, business, public health, education, community organizations, and advocates who serve minority, low-income and disadvantaged populations A list of the PFAHC Board of Directors is provided in Attachment B of CHNA The results of the assessment were reviewed with the Boards of the four sponsoring organizations In December 2012, a Community Forum was also held to share and discuss the results of the assessment with the public Announcements and invitations to attend the Community Forum were distributed by email from an extensive database that had been developed and used during the previous community health needs assessments conducted by PFAHC, supplemented with additional contacts provided by the sponsoring organizations Local media were also notified and were present at the Community Forum Approximately 75 people representing community constituencies attended the Forum In addition, the Forum was recorded for public viewing on the PFAHC website (www.pfahc.org) A list of organizations represented at the Community Forum is provided in Attachment C of CHNA |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 5<br>Facility A, 2 | Facility A, 2 - Sacred Heart on the Emerald Coast The CHNA process was led by Florida Department of Health - Walton County (WCHD), with active participation by the area's two hospitals, community organizations and private and public agencies which collectively comprise the Walton County Community Health Improvement Partnership (WCHIP) The CHNA process included WCHIP meetings, a community survey, and a Health Summit comprised of Walton County residents and members of the health provider community More than 100 people representing 50 different community agencies and organizations and the general public participated in various meetings throughout the process In addition, 92 Walton County residents completed a community survey to provide information about perceptions of the health of the community, its residents, and the health care system To ensure input from persons with a broad knowledge of the community, email notifications and invitations were sent to more than 270 stakeholders and representatives of the public Meetings were also announced following Florida public notice requirements and sent to media distribution lists, including local radio, newspaper, and television stations |

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| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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| Schedule H, Part V, Section B, Line 5<br>Facility A, 3 | Facility A, 3 - Sacred Heart Hospital on the Gulf The CHNA was led by the Florida Department of Health - Gulf County (GCHD), in collaboration with SHHG, community organizations and agencies from Gulf County, and interested organizations from neighboring Franklin County Key participants included SHHG, Gulf County Emergency Operations Center, Bay, Gulf, and Franklin County Healthy Start Coalitions, Florida Department of Health-Franklin County, Tobacco Prevention Program, Teen Outreach Program, and several faith-based organizations The CHNA process included focus groups, workshops, a community survey, and several forums with Gulf County residents To ensure input from persons with a broad knowledge of the community, notices of all meetings were placed in the local newspaper and through radio advertisement In addition, invitations to meetings and forums where specific organizational input was needed were sent by regular mail, followed by email reminders Notices were also sent to an extensive distribution list of community leaders and the media A total of 346 Gulf County residents completed a Community Health Survey about perceptions of the health of the community, its residents, and the health care system An additional 17 community members participated in focus groups to assess perceptions about health care quality and access A forum of 27 community representatives identified strengths, weaknesses, opportunities, and threats within the Gulf County health care system Finally, the CHNA process concluded with a workshop to identify strategic priorities and goals for health improvement activities The workshop was facilitated by Quad R, a consulting firm experienced in leading community health improvement projects |

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| Form and Line Reference                                | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 5<br>Facility A, 4 | Facility A, 4 - Bay Medical Center The CHNA was facilitated by the Department of Health - Bay County staff and Quad R, LLC, a community health improvement consulting firm Participating agencies included BMC, Gulf Coast Medical Center, Emerald Coast Rehabilitation Hospital, Florida Department of Health, Department of Health-Bay County, Gulf Coast State College, Florida State University-Panama City, University of Florida/IFAS Extension Bay County, Early Learning Coalition of Northwest Florida, Life Management Center, CARE, Second Chance, WeCare- Mullins Pharmacy, Healthy Start, Bay District Schools, Big Bend Health Council, Bridge Care/Youth in Action, Children's Medical Services, City of Panama City Community Redevelopment Agency, Covenant Hospice and Homeless and Hunger Coalition of Northwest Florida The CHNA process included CHTF member interviews, three workshops, and a community survey of Bay County residents To ensure input from persons with a broad knowledge of the community, all meetings were publicly noticed and the community survey was publicized in local newspapers, magazines, television and radio |

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| Form and Line Reference                              | Explanation                                                                                                                                      |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6a Facility A, 1 | Facility A, 1 - Sacred Heart Hospital The needs assessment was conducted with the following additional hospital facilities - Baptist Health Care |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference                              | Explanation                                                  |
|------------------------------------------------------|--------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6a Facility A, 2 | Facility A, 2 - Bay Medical Center Gulf Coast Medical Center |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference                              | Explanation                                                                                                                                                                                                 |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6b Facility A, 1 | Facility A, 1 - Sacred Heart Hospital The needs assessment was conducted with the following organizations other than hospital facilities - Partnership for a Healthy Community - Escambia Community Clinics |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference                              | Explanation                                                                                                                                                |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6b Facility A, 2 | Facility A, 2 - Sacred Heart on the Emerald Coast The needs assessment was conducted in collaboration with the Florida Department of Health -Walton County |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 6b Facility A, 3 | Facility A, 3 - Sacred Heart Hospital on the Gulf The CHNA was led by the Florida Department of Health - Gulf County (GCHD), in collaboration with SHHG, community organizations and agencies from Gulf County, and interested organizations from neighboring Franklin County Key participants included SHHG, Gulf County Emergency Operations Center, Bay, Gulf, and Franklin County Healthy Start Coalitions, Florida Department of Health-Franklin County, Tobacco Prevention Program, Teen Outreach Program, and several faith-based organizations |

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| Form and Line Reference                                | Explanation                                                                                                     |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 7<br>Facility A, 1 | Facility A, 1 - Sacred Heart Hospital Sacred Heart Hospital distributed the CHNA documents at a Community Forum |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference                                | Explanation                                                                                                                             |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 7<br>Facility A, 2 | Facility A, 2 - Sacred Heart on the Emerald Coast Sacred Heart on the Emerald Coast distributed the CHNA documents at a Community Forum |

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| Form and Line Reference                                | Explanation                                                                                                                             |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 7<br>Facility A, 3 | Facility A, 3 - Sacred Heart Hospital on the Gulf Sacred Heart Hospital on the Gulf distributed the CHNA documents at a Community Forum |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

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| Form and Line Reference                                | Explanation                                                                                               |
|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 7<br>Facility A, 4 | Facility A, 4 - Bay Medical Center Bay Medical Center distributed the CHNA documents at a Community Forum |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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| Schedule H, Part V, Section B, Line 11 Facility A, 1 | Facility A, 1 - Sacred Heart Hospital BELOW ARE THE FOUR PRIORITIES THAT WE ARE USING TO ADDRESS THE HEALTH PRIORITIES PRIORITY AREA - TOBACCO USE Effective January 1, 2014, SHHS implemented a tobacco-free hiring policy for all new Associates Applicants are provided detailed information on the policy prior to on-line submission of their employment application Upon receiving an offer for employment and during the routine on-boarding, the applicant is screened for tobacco use If the applicant fails the test, the application offer is rescinded and they will not be eligible to apply for a SHHS position for 12 months Affiliated Contingent Workers have also adopted a tobacco-free hire policies, including TouchPoint (on campus in transportation, food service and environmental services) and three post graduate medical residency programs totaling over 350 employees PRIORITY AREA - HEALTH WEIGHT June 15, 2015 the Children's Hospital received international recognition as a Baby-Friendly birth facility by Baby-Friendly USA As the region's only perinatal center, the Baby-Friendly Breastfeeding policies will have the opportunity to positively influence over 3,400 mothers each year in their decisions about initiation and duration of breastfeeding their child PRIORITY AREA - Improve Awareness of Community Resources - SHHP received an enrollment outreach grant to promote and provide CHIP/Medicaid application assistance across six counties in Northwest Florida Escambia, Franklin, Gulf, Okaloosa, Santa Rosa, and Walton counties - Interface between CareScope and the Northwest Florida 2-1-1 information system operated by United Way was completed to allow safety-net providers to submit referrals for application assistance - The 2-1-1 service refers callers seeking information and assistance to community health and human services The interface between 2-1-1's VisionLink software and CareScope facilitated public self-referral for CHIP/Medicaid application assistance by seamlessly transferring client demographics from the 2-1-1 operator to the Sacred Heart Community Health Workers (CHW) for follow-up - A marketing campaign was implemented with fliers, billboards, posters, and Public Service Announcements (PSAs) plus a direct mail postcards to 5,000 households in low income zip codes The campaign focused on how to apply for CHIP/Medicaid and receive application assistance Once the 2-1-1 VisionLink interface was up and running, 2-1-1 was advertised as the way to call for assistance as well - CHWs attended community events to hand out information about CHIP/Medicaid and inform people about the application assistance program PRIORITY AREA - Improve Awareness TO HEALTH CARE - Diabetes education is featured on weekly BMSH news segment televised on NBC affiliate, WJHG - Diabetes educational materials are being provided at food giveaway - Approximately ten (10) case managers are being trained about community diabetes resources and provided with brochures - In conjunction with Health Dept CHTF representative, presented diabetes management and education program to 30 area physician office managers - Health Dept presented diabetes management and education program to hospitalist director and administration SACRED HEART HOSPITAL OF PENSACOLA IS NOT DIRECTLY INVOLVED IN THE OBESITY PRIORITY BECAUSE THERE IS ALREADY A COMMUNITY COALITION OF PROVIDERS FOCUSED ON CHILDHOOD OBESITY AND THERE ARE OTHER COMMUNITY ASSETS WITH A MISSION OR THE FACILITIES TO IMPROVE PHYSICAL ACTIVITY SACRED HEART HOSPITAL OF PENSACOLA WILL, HOWEVER, CONTINUE TO BE A MEMBER OF THE COMMUNITY GARDEN COALITION AND MAINTAIN A COMMUNITY GARDEN ON ITS CAMPUS TO IMPROVE ACCESS TO HEALTHY FOODS FOR ITS ASSOCIATES AND TO DONATE EXCESS FOODS TO MANNA FOOD PANTRIES FOR THOSE WHO ARE NEEDY |

Form 990 Part V Section C Supplemental Information for Part V, Section B.

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

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| Schedule H, Part V, Section B, Line 11 Facility A, 2 | Facility A, 2 - SACRED HEART ON THE EMERALD COAST BELOW ARE THE FOUR PRIORITIES THAT WE ARE USING TO ADDRESS THE HEALTH PRIORITIES PRIORITY AREA - TOBACCO USE Effective January 1, 2014, SHHS implemented a tobacco-free hiring policy for all new Associates Applicants are provided detailed information on the policy prior to on-line submission of their employment application Upon receiving an offer for employment and during the routine on-boarding, the applicant is screened for tobacco use If the applicant fails the test, the application offer is rescinded and they will not be eligible to apply for a SHHS position for 12 months Affiliated Contingent Workers have also adopted a tobacco-free hire policies, including TouchPoint (on campus in transportation, food service and environmental services) and three post graduate medical residency programs totaling over 350 employees PRIORITY AREA - HEALTH WEIGHT June 15, 2015 the Children's Hospital received international recognition as a Baby-Friendly birth facility by Baby-Friendly USA As the region's only perinatal center, the Baby-Friendly Breastfeeding policies will have the opportunity to positively influence over 3,400 mothers each year in their decisions about initiation and duration of breastfeeding their child PRIORITY AREA - Improve Awareness of Community Resources - SHHP received an enrollment outreach grant to promote and provide CHIP/Medicaid application assistance across six counties in Northwest Florida Escambia, Franklin, Gulf, Okaloosa, Santa Rosa, and Walton counties - Interface between CareScope and the Northwest Florida 2-1-1 information system operated by United Way was completed to allow safety-net providers to submit referrals for application assistance - The 2-1-1 service refers callers seeking information and assistance to community health and human services The interface between 2-1-1's VisionLink software and CareScope facilitated public self-referral for CHIP/Medicaid application assistance by seamlessly transferring client demographics from the 2-1-1 operator to the Sacred Heart Community Health Workers (CHW) for follow-up - A marketing campaign was implemented with fliers, billboards, posters, and Public Service Announcements (PSAs) plus a direct mail postcards to 5,000 households in low income zip codes The campaign focused on how to apply for CHIP/Medicaid and receive application assistance Once the 2-1-1 VisionLink interface was up and running, 2-1-1 was advertised as the way to call for assistance as well - CHWs attended community events to hand out information about CHIP/Medicaid and inform people about the application assistance program PRIORITY AREA - Improve Awareness TO HEALTH CARE - Diabetes education is featured on weekly BMSH news segment televised on NBC affiliate, WJHG - Diabetes educational materials are being provided at food giveaway - Approximately ten (10) case managers are being trained about community diabetes resources and provided with brochures - In conjunction with Health Dept CHTF representative, presented diabetes management and education program to 30 area physician office managers - Health Dept presented diabetes management and education program to hospitalist director and administration SACRED HEART HOSPITAL OF PENSACOLA IS NOT DIRECTLY INVOLVED IN THE OBESITY PRIORITY BECAUSE THERE IS ALREADY A COMMUNITY COALITION OF PROVIDERS FOCUSED ON CHILDHOOD OBESITY AND THERE ARE OTHER COMMUNITY ASSETS WITH A MISSION OR THE FACILITIES TO IMPROVE PHYSICAL ACTIVITY SACRED HEART HOSPITAL OF PENSACOLA WILL, HOWEVER, CONTINUE TO BE A MEMBER OF THE COMMUNITY GARDEN COALITION AND MAINTAIN A COMMUNITY GARDEN ON ITS CAMPUS TO IMPROVE ACCESS TO HEALTHY FOODS FOR ITS ASSOCIATES AND TO DONATE EXCESS FOODS TO MANNA FOOD PANTRIES FOR THOSE WHO ARE NEEDY |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 11 Facility A, 3 | Facility A, 3 - SACRED HEART HOSPITAL ON THE GULF BELOW ARE THE FOUR PRIORITIES THAT WE ARE USING TO ADDRESS THE HEALTH PRIORITIES PRIORITY AREA - TOBACCO USE Effective January 1, 2014, SHHS implemented a tobacco-free hiring policy for all new Associates Applicants are provided detailed information on the policy prior to on-line submission of their employment application Upon receiving an offer for employment and during the routine on-boarding, the applicant is screened for tobacco use If the applicant fails the test, the application offer is rescinded and they will not be eligible to apply for a SHHS position for 12 months Affiliated Contingent Workers have also adopted a tobacco-free hire policies, including TouchPoint (on campus in transportation, food service and environmental services) and three post graduate medical residency programs totaling over 350 employees PRIORITY AREA - HEALTH WEIGHT June 15, 2015 the Children's Hospital received international recognition as a Baby-Friendly birth facility by Baby-Friendly USA As the region's only perinatal center, the Baby-Friendly Breastfeeding policies will have the opportunity to positively influence over 3,400 mothers each year in their decisions about initiation and duration of breastfeeding their child PRIORITY AREA - Improve Awareness of Community Resources - SHHP received an enrollment outreach grant to promote and provide CHIP/Medicaid application assistance across six counties in Northwest Florida Escambia, Franklin, Gulf, Okaloosa, Santa Rosa, and Walton counties - Interface between CareScope and the Northwest Florida 2-1-1 information system operated by United Way was completed to allow safety-net providers to submit referrals for application assistance - The 2-1-1 service refers callers seeking information and assistance to community health and human services The interface between 2-1-1's VisionLink software and CareScope facilitated public self-referral for CHIP/Medicaid application assistance by seamlessly transferring client demographics from the 2-1-1 operator to the Sacred Heart Community Health Workers (CHW) for follow-up - A marketing campaign was implemented with fliers, billboards, posters, and Public Service Announcements (PSAs) plus a direct mail postcards to 5,000 households in low income zip codes The campaign focused on how to apply for CHIP/Medicaid and receive application assistance Once the 2-1-1 VisionLink interface was up and running, 2-1-1 was advertised as the way to call for assistance as well - CHWs attended community events to hand out information about CHIP/Medicaid and inform people about the application assistance program PRIORITY AREA - Improve Awareness TO HEALTH CARE - Diabetes education is featured on weekly BMSH news segment televised on NBC affiliate, WJHG - Diabetes educational materials are being provided at food giveaway - Approximately ten (10) case managers are being trained about community diabetes resources and provided with brochures - In conjunction with Health Dept CHTF representative, presented diabetes management and education program to 30 area physician office managers - Health Dept presented diabetes management and education program to hospitalist director and administration SACRED HEART HOSPITAL OF PENSACOLA IS NOT DIRECTLY INVOLVED IN THE OBESITY PRIORITY BECAUSE THERE IS ALREADY A COMMUNITY COALITION OF PROVIDERS FOCUSED ON CHILDHOOD OBESITY AND THERE ARE OTHER COMMUNITY ASSETS WITH A MISSION OR THE FACILITIES TO IMPROVE PHYSICAL ACTIVITY SACRED HEART HOSPITAL OF PENSACOLA WILL, HOWEVER, CONTINUE TO BE A MEMBER OF THE COMMUNITY GARDEN COALITION AND MAINTAIN A COMMUNITY GARDEN ON ITS CAMPUS TO IMPROVE ACCESS TO HEALTHY FOODS FOR ITS ASSOCIATES AND TO DONATE EXCESS FOODS TO MANNA FOOD PANTRIES FOR THOSE WHO ARE NEEDY |

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 11 Facility A, 4 | Facility A, 4 - BAY MEDICAL CENTER BELOW ARE THE FOUR PRIORITIES THAT WE ARE USING TO ADDRESS THE HEALTH PRIORITIES PRIORITY AREA - TOBACCO USE Effective January 1, 2014, SHHS implemented a tobacco-free hiring policy for all new Associates Applicants are provided detailed information on the policy prior to on-line submission of their employment application Upon receiving an offer for employment and during the routine on-boarding, the applicant is screened for tobacco use If the applicant fails the test, the application offer is rescinded and they will not be eligible to apply for a SHHS position for 12 months Affiliated Contingent Workers have also adopted a tobacco-free hire policies, including TouchPoint (on campus in transportation, food service and environmental services) and three post graduate medical residency programs totaling over 350 employees PRIORITY AREA - HEALTH WEIGHT June 15, 2015 the Children's Hospital received international recognition as a Baby-Friendly birth facility by Baby-Friendly USA As the region's only perinatal center, the Baby-Friendly Breastfeeding policies will have the opportunity to positively influence over 3,400 mothers each year in their decisions about initiation and duration of breastfeeding their child PRIORITY AREA - Improve Awareness of Community Resources - SHHP received an enrollment outreach grant to promote and provide CHIP/Medicaid application assistance across six counties in Northwest Florida Escambia, Franklin, Gulf, Okaloosa, Santa Rosa, and Walton counties - Interface between CareScope and the Northwest Florida 2-1-1 information system operated by United Way was completed to allow safety-net providers to submit referrals for application assistance - The 2-1-1 service refers callers seeking information and assistance to community health and human services The interface between 2-1-1's VisionLink software and CareScope facilitated public self-referral for CHIP/Medicaid application assistance by seamlessly transferring client demographics from the 2-1-1 operator to the Sacred Heart Community Health Workers (CHW) for follow-up - A marketing campaign was implemented with fliers, billboards, posters, and Public Service Announcements (PSAs) plus a direct mail postcards to 5,000 households in low income zip codes The campaign focused on how to apply for CHIP/Medicaid and receive application assistance Once the 2-1-1 VisionLink interface was up and running, 2-1-1 was advertised as the way to call for assistance as well - CHWs attended community events to hand out information about CHIP/Medicaid and inform people about the application assistance program PRIORITY AREA - Improve Awareness TO HEALTH CARE - Diabetes education is featured on weekly BMSH news segment televised on NBC affiliate, WJHG - Diabetes educational materials are being provided at food giveaway - Approximately ten (10) case managers are being trained about community diabetes resources and provided with brochures - In conjunction with Health Dept CHTF representative, presented diabetes management and education program to 30 area physician office managers - Health Dept presented diabetes management and education program to hospitalist director and administration SACRED HEART HOSPITAL OF PENSACOLA IS NOT DIRECTLY INVOLVED IN THE OBESITY PRIORITY BECAUSE THERE IS ALREADY A COMMUNITY COALITION OF PROVIDERS FOCUSED ON CHILDHOOD OBESITY AND THERE ARE OTHER COMMUNITY ASSETS WITH A MISSION OR THE FACILITIES TO IMPROVE PHYSICAL ACTIVITY SACRED HEART HOSPITAL OF PENSACOLA WILL, HOWEVER, CONTINUE TO BE A MEMBER OF THE COMMUNITY GARDEN COALITION AND MAINTAIN A COMMUNITY GARDEN ON ITS CAMPUS TO IMPROVE ACCESS TO HEALTHY FOODS FOR ITS ASSOCIATES AND TO DONATE EXCESS FOODS TO MANNA FOOD PANTRIES FOR THOSE WHO ARE NEEDY |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                              | Explanation                                                                                                                                                                |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16 Facility A, 1 | Facility A, 1 - Sacred Heart Hospital Every billing statement, the Hospital's website, and admission packets include information regarding the financial assistance policy |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                              | Explanation                                                                                                                                                                            |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16 Facility A, 2 | Facility A, 2 - Sacred Heart on the Emerald Coast Every billing statement, the Hospital's website, and admission packets include information regarding the financial assistance policy |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.**Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                              | Explanation                                                                                                                                                                            |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16 Facility A, 3 | Facility A, 3 - Sacred Heart Hospital on the Gulf Every billing statement, the Hospital's website, and admission packets include information regarding the financial assistance policy |

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

| Form and Line Reference                              | Explanation                                                                                                                                                             |
|------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule H, Part V, Section B, Line 16 Facility A, 4 | Facility A, 4 - Bay Medical Center Every billing statement, the Hospital's website, and admission packets include information regarding the financial assistance policy |

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

| Name and address                                                                 | Type of Facility (describe)                             |
|----------------------------------------------------------------------------------|---------------------------------------------------------|
| Sacred Heart Occ Health Strategies<br>6665 Pensacola Blvd<br>Pensacola, FL 32505 | Help employers to gain control over healthcare expenses |
| Sacred Heart Pediatric Care Center<br>1675 Trinity Drive<br>Pensacola, FL 32504  | Help employers to gain control over healthcare expenses |
| Sacred Heart Cardiac Rehab Center<br>1601 Airport Blvd<br>Pensacola, FL 32501    | Help employers to gain control over healthcare expenses |
| Sacred Heart Pulmonary Rehab Center<br>1601 Airport Blvd<br>Pensacola, FL 32501  | Help employers to gain control over healthcare expenses |
| Sacred Heart Seton for OBGYN<br>5045 Carpenters Creek Dr<br>Pensacola, FL 32503  | Help employers to gain control over healthcare expenses |
| Outpatient Laboratories<br>1549 Airport Blvd<br>Pensacola, FL 32504              | Help employers to gain control over healthcare expenses |
| Outpatient Rehabilitation Center<br>4406 N David Hwy<br>Pensacola, FL 32503      | Help employers to gain control over healthcare expenses |
| Sacred Heart Medical Park-Pace<br>3754 Hwy 90<br>Pace, FL 32571                  | Help employers to gain control over healthcare expenses |
| Sacred Heart Medical Park-Airport<br>1549 Airport Blvd<br>Pensacola, FL 32504    | Help employers to gain control over healthcare expenses |
| Sacred Heart Urgent Care<br>6665 Pensacola Blvd<br>Pensacola, FL 32505           | Help employers to gain control over healthcare expenses |
| Laboratory Services<br>5151 N 9th Ave<br>Pensacola, FL 32504                     | Help employers to gain control over healthcare expenses |
| Laboratory Services<br>4511 N Davis Hwy<br>Pensacola, FL 32503                   | Help employers to gain control over healthcare expenses |
| Laboratory Services<br>400 Milestone Blvd<br>Pensacola, FL 32533                 | Help employers to gain control over healthcare expenses |
| Laboratory Services<br>3754 El Rito Drive<br>Pensacola, FL 32407                 | Help employers to gain control over healthcare expenses |
| Laboratory Services<br>Sorrento Road<br>Pensacola, FL 32507                      | Help employers to gain control over healthcare expenses |

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility  
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

| Name and address                                                                  | Type of Facility (describe)                             |
|-----------------------------------------------------------------------------------|---------------------------------------------------------|
| Rehab Center<br>4929 Mobile Hwy<br>Pensacola,FL 32526                             | Help employers to gain control over healthcare expenses |
| Rehab Center<br>3754 Hwy 90<br>Pensacola,FL 32571                                 | Help employers to gain control over healthcare expenses |
| Rehab Center<br>3408 Santa Rosa Dr<br>Pensacola,FL 32563                          | Help employers to gain control over healthcare expenses |
| Rehab Center<br>13137 Sorrento Road<br>Pensacola,FL 32507                         | Help employers to gain control over healthcare expenses |
| Occupational Health Strategies<br>4412 N Davis Hwy<br>Pensacola,FL 32503          | Help employers to gain control over healthcare expenses |
| Ann L Baroco Center for Women's Health<br>5375 N 9th Avenue<br>Pensacola,FL 32504 | Help employers to gain control over healthcare expenses |
| Sacred Heart Pharmacy<br>5149 N 9th Avenue<br>Pensacola,FL 32514                  | Help employers to gain control over healthcare expenses |
| Regional Prenatal Center<br>5153 N 9th Avenue<br>Pensacola,FL 32504               | Help employers to gain control over healthcare expenses |
| Surgical Weight Loss Center<br>5149 N 9th Avenue<br>Pensacola,FL 32514            | Help employers to gain control over healthcare expenses |
| Sacred Heart Cancer Center<br>1545 Airport Blvd<br>Pensacola,FL 31504             | Help employers to gain control over healthcare expenses |
| Pace Surgery Center<br>3754 Hwy 90<br>Pace,FL 32571                               | Help employers to gain control over healthcare expenses |

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Sacred Heart Health System Inc

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public  
Inspection

Employer identification number  
59-0634434

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" to 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 non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------|---------|-------------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|----------------------------------------|------------------------------------|
| See Additional Data Table                          |         |                               |                          |                                   |                                                       |                                        |                                    |

2

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

8

3

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

2

**Part III**

**Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

| Return Reference                                                                         | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Schedule I, Part I, Line 2<br>Description Of Procedure For Monitoring Use Of Grant Funds | All grant funds awarded to Sacred Heart Health System, Inc are monitored and administered by administration leaders in Operations. Operations monitor expenditures to ensure that use of the funds is consistent with the requirements in the applicable award agreement/contract. Sacred Heart Health System, Inc requires that support be maintained for all qualified expenditure of grant funds. Finance meets with Operations on an annual basis before fiscal year end to review their operating budgets for compliance. |
| Schedule I, Part I, Line 2<br>Procedures for monitoring use of grant funds               | All grant funds awarded to Sacred Heart Health System, Inc are monitored and administered by administration leaders in Operations. Operations monitor expenditures to ensure that use of the funds is consistent with the requirements in the applicable award agreement/contract. Sacred Heart Health System, Inc requires that support be maintained for all qualified expenditure of grant funds. Finance meets with Operations on an annual basis before fiscal year end to review their operating budgets for compliance. |

Additional Data

Software ID: 14000329  
Software Version: 2014v1.0  
EIN: 59-0634434  
Name: Sacred Heart Health System Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                       | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Sacred Heart Foundation<br>5151 N 9th Ave<br>Pensacola,FL 32504          | 59-2436597 | 501(c)(3)                          | 625,000                  |                                   |                                                        |                                        | General Purpose                    |
| Escambia Community Clinics<br>Inc2200 N Palafox St<br>Pensacola,FL 32501 | 59-3105246 | 501(c)(3)                          | 545,833                  |                                   |                                                        |                                        | General Purpose                    |
| Pensacola Area Chamber of<br>CommercePO Box 550<br>Pensacola,FL 32591    | 59-0190330 | 501(c)(6)                          | 55,000                   |                                   |                                                        |                                        | General Purpose                    |

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government                                     | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|----------------------------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| American Cancer Society Midwest Division5401 Corporate Woods Dr 100 Pensacola,FL 32504 | 41-0724036 | 501(c)(3)                          | 26,500                   |                                   |                                                        |                                        | General Purpose                    |
| Hope Medical Clinic150 Beach Drive Destin,FL 32541                                     | 26-3811078 | 501(c)(3)                          | 17,250                   |                                   |                                                        |                                        | General Purpose                    |
| Crossroads Center Inc444 Valparaiso Pkwy Ste 203 Valparaiso,FL 32580                   | 20-5518720 | 501(c)(3)                          | 12,500                   |                                   |                                                        |                                        | General Purpose                    |

**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

| <b>(a)</b> Name and address of organization or government                        | <b>(b)</b> EIN | <b>(c)</b> IRC Code section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV , appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|----------------------------------------------------------------------------------|----------------|-------------------------------------------|---------------------------------|------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|-------------------------------------------|
| Florida Medical Association<br>1430 Piedmont Dr Suite E<br>Tallahassee, FL 32308 | 59-0559672     | 501(c)(6)                                 | 10,000                          |                                          |                                                               |                                               | General Purpose                           |
| Pensacola Sports Association<br>PO Box 12463<br>Pensacola, FL 32591              | 59-0767953     | 501(c)(3)                                 | 8,250                           |                                          |                                                               |                                               | General Purpose                           |
| American Heart Association Inc<br>PO Box 4002900<br>Des Moines, IA 50430         | 13-5613797     | 501(c)(3)                                 | 8,000                           |                                          |                                                               |                                               | General Purpose                           |

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

| (a) Name and address of organization or government               | (b) EIN    | (c) IRC Code section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV , appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|------------------------------------------------------------------|------------|------------------------------------|--------------------------|-----------------------------------|--------------------------------------------------------|----------------------------------------|------------------------------------|
| Children In Crisis Inc100 Lukes Way<br>Ft Walton Beach, FL 32547 | 65-1196220 | 501(c)(3)                          | 7,500                    |                                   |                                                        |                                        | General Purpose                    |

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Sacred Heart Health System Inc

Employer identification number  
59-0634434

| Part I                                                                           | Questions Regarding Compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    | Yes | No |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|----|
| 1a                                                                               | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.<br><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div> |    |     |    |
| b                                                                                | If any of the boxes in 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1b |     |    |
| 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 in line 1a?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2  |     |    |
| 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.<br><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>                                                                                                   |    |     |    |
| 4                                                                                | During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |    |     |    |
| a                                                                                | Receive a severance payment or change-of-control payment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 4a | Yes |    |
| b                                                                                | Participate in, or receive payment from, a supplemental nonqualified retirement plan?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4b | Yes |    |
| c                                                                                | Participate in, or receive payment from, an equity-based compensation arrangement?<br>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4c |     | No |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |    |     |    |
| 5                                                                                | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |    |     |    |
| a                                                                                | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5a |     | No |
| b                                                                                | Any related organization?<br>If "Yes," to line 5a or 5b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 5b |     | No |
| 6                                                                                | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |    |     |    |
| a                                                                                | The organization?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 6a |     | No |
| b                                                                                | Any related organization?<br>If "Yes," to line 6a or 6b, describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 6b |     | No |
| 7                                                                                | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 7  |     | No |
| 8                                                                                | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8  |     | No |
| 9                                                                                | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

| (A) Name and Title        | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column(B) reported as deferred in prior Form 990 |
|---------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|----------------------------------------------------------------------|
|                           | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                      |
| See Additional Data Table |                                                    |                                     |                                     |                                                |                         |                                 |                                                                      |

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 3<br>Arrangement used to establish the top management official's compensation | ASCENSION HEALTH, A RELATED ORGANIZATION OF SACRED HEART HEALTH SYSTEM, INC. USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Schedule J, Part I, Line 4a<br>Severance or change-of-control payment                                  | Severance Payments - Dana Bledsoe - \$133,777 - Peter Heckathorn - \$121,690                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Schedule J, Part I, Line 4b<br>Supplemental nonqualified retirement plan                               | Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The following individuals received payment from the supplemental nonqualified retirement plan in the amount as noted: - Kerry Eaton = \$32,669 - Karen Emmanuel = \$34,880 - Roger Hall = \$40,309 - Nina Jeffords = \$29,508 - James Ward = \$27,930 - Roger Poitras = \$19,526 - Susan Davis = \$238,440 - Stephanie J Duggan = \$11,537 - Marius Petruc = \$5,650 - Douglas Ross = \$13,844 - Teresa D. Smith = \$21,425 - Henry Stovall = \$14,919 - Carol Whittington = \$67,415 - Amy Wilson = \$4,477 |

Additional Data

Software ID: 14000329  
Software Version: 2014v1.0  
EIN: 59-0634434  
Name: Sacred Heart Health System Inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title                                                         |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|----------------------------------------------------------------------------|-------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                                                            |             | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| SUSAN L DAVIS RN<br>DIRECTOR,<br>PRESIDENT/CEO                             | (i)<br>(ii) | 878,798<br>0                                       | 1,762,254<br>0                      | 633,617<br>0                        | 16,021<br>0                                    | 41,689<br>0             | 3,332,379<br>0                  | 238,440<br>0                                                          |
| PETER HECKATHORN<br>FORMER EVP SHMG                                        | (i)<br>(ii) | -1,130<br>0                                        | 0<br>0                              | 121,690<br>0                        | 0<br>0                                         | 5,285<br>0              | 125,845<br>0                    | 0<br>0                                                                |
| KERRY EATON<br>CHIEF OPERATING<br>OFFICER                                  | (i)<br>(ii) | 425,399<br>0                                       | 123,840<br>0                        | 40,929<br>0                         | 16,940<br>0                                    | 20,761<br>0             | 627,869<br>0                    | 32,669<br>0                                                           |
| KAREN EMMANUEL<br>GENERAL COUNSEL                                          | (i)<br>(ii) | 294,586<br>0                                       | 38,338<br>0                         | 40,731<br>0                         | 16,900<br>0                                    | 14,210<br>0             | 404,765<br>0                    | 34,880<br>0                                                           |
| C SUSAN CORNEJO<br>CHIEF FINANCIAL<br>OFFICER - SHHS                       | (i)<br>(ii) | 297,666<br>99,222                                  | 27,744<br>9,248                     | 32,885<br>10,962                    | 10,725<br>3,575                                | 16,453<br>5,484         | 385,473<br>128,491              | 0<br>0                                                                |
| ROGER HALL<br>PRESIDENT - SHHEC &<br>SHHG                                  | (i)<br>(ii) | 339,134<br>0                                       | 75,520<br>0                         | 155,426<br>0                        | 15,600<br>0                                    | 24,680<br>0             | 610,360<br>0                    | 40,309<br>0                                                           |
| ROGER POITRAS<br>PRESIDENT - SHMG                                          | (i)<br>(ii) | 313,456<br>0                                       | 115,333<br>0                        | 21,724<br>0                         | 13,964<br>0                                    | 21,326<br>0             | 485,803<br>0                    | 19,526<br>0                                                           |
| HENRY STOVALL<br>PRESIDENT - SHHP                                          | (i)<br>(ii) | 394,196<br>0                                       | 86,400<br>0                         | 22,897<br>0                         | 13,000<br>0                                    | 20,063<br>0             | 536,556<br>0                    | 14,919<br>0                                                           |
| JAMES WARD MD<br>CHIEF MEDICAL OFFICER                                     | (i)<br>(ii) | 369,960<br>0                                       | 81,514<br>0                         | 49,891<br>0                         | 15,600<br>0                                    | 26,755<br>0             | 543,720<br>0                    | 27,930<br>0                                                           |
| CAROL WHITTINGTON<br>VP - HUMAN RESOURCES                                  | (i)<br>(ii) | 332,561<br>0                                       | 73,440<br>0                         | 69,767<br>0                         | 16,900<br>0                                    | 23,902<br>0             | 516,570<br>0                    | 67,415<br>0                                                           |
| DANA N BLEDSOE<br>FORMER EMPLOYEE                                          | (i)<br>(ii) | -5,643<br>0                                        | 0<br>0                              | 297,959<br>0                        | 0<br>0                                         | 17,471<br>0             | 309,787<br>0                    | 0<br>0                                                                |
| DENISE BARTON<br>VP BUSINESS<br>DEVELOPMENT                                | (i)<br>(ii) | 242,353<br>0                                       | 54,000<br>0                         | 143,989<br>0                        | 15,385<br>0                                    | 22,273<br>0             | 478,000<br>0                    | 0<br>0                                                                |
| STEPHANIE J DUGGAN MD<br>CMO SHHP                                          | (i)<br>(ii) | 383,160<br>0                                       | 65,319<br>0                         | 13,877<br>0                         | 13,000<br>0                                    | 21,736<br>0             | 497,092<br>0                    | 11,537<br>0                                                           |
| NINA JEFFORDS<br>COO/CNO                                                   | (i)<br>(ii) | 176,863<br>0                                       | 23,328<br>0                         | 34,794<br>0                         | 12,709<br>0                                    | 14,452<br>0             | 262,146<br>0                    | 29,508<br>0                                                           |
| TERESA D SMITH<br>VP CANCER SERVICES                                       | (i)<br>(ii) | 182,761<br>0                                       | 24,191<br>0                         | 23,348<br>0                         | 11,098<br>0                                    | 19,469<br>0             | 260,867<br>0                    | 21,425<br>0                                                           |
| AMY WILSON<br>CHIEF NURSING OFFICER                                        | (i)<br>(ii) | 208,460<br>0                                       | 25,920<br>0                         | 5,337<br>0                          | 11,004<br>0                                    | 14,314<br>0             | 265,035<br>0                    | 4,477<br>0                                                            |
| MARIUS PETRUC MD<br>CHIEF MEDICAL<br>INFORMATION OFFICER<br>(THRU 5/31/15) | (i)<br>(ii) | 234,622<br>0                                       | 29,204<br>0                         | 7,360<br>0                          | 12,749<br>0                                    | 32,711<br>0             | 316,646<br>0                    | 5,650<br>0                                                            |
| DOUGLAS A ROSS<br>VP, AH & CCO, Gulf Coast<br>Mkt                          | (i)<br>(ii) | 229,421<br>0                                       | 165,346<br>0                        | 17,837<br>0                         | 7,759<br>0                                     | 14,987<br>0             | 435,350<br>0                    | 13,844<br>0                                                           |
| MARK S BOATRIGHT MD<br>PHYSICIAN                                           | (i)<br>(ii) | 342,674<br>0                                       | 551,558<br>0                        | 11,765<br>0                         | 14,300<br>0                                    | 32,746<br>0             | 953,043<br>0                    | 0<br>0                                                                |
| MICHAEL L GOODMAN MD<br>PHYSICIAN                                          | (i)<br>(ii) | 483,849<br>0                                       | 934,240<br>0                        | 6,206<br>0                          | 14,178<br>0                                    | 24,466<br>0             | 1,462,939<br>0                  | 0<br>0                                                                |

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

| (A) Name and Title                | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred in prior Form 990 |
|-----------------------------------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|-----------------------------------------------------------------------|
|                                   | (i) Base Compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |                                                |                         |                                 |                                                                       |
| PAUL A TAMBURRO MD<br>PHYSICIAN   | (i)                                                | 378,433                             | 595,956                             | 2,564                                          | 13,000                  | 23,812                          | 1,013,765                                                             |
|                                   | (ii)                                               | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| HARISH K MALHOTRA MD<br>PHYSICIAN | (i)                                                | 348,971                             | 574,422                             | 6,859                                          | 6,500                   | 17,352                          | 954,104                                                               |
|                                   | (ii)                                               | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |
| JAMES F WATKINS MD<br>PHYSICIAN   | (i)                                                | 342,325                             | 548,879                             | 2,268                                          | 14,300                  | 28,440                          | 936,212                                                               |
|                                   | (ii)                                               | 0                                   | 0                                   | 0                                              | 0                       | 0                               | 0                                                                     |

Schedule L  
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ.

▶Information about Schedule L (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization  
Sacred Heart Health System Inc

Employer identification number  
59-0634434

| <b>Part I Excess Benefit Transactions</b> (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)<br>Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b |                                 |                                                               |                                |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------|--------------------------------|----------------|
| 1                                                                                                                                                                                                                                          | (a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |
|                                                                                                                                                                                                                                            |                                 |                                                               |                                | YesNo          |
|                                                                                                                                                                                                                                            |                                 |                                                               |                                |                |

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$

Part II

Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

| (a) Name of interested person | (b) Relationship with organization | (c) Purpose of loan | (d) Loan to or from the organization? |      | (e) Original principal amount | (f) Balance due | (g) In default? |    | (h) Approved by board or committee? | (i) Written agreement? |    |
|-------------------------------|------------------------------------|---------------------|---------------------------------------|------|-------------------------------|-----------------|-----------------|----|-------------------------------------|------------------------|----|
|                               |                                    |                     | To                                    | From |                               |                 | Yes             | No |                                     | Yes                    | No |
|                               |                                    |                     |                                       |      |                               |                 |                 |    |                                     |                        |    |

Total ▶ \$

| <b>Part III Grants or Assistance Benefiting Interested Persons.</b><br>Complete if the organization answered "Yes" on Form 990, Part IV, line 27. |                                                                 |                          |                        |                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (a) Name of interested person                                                                                                                     | (b) Relationship between interested person and the organization | (c) Amount of assistance | (d) Type of assistance | (e) Purpose of assistance |
|                                                                                                                                                   |                                                                 |                          |                        |                           |

**Part IV**

**Business Transactions Involving Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person                      | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|----------------------------------------------------|-----------------------------------------------------------------|---------------------------|--------------------------------|-----------------------------------------|----|
|                                                    |                                                                 |                           |                                | Yes                                     | No |
| (1) CNM LLC - RICHARD BAKER                        | A BOARD MEMBER AT SHHS IS AN OWNER                              | 398,499                   | BUILDING LEASE                 |                                         | No |
| (2) EMMANUEL SHEPPARD AND CONDON - ROBERT EMMANUEL | A BOARD MEMBER AT SHHS IS A PARTNER                             | 254,561                   | LEGAL SERVICES                 |                                         | No |
| (3) STUDER GROUP - QUINT STUDER                    | A BOARD MEMBER AT SHHS IS AN OWNER                              | 648,474                   | CONSULTING SERVICES            |                                         | No |

**Part V**

**Supplemental Information**  
Provide additional information for responses to questions on Schedule L (see instructions)

| Return Reference                                                       | Explanation                                                                            |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| Schedule L, Part IV BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS | ALL TRANSACTIONS REPORTED ON PART IV ARE REPORTED AT ARMS-LENGTH FOR FAIR MARKET VALUE |

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

|                                                            |                                                  |
|------------------------------------------------------------|--------------------------------------------------|
| Name of the organization<br>Sacred Heart Health System Inc | Employer identification number<br><br>59-0634434 |
|------------------------------------------------------------|--------------------------------------------------|

| Return Reference                                                | Explanation                                                                                                                                                                                                                                                                                                                                                                  |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part IV, Line 20b Explanation of Financial Statements | The activity of Sacred Heart Health System, Inc is reported in the consolidated financial statements of Ascension Health Alliance. No individual audit of Sacred Heart Health System, Inc is completed. Therefore, the attached audited financial statements are of Ascension Health Alliance and Affiliates, which include the activity of Sacred Heart Health System, Inc. |

| Return Reference                                                                         | Explanation                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 2<br>FAMILY/BUSINESS RELATIONSHIPS<br>AMONGST INTERESTED PERSONS | ROBERT EMMANUEL AND KAREN EMANUEL HAVE A FAMILY RELATIONSHIP. MANY OF THE PERSONS LISTED ON PART VII HAVE A "BUSINESS RELATIONSHIP" WITH EACH OTHER BY VIRTUE OF EMPLOYMENT BY SACRED HEART HEALTH SYSTEM, INC. RELATED ENTITIES. |

| Return<br>Reference               | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990,<br>Part VI, Line<br>15a | IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT & CEO, THE PROCESS, PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF SACRED HEART HEALTH SYSTEM, INC , INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE PRESIDENT & CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HER COMPENSATION WAS DECIDED |

| Return Reference                                             | Explanation                                                                      |
|--------------------------------------------------------------|----------------------------------------------------------------------------------|
| Form 990, Part VI, Line 6 Classes of members or stockholders | Sacred Heart Health System, Inc. has a single corporate member, Ascension Health |

| Return Reference                                                                      | Explanation                                                                                                                                                                    |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | Sacred Heart Health System, Inc has a single corporate member, Ascension Health, who has the ability to elect members to the governing body of Sacred Heart Health System, Inc |

| Return Reference                                                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 7b<br>Decisions requiring approval by members or stockholders | Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix. |

| Return Reference                                                       | Explanation                                                                                                                                                                                                                                                                             |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 11b<br>Review of form 990 by<br>governing body | Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions. |

| Return<br>Reference                                        | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 12c<br>Conflict of interest policy | <p>The organization regularly and consistently monitors and enforces compliance with the Conflict of Interest Policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the Conflict of Interest Policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax-exempt purpose.</p> |

| Return Reference                                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | In determining compensation of other officers and key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The Compensation Committee and the Board of Directors reviewed and approved the compensation. In the review of the compensation, the other officers and key employees of the organization were compared to individuals at other similar organizations in the region and nationally that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individuals were not present when their compensation was decided. |

| Return Reference                                                      | Explanation                                                                        |
|-----------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Form 990, Part VI, Line 19 Required documents available to the public | The organization will provide any documents open to public inspection upon request |

| Return Reference                                                       | Explanation                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VII, Section B, Line 1 Independent Contractor Reporting | Compensation of independent contractors is paid by and reported on the Form 1096, Annual Summary and Transmittal of U S Information Returns, of Ascension Health EIN 31-1662309 Expenses are allocated to and reimbursed by the filing organization to Ascension Health As such, the organization has not reported independent contractors paid on Form 990, Part VII, Section B |

| Return Reference                                             | Explanation                                                                                                                                                           |
|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part VIII, Line 11d Other<br>Miscellaneous Revenue | Misc - Total Revenue 5154133, Related or Exempt Function Revenue , Unrelated Business Revenue ,<br>Revenue Excluded from Tax Under Sections 512, 513, or 514 5154133, |

| Return<br>Reference                          | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part<br>IX, Line 11g<br>Other Fees | AHIS - Total Expense 2452241, Program Service Expense , Management and General Expenses 2452241, Fundraising Expenses , Trimedx - Total Expense 8626858, Program Service Expense 145463, Management and General Expenses 8481395, Fundraising Expenses , Dietary - Total Expense 8026440, Program Service Expense 558470, Management and General Expenses 7467970, Fundraising Expenses , Other - Total Expense 55369170, Program Service Expense 24702310, Management and General Expenses 30666860, Fundraising Expenses , |

| Return Reference                                                       | Explanation                                                                                                                                              |
|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Deferred Pension Cost - -14249138, Transfer to/from affiliates - -10832544, Temporary Fund donation - 3069516, Other changes in fund balance - -7633247, |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization  
Sacred Heart Health System Inc

Employer identification number  
59-0634434

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |                                                  |                     |                           |                                  |
|--------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                                      | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
| (1) Northwest Florida Health Partners LLC<br>5151 N 9th Avenue<br>Pensacola, FL 32504<br>59-0634434                      | Health Partners         | FL                                               | -505,618            | 0                         | Sacred Heart Health System Inc   |

| 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)<br>Name, address, and EIN of related organization                                                                                                                                                                 | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|                                                                                                                                                                                                                       |                         |                                                  |                            |                                                     |                                  | Yes                                          | No |
| (1) ASCENSION HEALTH ALLIANCE<br>PO BOX 45998<br><br>ST LOUIS, MO 45998<br>45-3358926                                                                                                                                 | NATIONAL HEALTH SYSTEM  | MO                                               | 501(c)(3                   | Type I                                              | NA                               |                                              | No |
| (2) ASCENSION HEALTH<br>PO BOX 45998<br><br>ST LOUIS, MO 63145<br>31-1662309                                                                                                                                          | NATIONAL HEALTH SYSTEM  | MO                                               | 501(c)(3                   | Type I                                              | ASCENSION HEALTH ALLIANCE        |                                              | No |
| (3) HAVEN OF OUR LADY OF PEACE INC<br>5151 N 9TH AVE<br><br>PENSACOLA, FL 32504<br>59-3620346                                                                                                                         | NURSING HOME            | FL                                               | 501(c)(3                   | 9                                                   | SACRED HEART HEALTH SYSTEM INC   | Yes                                          |    |
| (4) SACRED HEART FOUNDATION INC<br>5151 N 9TH AVE<br><br>PENSACOLA, FL 32504<br>59-2436597                                                                                                                            | FOUNDATION              | FL                                               | 501(c)(3                   | 7                                                   | SACRED HEART HEALTH SYSTEM INC   | Yes                                          |    |
| (5) SACRED HEART HEALTH VENTURES INC<br>5151 N 9TH AVE<br><br>PENSACOLA, FL 32504<br>57-1183283                                                                                                                       | INVESTMENT              | FL                                               | 501(c)(3                   | Type I                                              | SACRED HEART HEALTH SYSTEM INC   | 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)<br>Name, address, and EIN of<br>related organization                                                                | (b)<br>Primary activity           | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity  | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of end-<br>of-year<br>assets | (h)<br>Disproporionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------|----------------------------------------|----|----------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                         |                                   |                                                              |                                         |                                                                                                            |                                 |                                           | Yes                                    | No |                                                                            | Yes                                       | No |                                |
| (1) INTERVENTIONAL REHABILITATION<br>CENTER LLC<br><br>1549 AIRPORT BLVD SUITE 420<br>PENSACOLA, FL 32503<br>59-3673361 | MEDICAL SERVICES                  | FL                                                           | NA                                      | N/A                                                                                                        |                                 |                                           |                                        |    |                                                                            |                                           |    |                                |
| (2) PET LLC<br><br>5149 NORTH 9TH AVE SUITE 124<br>PENSACOLA, FL 32504<br>59-3788701                                    | MEDICAL SERVICES                  | FL                                                           | NA                                      | N/A                                                                                                        |                                 |                                           |                                        |    |                                                                            |                                           |    |                                |
| (3) ENDOSCOPY GROUP LLC<br><br>4810 NORTH DAVIS HIGHWAY<br>PENSACOLA, FL 32503<br>59-3519881                            | MEDICAL SERVICES                  | FL                                                           | NA                                      | N/A                                                                                                        |                                 |                                           |                                        |    |                                                                            |                                           |    |                                |
| (4) GULF REGION RADIATION ONCOLOGY<br>MSO LLC<br><br>5147 N 9TH AVE<br>PENSACOLA, FL 32504<br>26-1353083                | MEDICAL<br>MANAGEMENT<br>SERVICES | FL                                                           | SACRED<br>HEART<br>HEALTH<br>SYSTEM INC | Related                                                                                                    | 473,887                         | 7,675,944                                 |                                        | No |                                                                            |                                           | No | 51 %                           |

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)<br>Name, address, and EIN of<br>related organization                                        | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity  | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|-------------------------------------------------------------------------------------------------|-------------------------|-----------------------------------------------------------|--------------------------------------|--------------------------------------------------------|---------------------------------|-------------------------------------------|--------------------------------|--------------------------------------------------------|----|
|                                                                                                 |                         |                                                           |                                      |                                                        |                                 |                                           |                                | Yes                                                    | No |
| (1) GULF COAST<br>DIVERSIFIED<br><br>5154 NORTH 9TH AVENUE<br>PENSACOLA, FL 32507<br>59-2432798 | INVESTMENT              | FL                                                        | SACRED HEART<br>HEALTH SYSTEM<br>INC | C Corporation                                          | 3,096,400                       | 16,792,734                                | 100 %                          | Yes                                                    |    |

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

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

Yes

1s

Yes

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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) Sacred Heart Foundation Inc     | S                                | 3,169,300              | Cost                                         |
| (2) Sacred Heart Foundation Inc     | Q                                | 303,462                | Cost                                         |
| (3) Haven of Our Lady of Peace Inc  | L                                | 230,149                | Cost                                         |
| (4) Haven of Our Lady of Peace Inc  | O                                | 8,335,768              | Cost                                         |
| (5) Ascension Health                | R                                | 12,631,114             | Cost                                         |
| (6) Sacred Heart Foundation Inc     | B                                | 625,000                | COST                                         |

Schedule R (Form 990) 2014

**Part VI** **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.  
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

| (a)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|-----------------------------------------|-------------------------|--------------------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------|----|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
|                                         |                         |                                                  |                                                                                          | Yes                                                      | No |                              |                                    | Yes                                  | No |                                                                | Yes                                 | No |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |
|                                         |                         |                                                  |                                                                                          |                                                          |    |                              |                                    |                                      |    |                                                                |                                     |    |                             |

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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

Additional Data

Software ID: 14000329

Software Version: 2014v1.0

EIN: 59-0634434

Name: Sacred Heart Health System Inc

Form 990, Schedule R, Part V - Transactions With Related Organizations

| (a)<br>Name of related organization | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|-------------------------------------|---------------------------------|------------------------|-------------------------------------------------|
| Sacred Heart Foundation Inc         | S                               | 3,169,300              | Cost                                            |
| Sacred Heart Foundation Inc         | Q                               | 303,462                | Cost                                            |
| Haven of Our Lady of Peace Inc      | L                               | 230,149                | Cost                                            |
| Haven of Our Lady of Peace Inc      | O                               | 8,335,768              | Cost                                            |
| Ascension Health                    | R                               | 12,631,114             | Cost                                            |
| Sacred Heart Foundation Inc         | B                               | 625,000                | COST                                            |