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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning 07-01-2017 , and ending 06-30-2018

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)

5151 North 9th Avenue

Room/suite

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

Pensacola, FL 325048721

F Name and address of principal officer

J Henry Stovall III

5151 North 9th Avenue

Pensacola, FL 325048721

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

H(c) Group exemption number

0928

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

[https://healthcare.ascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola](#)

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1915

M State of legal domicile

FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

To improve the health and well-being of all people in the communities we serve

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	6,189
6	Total number of volunteers (estimate if necessary)	480
7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,081,219
7b	Net unrelated business taxable income from Form 990-T, line 34	778,205

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,751,5064,755,934
9	Program service revenue (Part VIII, line 2g)	858,368,184879,253,852
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	496,539-80,287
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,603,39820,299,260
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	877,219,627904,228,759

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	750,7132,861,355
14	Benefits paid to or for members (Part IX, column (A), line 4)	00
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	399,109,820412,801,797
16a	Professional fundraising fees (Part IX, column (A), line 11e)	00
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	454,341,215483,958,146
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	854,201,748899,621,298
19	Revenue less expenses Subtract line 18 from line 12	23,017,8794,607,461

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	573,659,748619,036,592
21	Total liabilities (Part X, line 26)	366,463,683346,038,761
22	Net assets or fund balances Subtract line 21 from line 20	207,196,065272,997,831

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

Tonya Mershon Tax Officer

Type or print name and title

2019-05-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Samantha Bokori

Preparer's signature

Samantha Bokori

Date

Check ☐ if self-employed

PTIN P01057347

Firm's name ▶ Deloitte Tax LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 Monument Circle Suite 4200

Phone no (317) 464-8600

Indianapolis, IN 462045108

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 (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

Our Mission as part of a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 631,487,223 including grants of \$ 2,861,355) (Revenue \$ 881,626,063)
See Additional Data

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

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

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

4e Total program service expenses ▶ 631,487,223

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	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? Note. All Form 990 filers are required to complete Schedule O	38 Yes	

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	636
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	6,189
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	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)?	4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ 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?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
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?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	Yes
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	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?	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?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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.		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
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.	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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.	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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.		No
b	Other officers or key employees of the organization.	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?	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?	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.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

► SARA OBRIEN 11775 BORMAN DRIVE MARYLAND HEIGHTS, MO 63146 (314) 733-8070

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

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

[illegible]

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								12,840,170	13,959,783	921,198

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 ▶ 457

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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) Name and business address	(B) Description of services	(C) Compensation
HOAR CONSTRUCTION LLC 2 METROPLEX DR STE 400 BIRMINGHAM, AL 352096877	CONSTRUCTION SERVICES	8,186,651
PENSACOLA LUNG GROUP MDS PA 4700 BAYOU BLVD SUITE 6 PENSACOLA, FL 325031901	MEDICAL SERVICES	3,497,445
AMS SACRED HEART LLC 4901 GRANDE DRIVE PENSACOLA, FL 32504	ANESTHESIA SERVICES	2,933,331
ARUP LABORATORIES 500 S CHIPETA WAY SALT LAKE CITY, UT 841081221	LABORATORY SERVICES	1,949,914
OB HOSPITALIST GROUP LLC 10 CENTIMETERS DR MAULDIN, SC 296623278	MEDICAL SERVICES	1,576,690

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 ▶ 84

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☒

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c				
	d Related organizations	1d	2,062,221			
	e Government grants (contributions)	1e	2,551,537			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	142,176			
	g Noncash contributions included in lines 1a-1f \$ <u>57,300</u>					
	h Total. Add lines 1a-1f ▶		4,755,934			
Program Service Revenue			Business Code			
	2a Net Patient Service Revenue		621990	852,116,189	850,772,109	1,344,080
	b Services to Affiliates		561000	10,534,752	10,534,752	
	c Pharmacy Revenue		446110	11,558,651	11,558,651	
	d Shared Savings Revenue		900099	3,492,779	3,492,779	
	e State Program Revenue		900099	544,983	544,983	
	f All other program service revenue			1,006,498	1,006,498	0
	g Total. Add lines 2a-2f ▶		879,253,852			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		613,389			613,389
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		3,295,275				
	b Less rental expenses	1,187,087				
	c Rental income or (loss)	2,108,188 0				
	d Net rental income or (loss) ▶		2,108,188			2,108,188
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			0			
	b Less cost or other basis and sales expenses		693,676			
	c Gain or (loss)	0 -693,676				
	d Net gain or (loss) ▶		-693,676			-693,676
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events . . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
c Net income or (loss) from gaming activities . . . ▶						
10a Gross sales of inventory, less returns and allowances . . . a						
	0					
b Less cost of goods sold . . . b	0					
c Net income or (loss) from sales of inventory . . . ▶						
Miscellaneous Revenue Business Code						
11a Cafeteria/Vending Revenue	722514	3,252,292			3,252,292	
b Residency	900099	3,302,361	3,302,361			
c BP Settlement	900099	8,876,725			8,876,725	
d All other revenue		2,759,694	413,930	737,139	1,608,625	
e Total. Add lines 11a-11d ▶		18,191,072				
12 Total revenue. See Instructions ▶		904,228,759	881,626,063	2,081,219	15,765,543	

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 ☐

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,861,355	2,861,355		
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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	7,810,343	6,759,429	1,050,914	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	333,460,443	307,454,816	26,005,627	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	14,559,519	13,424,064	1,135,455	
9 Other employee benefits.	36,137,564	33,319,299	2,818,265	
10 Payroll taxes.	20,833,928	19,184,385	1,649,543	
11 Fees for services (non-employees):				
a Management.	720,675	9,850	710,825	
b Legal.	325,680		325,680	
c Accounting.	95,515		95,515	
d Lobbying.	29,002		29,002	
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).	29,716,119	14,637,511	15,078,608	0
12 Advertising and promotion.	849,424	269,334	580,090	
13 Office expenses.	5,379,398	1,730,742	3,648,656	
14 Information technology.	554,857	157,850	397,007	
15 Royalties.				
16 Occupancy.	20,468,055	592,641	19,875,414	
17 Travel.	1,876,769	1,157,284	719,485	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	880,777	584,102	296,675	
20 Interest.	4,157,023	14,360	4,142,663	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	29,032,279	12,336,645	16,695,634	
23 Insurance.	9,113,888	2,416,314	6,697,574	
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	166,505,267	164,832,168	1,673,099	
b PURCHASED SERVICES	94,063,371	20,567,062	73,496,309	
c MANAGEMENT FEE TO AFFILIATE	82,828,124	30,895	82,797,229	
d UBI Tax Expense	179,171	40,259	138,912	
e All other expenses	37,182,752	29,106,858	8,075,894	0
25 Total functional expenses. Add lines 1 through 24e.	899,621,298	631,487,223	268,134,075	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		23,420	1	24,814
	2	Savings and temporary cash investments		3,209,245	2	4,219,204
	3	Pledges and grants receivable, net		492,040	3	543,274
	4	Accounts receivable, net		118,746,033	4	131,763,308
	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	0
	7	Notes and loans receivable, net		262,754	7	12,836,979
	8	Inventories for sale or use		17,328,450	8	17,461,510
	9	Prepaid expenses and deferred charges		2,346,209	9	1,962,810
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a 784,624,960			
	b	Less: accumulated depreciation	10b 437,718,503	307,278,069	10c	346,906,457
	11	Investments—publicly traded securities			11	
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		30,235,914	14	40,269,372
	15	Other assets. See Part IV, line 11		93,737,614	15	63,048,864
16	Total assets. Add lines 1 through 15 (must equal line 34)		573,659,748	16	619,036,592	
Liabilities	17	Accounts payable and accrued expenses		58,861,916	17	58,316,405
	18	Grants payable			18	
	19	Deferred revenue		1,213,892	19	641,190
	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	0
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		306,387,875	25	287,081,166
	26	Total liabilities. Add lines 17 through 25		366,463,683	26	346,038,761
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		207,196,065	27	272,997,831
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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		207,196,065	33	272,997,831	
34	Total liabilities and net assets/fund balances		573,659,748	34	619,036,592	

Part XI Reconciliation of Net AssetsCheck 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	904,228,759
2	Total expenses (must equal Part IX, column (A), line 25)	2	899,621,298
3	Revenue less expenses Subtract line 2 from line 1	3	4,607,461
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	207,196,065
5	Net unrealized gains (losses) on investments	5	
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	61,194,305
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	272,997,831

Part XII Financial Statements and ReportingCheck 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 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 59-0634434
Name: Sacred Heart Health System Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

Sacred Heart Health System, Inc is a 566-bed hospital campus providing services without regard to patient race, creed, national origin, economic status, or ability to pay. During fiscal year 2018, Sacred Heart Health System, Inc treated 31,057 adults and children for a total of 141,449 patient days of service. The hospital also provided services for 1,510,313 outpatient visits, which included 18,334 outpatient surgeries and 147,802 Emergency Room Visits. See Schedule H for a non-exhaustive list of community benefit programs and descriptions.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN L DAVIS RN	0 0									
DIRECTOR, PRESIDENT/CEO (END 4/2018)	 50 0	X		X				0	10,276,391	35,873
QUINT STUDER	1 0									
CHAIRMAN	 0	X		X				0	0	0
DAVID SANSING	1 0									
VICE-CHAIRMAN	 0	X		X				0	0	0
RICHARD R BAKER	1 0									
SECRETARY/TREASURER	 0	X		X				0	0	0
DEBBIE CALDER	1 0									
DIRECTOR (END 8/2017)	 0	X						0	0	0
SISTER MARY JEAN DOYLE	1 0									
DIRECTOR	 0	X						0	0	0
SISTER NORA GATTO DC	1 0									
DIRECTOR (END 7/2017)	 0	X						0	0	0
KEVIN JOSEPH MD	1 0									
DIRECTOR (START 1/2018)	 0	X						0	0	0
MICHAEL MURDOCH MD	1 0									
DIRECTOR (START 1/2018)	 0	X						0	0	0
ALAN NICKELSEN	1 0									
DIRECTOR	 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WL SPIDER NYLAND	10	X						0	0	0
DIRECTOR	0									
SISTER LOIS O'MALLEY CSJ	10	X						0	0	0
DIRECTOR	0									
AMIE REMINGTON	10	X						0	0	0
DIRECTOR (START 7/2017)	0									
KRISTINE RUSHING	10	X						0	0	0
DIRECTOR (START 1/2018)	0									
ANTONIO TERRY	10	X						0	0	0
DIRECTOR	0									
MATTHEW VINSON	10	X						0	0	0
DIRECTOR (START 1/2018)	0									
ANGIE WATSON	10	X						0	0	0
DIRECTOR (START 1/2018)	0									
BERNARD YATES	10	X						0	0	0
DIRECTOR (START 1/2018)	0									
C SUSAN CORNEJO	70			X				37,316	666,356	37,265
CHIEF FINANCIAL OFFICER - SHHS	430									
KERRY EATON	480			X				812,404	0	32,759
CHIEF OPERATING OFFICER (END 10/2017)	20									

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KAREN EMMANUEL	40 0									
GENERAL COUNSEL/CORPORATE COMPLIANCE OFFICER (END 12/2017)	1 0			X				0	918,212	24,700
J HENRY STOVALL III	49 0									
PRESIDENT, SHHS (START 1/2018)	1 0			X				726,763	0	34,111
MICHELLE ADAMOLEKUN	11 0									
VP HR-MINISTRY MKT GULF COAST-JAX-BIR	44 0				X			0	429,273	36,215
ROGER HALL	40 0									
PRESIDENT - SHHEC & SHHG	0				X			601,349	0	35,139
JOHN HALSTEAD	40 0									
CHIEF MISSION INTEGRATION OFFICER	0				X			429,979	0	30,965
NINA JEFFORDS	40 0									
CNO - GULF COAST HEALTH SYSTEM	0				X			357,970	0	26,427
PETER J JENNINGS	40 0									
CHIEF MEDICAL OFFICER	0				X			475,673	0	37,509
JULES KARIHER	40 0									
CHIEF ADVOCACY OFFICER	0				X			210,547	0	11,090
STEPHEN R MAYFIELD	40 0									
CHIEF QUALITY OFFICER	0				X			211,829	0	19,614
ROBERT MURPHY	48 0									
PRES-ADMIN AMG GULF COAST MARKET	2 0				X			430,280	0	39,241

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
GARY PABLO MD	40 0									
CMO, SHHEC & SHHG	 0				X			507,602	0	35,501
ROGER A POITRAS JR	40 0									
CHIEF STRATEGY OFFICER	 0				X			612,785	0	37,840
DAVID G POWELL	40 0									
CHIEF RESOURCE OFFICER	 0 0				X			0	339,597	36,025
DOUGLAS A ROSS	40 0									
SVP CLINICAL INTEGRATION	 0				X			1,058,183	0	41,806
MORRIS SIMHACHALAM MD	40 0									
CMO	 0				X			559,164	0	44,162
TERESA D SMITH	40 0									
COO	 0				X			315,409	0	24,718
AMY D WILSON	0 0									
CNO (END 1/2017)	 50 0				X			8,533	403,291	33,296
ROHIT R AMIN MD	50 0									
PHYSICIAN	 0					X		924,526	0	38,972
MARK S BOATRIGHT MD	50 0									
PHYSICIAN	 0					X		1,039,006	0	47,633
SAMUEL DEMETRIOS CRITIDES MD	50 0									
PHYSICIAN	 0					X		1,150,260	0	44,307

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KURT L MORRISON DO PHYSICIAN	50 0 0					X		1,025,961	0	50,941
JUAN FELIX RONDEROS MD PHYSICIAN	50 0 0					X		1,208,950	0	41,766
DENISE BARTON FORMER KEY EMPLOYEE (END 12/2015)	0 0 0 0						X	135,682	0	1,061
CAROL C WHITTINGTON FORMER OFFICER (END 6/2015)	0 0 50 0						X	0	926,663	42,262

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Sacred Heart Health System Inc

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.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

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 12, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)
(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
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)2013	(b)2014	(c)2015	(d)2016	(e)2017	(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 2017 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2016 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described 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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (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 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 59-0634434
Name: Sacred Heart Health System Inc

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

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.

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization Sacred Heart Health System Inc	Employer identification number 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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$
- 3** Volunteer hours for political campaign activities (see instructions) ▶

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

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

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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?

☐ Yes ☐ 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	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		15,565
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		13,437
j	Total. Add lines 1c through 1i			29,002
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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	SACRED HEART HEALTH SYSTEM, INC. ENGAGED CONSULTANTS TO ASSIST IN VARIOUS LOBBYING ACTIVITIES PERTAINING TO STATE AND FEDERAL HEALTH CARE LEGISLATION, INCLUDING HEALTH CARE REFORM. STAFF AND CONSULTANTS WROTE LETTERS AND MET PERSONALLY WITH STATE AND LOCAL LEGISLATORS ON THESE MATTERS. LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING. 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.
Schedule C, Part II-B, Line 1 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 HEALTH CARE REFORM. STAFF AND CONSULTANTS WROTE LETTERS AND MET PERSONALLY WITH STATE AND LOCAL LEGISLATORS ON THESE MATTERS. LOBBYING EXPENSES REPRESENT THE PORTION OF DUES PAID TO NATIONAL AND STATE HOSPITAL ASSOCIATIONS THAT IS SPECIFICALLY ALLOCABLE TO LOBBYING. 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.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Sacred Heart Health System Inc

Employer identification number
59-0634434

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
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?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under 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

1b 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 on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X

► \$
► \$

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

a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

► \$
► \$

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

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" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	36,642	36,642	36,642	36,642	36,149
b Contributions	0	0	0	0	0
c Net investment earnings, gains, and losses	0	0	0	0	493
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	0	0	0	0	0
f Administrative expenses	0	0	0	0	0
g End of year balance	36,642	36,642	36,642	36,642	36,642

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

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,700,423	27,268,031		31,968,454
b Buildings	11,231,494	406,614,873	249,803,713	168,042,654
c Leasehold improvements		3,327,466	1,846,000	1,481,466
d Equipment		199,068,972	167,234,863	31,834,109
e Other		132,413,701	18,833,927	113,579,774
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				346,906,457

Part VII

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

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

Part VIII

Investments—Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) Physician Receivables	
(2) Rent Receivable	2,105,730
(3) Due from Affiliates	38,882,173
(4) Other Receivables	10,542,352
(5) Deferred Compensation/Retirement/Pension Asset	
(6) Security Deposit	430,694
(7) Estimated 3rd Party Payor Settlements	9,054,088
(8) Provider Tax	2,033,827
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	63,048,864

Part X

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	287,081,166

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

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

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

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

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

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

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

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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 59-0634434
Name: Sacred Heart Health System Inc

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

(a) Description	(b) Book value
Physician Receivables	
Rent Receivable	2,105,730
Due from Affiliates	38,882,173
Other Receivables	10,542,352
Deferred Compensation/Retirement/Pension Asset	
Security Deposit	430,694
Estimated 3rd Party Payor Settlements	9,054,088
Provider Tax	2,033,827

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

1	(a) Description of Liability	(b) Book Value
	Other Noncurrent Liabilities	10,321,960
	Liability Receivable Sold with Recourse	5,277,262
	Intercompany Debt	
	Due to Affiliates	149,862,592
	Deferred Compensation/Retirement/Pension Liability	
	Savings Plan Liability	
	Estimated 3rd Party Payor Settlement	8,420,816
	Recovery Tail Liability	4,021,482
	Accrued Tax Liability	160,785
	Debt with Ascension Health Alliance	109,016,269

Supplemental 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

Supplemental Information	
Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE SYSTEM ACCOUNTS FOR UNCERTAINTY IN INCOME TAX POSITIONS 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, 2018

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Complete if the organization answered "Yes" on 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.

Name of the organization

Employer identification number

Sacred Heart Health System Inc

59-0634434

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

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

☐ Applied uniformly to all hospital facilities

☒ Applied uniformly to most hospital facilities

☐ 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

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

☐ 100%

☐ 150%

☐ 200%

☒ Other 25000 %

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

☐ 200%

☐ 250%

☐ 300%

☐ 350%

☐ 400%

☒ Other 32900 %

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

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)			33,666,238	0	33,666,238	3 74 %
b Medicaid (from Worksheet 3, column a)			161,577,145	89,766,212	71,810,933	7 98 %
c Costs of other means-tested government programs (from Worksheet 3, column b)					0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	195,243,383	89,766,212	105,477,171	11 72 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			827,781	357,907	469,874	0 05 %
f Health professions education (from Worksheet 5)			2,323,120	0	2,323,120	0 26 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)					0	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			599,031	0	599,031	0 07 %
j Total. Other Benefits	0	0	3,749,932	357,907	3,392,025	0 38 %
k Total. Add lines 7d and 7j	0	0	198,993,315	90,124,119	108,869,196	12 10 %

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

Cat No 50192T

Schedule H (Form 990) 2017

Part II Community 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
1 Physical improvements and housing					0	0 %
2 Economic development					0	0 %
3 Community support					0	0 %
4 Environmental improvements					0	0 %
5 Leadership development and training for community members					0	0 %
6 Coalition building					0	0 %
7 Community health improvement advocacy					0	0 %
8 Workforce development					0	0 %
9 Other					0	0 %
10 Total	0	0	0	0	0	0 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2		
	5,025,761		
3 Enter 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		
	358,010		
4 Provide 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

5 Enter total revenue received from Medicare (including DSH and IME)	5	293,548,291
6 Enter Medicare allowable costs of care relating to payments on line 5	6	341,243,316
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-47,695,025
8 Describe 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

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "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 IV Management Companies and Joint Ventures

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

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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	☒ The process for consulting with persons representing the community's interests		
i	☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	☐ Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
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
6 a	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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	☒ Hospital facility's website (list url) <u>https://healthcare.ascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/C</u>		
b	☐ Other website (list url) _____		
c	☒ Made a paper copy available for public inspection without charge at the hospital facility		
d	☒ 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 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	Yes
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on 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)**Financial Assistance Policy (FAP)**

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>329.0</u> % b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☒ Medical indigency e ☒ Insurance status f ☐ Underinsurance discount g ☐ Residency h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) <u>SEE PT VI</u> b ☒ The FAP application form was widely available on a website (list url) <u>SEE PT VI</u> c ☒ A plain language summary of the FAP was widely available on a website (list url) <u>SEE PT VI</u> d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 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 nonpayment?	17 Yes	
18 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		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** 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

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 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?

If "Yes," explain in Section C

24 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?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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)

B

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):** _____

4

Community Health Needs Assessment

	Yes	No
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 If "Yes," indicate what the CHNA report describes (check all that apply)	3 Yes	
a ☒ A definition of the community served by the hospital facility		
b ☒ Demographics of the community		
c ☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d ☒ How data was obtained		
e ☒ The significant health needs of the community		
f ☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs		
h ☒ The process for consulting with persons representing the community's interests		
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j ☐ Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
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	
6 a 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	No
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? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a ☒ Hospital facility's website (list url) <u>https://healthcare.ascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/C</u>		
b ☒ Other website (list url) <u>https://baymedical.org/health-resoures/community-health</u>		
c ☒ Made a paper copy available for public inspection without charge at the hospital facility		
d ☐ 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 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) _____	10	No
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b Yes	
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" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on 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)**Financial Assistance Policy (FAP)**

B

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 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	13	Yes	
a ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> % b ☐ Income level other than FPG (describe in Section C) c ☐ Asset level d ☐ Medical indigency e ☒ Insurance status f ☒ Underinsurance discount g ☒ Residency h ☐ Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? 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)	15	Yes	
a ☒ Described the information the hospital facility may require an individual to provide as part of his or her application b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications e ☐ Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a ☒ The FAP was widely available on a website (list url) https://baymedical.org/florida-pricing-transparency/financial-assistance-programs b ☒ The FAP application form was widely available on a website (list url) https://baymedical.org/florida-pricing-transparency/financial-assistance-programs c ☒ A plain language summary of the FAP was widely available on a website (list url) https://baymedical.org/florida-pricing-transparency/financial-assistance-programs d ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f ☒ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g ☒ Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP i ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j ☐ Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

B

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 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 nonpayment?	17 Yes	
18 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		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a ☒ Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b ☒ Made a reasonable effort to orally notify individuals about the FAP and FAP application process c ☒ Processed incomplete and complete FAP applications d ☒ Made presumptive eligibility determinations e ☐ Other (describe in Section C) f ☐ None of these efforts were made		

Policy Relating to Emergency Medical Care

21 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?	21 Yes	
If "No," indicate why		
a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)		

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

B

Name of hospital facility or letter of facility reporting group _____

22 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

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 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?

If "Yes," explain in Section C

24 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?

If "Yes," explain in Section C

	Yes	No
22		
23		No
24		No

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

[illegible]

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? **57**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a THE FAP WAS WIDELY AVAILABLE ON WEBSITE	Facility Group A - Sacred Heart Hospital, Line 1 Sacred Heart Hospital on the Emerald Coast, Line 2 Sacred Heart Hospital on the Gulf, Line 3 https://healthcare.ascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/Financial-Assistance
Schedule H, Part V, Section B, Line 16b THE FAP APPLICATION WAS WIDELY AVAILABLE ON WEBSITE	Facility Group A - Sacred Heart Hospital, Line 1 Sacred Heart Hospital on the Emerald Coast, Line 2 Sacred Heart Hospital on the Gulf, Line 3 https://healthcare.ascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/Financial-Assistance

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c A PLAIN LANGUAGE SUMMARY OF THE FAP WEBSITE	Facility Group A - Sacred Heart Hospital, Line 1 Sacred Heart Hospital on the Emerald Coast, Line 2 Sacred Heart Hospital on the Gulf, Line 3 https //healthcare ascension org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/Financial-Assistance
Schedule H, Part I, Line 3c Medical Indigency	Per the FAP of Sacred Heart Health System, Inc , patients with demonstrated financial needs with income greater than the maximum FPL Percentage for each location may be eligible for consideration under a "Means Test" for some discount of their charges for services from the Organization based on a substantive assessment of their ability to pay Maximum owed by any patient per episode of care or account is 10% of gross household income A Patient eligible for the "Means Test" discount will not be charged more than the calculated AGB charges

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 3c Insurance Status	Per the FAP of Sacred Heart Health System, Inc , for a Patient that participates in certain insurance plans that deem the Organization to be "out-of-network," the Organization may reduce or deny the financial assistance that would otherwise be available to Patient based upon a review of Patient's insurance information and other pertinent facts and circumstances
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and other community benefit programs is estimated using internal cost data, and is calculated in compliance with Catholic Health Association ("CHA") guidelines The organization uses a cost 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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Corporation follows established guidelines for placing certain past-due patient balances within collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Corporation's policies. After applying the cost-to-charge ratio, the share of the bad debt expense in fiscal year 2018 was \$18,585,558 at charges, (\$5,025,761 at cost).
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	SACRED HEART HEALTH SYSTEM, INC. HAS A VERY ROBUST FINANCIAL ASSISTANCE PROGRAM, THEREFORE, WE DO NOT TYPICALLY HAVE MUCH TO REPORT AS BAD DEBT ATTRIBUTABLE TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS. THEREFORE, WE DO NOT INCLUDE THIS PORTION OF BAD DEBT AS COMMUNITY BENEFIT.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	The organization is part of the Ascension Health Alliance's consolidated audit in which the footnote that discusses the bad debt expense is located on page 21
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	A cost to charge ratio is applied to the organization's Medicare Expense to determine the Medicare allowable costs reported in the organization's Medicare Cost Report Ascension Health and its related health ministries follow the Catholic Health Association (CHA) guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients 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. If a patient qualifies for charity or financial assistance certain collection practices do not apply.
Schedule H, Part V, Section B, Line 16a FAP website	A - Sacred Heart Hospital Line 16a URL SEE PT VI, B - Bay Medical Center Line 16a URL https://baymedical.org/florida-pricing-transparency/financial-assistance-programs ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Sacred Heart Hospital Line 16b URL SEE PT VI, B - Bay Medical Center Line 16b URL https://baymedical.org/florida-pricing-transparency/financial-assistance-programs ,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Sacred Heart Hospital Line 16c URL SEE PT VI, B - Bay Medical Center Line 16c URL https://baymedical.org/florida-pricing-transparency/financial-assistance-programs ,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	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.
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 an uninsured self-pay ranging from 72% to 79% depending on the health ministry's AGB (amounts generally billed) 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 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 106 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 Homes for the Aging.
Schedule H, Part VI, Line 5 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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	SACRED HEART HEALTH SYSTEM, INC. AND SUBSIDIARIES (THE HEALTH MINISTRY) IS A MEMBER OF ASCENSION HEALTH. ASCENSION HEALTH IS A CATHOLIC, NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTH CARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN 22 OF THE UNITED STATES AND DISTRICT OF COLUMBIA. ASCENSION HEALTH, AN OFFICIAL MINISTRY OF THE CATHOLIC CHURCH MAINTAINS ITS AFFILIATION THROUGH ASCENSION SPONSOR WHICH CONSISTS OF LAY PERSONS AS WELL AS APOSTOLIC ORDERS OF RELIGIOUS MEN AND WOMEN. THE RELIGIOUS ORDERS CONSIST OF THE ST. LOUISE PROVINCE OF THE DAUGHTERS OF CHARITY OF ST. VINCENT DE PAUL, CONGREGATION OF ST. JOSEPH, CONGREGATION OF THE SISTERS OF ST. JOSEPH OF CARONDELET, AND THE ALEXIAN BROTHERS, AND THE SISTERS OF THE SORROWFUL MOTHER. 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. ASCENSION HEALTH 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 ASCENSION HEALTH'S MISSION OF SERVICE TO THOSE WHO ARE POOR AND VULNERABLE, EACH HEALTH MINISTRY ACCEPTS PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. ASCENSION HEALTH USES FOUR CATEGORIES TO IDENTIFY THE RESOURCES UTILIZED FOR THE CARE OF PERSONS WHO ARE POOR AND COMMUNITY BENEFIT PROGRAMS. TRADITIONAL CHARITY CARE INCLUDES THE COST OF SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTH CARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED. UNPAID COST OF PUBLIC PROGRAMS REPRESENTS THE UNPAID COST OF SERVICES PROVIDED TO PERSONS COVERED BY PUBLIC PROGRAMS FOR THE POOR. COST OF OTHER PROGRAMS FOR THE POOR INCLUDES UNREIMBURSED COSTS OF PROGRAMS INTENTIONALLY DESIGNED TO SERVE THE POOR AND VULNERABLE 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 POOR, 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 WHO ARE POOR AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA AND IS CALCULATED IN COMPLIANCE WITH GUIDELINES ESTABLISHED BY BOTH THE CATHOLIC HEALTH ASSOCIATION (CHA) AND THE INTERNAL REVENUE SERVICE (IRS). MAINTAINING GOOD HEALTH HAS BEEN SHOWN TO POSITIVELY AFFECT AN INDIVIDUAL'S ABILITY TO MAINTAIN EMPLOYMENT AND HOUSING. IT IS EXTREMELY DIFFICULT FOR HOMELESS INDIVIDUALS TO RECEIVE QUALITY HEALTH CARE SERVICES. IN RECENT YEARS, SHHS HOSPITAL EMERGENCY ROOMS HAVE BEEN INUNDATED WITH PATIENTS WHO HAVE NON-CRITICAL HEALTH CONCERNS DUE TO LACK OF INSURANCE, FUNDING, AND HOMELESSNESS. THESE PATIENTS ARE OFTEN LEFT WITH NO OTHER CHOICE BUT TO USE EMERGENCY ROOMS FOR ILLNESSES THAT CAN BE TREATED THROUGH PRIMARY CARE HEALTH SERVICES. BASED ON THE FINDINGS OF THE 2012 HEALTH NEEDS ASSESSMENT, THE SYSTEM JOINED A COALITION OF PROVIDERS AND AGENCIES TO FOCUS ON IMPROVING ACCESS AND CARE MANAGEMENT.
Schedule H, Part VI, Line 7 State filing of community benefit report	FL

Schedule H (Form 990) 2017

Additional Data**Software ID:** 17005876**Software Version:** 2017v2.2**EIN:** 59-0634434**Name:** Sacred Heart Health System Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

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		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
1	Sacred Heart Hospital 5151 N 9th Ave Pensacola, FL 32504 https://healthcare.ascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola-4433	X	X	X	X		X	X			A
2	Sacred Heart Hospital on the Emerald Coast 7800 US Hwy 98 West Miramar Beach, FL 32550 https://healthcare.ascension.org/Locations/Florida/FLPEN/Miramar-Beach-Sacred-Heart-Hospital-on-the-4470	X	X					X			A
3	Sacred Heart Hospital on the Gulf 3801 E Hwy 98 Port St Joe, FL 32456 https://healthcare.ascension.org/Locations/Florida/FLPEN/Port-Saint-Joe-Sacred-Heart-Hospital-on-the-4502	X	X					X			A
4	Bay Medical Center 615 North Bonita Avenue Panama City, FL 32401 https://baymedical.org/3982	X	X					X			B

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 3E	Facility Group A Sacred Heart Hospital, Line 1 Sacred Heart Hospital on the Emerald Coast, Line 2 Sacred Heart Hospital on the Gulf, Line 3 To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria alignment with Ascension Health strategies of healthcare that leaves no one behind, care for the poor and vulnerable, opportunities for partnership, availability of existing programs and resources, addressing disparities of subgroups, availability of evidence-based practices, and community input The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed

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 5 Facility A, 1	Facility A, 1 - A1 - Sacred Heart Hospital IN 2015, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS FACILITATED BY THE PARTNERSHIP FOR A HEALTHY COMMUNITY (PARTNERSHIP), A NONPROFIT TAX-EXEMPT ORGANIZATION WHOSE MISSION IS TO SPONSOR COMMUNITY HEALTH STATUS AS SESSMENTS FOR THE COMMUNITIES OF ESCAMBIA AND SANTA ROSA COUNTIES IN NORTHWEST FLORIDA AND TO SUPPORT AND PROMOTE COLLABORATIVE INITIATIVES THAT ADDRESS PRIORITY HEALTH PROBLEMS T HE COMMUNITY HEALTH NEEDS ASSESSMENT WAS BOARD REVIEWED AND APPROVED IN 2016 COLLABORATIN G PARTNERS IN THE COMPLETION OF THIS REPORT INCLUDE REPRESENTATIVES FROM THE FLORIDA DEPAR TMENTS OF HEALTH IN ESCAMBIA AND SANTA ROSA COUNTIES, BAPTIST HEALTH CARE, SACRED HEART HE ALTH SYSTEM, ESCAMBIA COMMUNITY CLINICS (A FEDERALLY QUALIFIED HEALTH CENTER), AND THE UNI VERSITY OF WEST FLORIDA THE AREA OF THE NEEDS ASSESSMENT WAS DEFINED AS THE POPULATION OF ESCAMBIA AND SANTA ROSA COUNTIES ESCAMBIA COUNTY IS THE 18TH LARGEST OF FLORIDA'S 67 COU NTIES BY POPULATION AND THE 38TH LARGEST BY LANDMASS THE WESTERNMOST COUNTY IN THE STATE OF FLORIDA HAS A TOTAL POPULATION OF 302,421 ACCORDING TO THE 2014 ESTIMATES BY THE DEPAR TMENT OF HEALTH, OFFICE OF HEALTH STATISTICS, THE RACIAL DISTRIBUTION IN ESCAMBIA COUNTY I S 69 4% WHITE, 30 6% BLACK OR ANOTHER RACE OF THE TOTAL POPULATION, 5 4% IS HISPANIC ONL Y 15 5% OF RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH, COMPARED TO 27 4% FOR THE STATE OF FLORIDA (2013 ESTIMATES) THE COUNTY POVERTY IS 16 4%, SIGNIFICANTLY HIGHER THAN THE 13 8% AVERAGE FOR THE STATE OF FLORIDA SANTA ROSA COUNTY BORDERS ESCAMBIA COUNTY TO THE EAS T, AND HAS A TOTAL POPULATION OF 160,506 ITS COUNTY SEAT IS THE CITY OF MILTON, WHICH HAS A POPULATION OF AROUND 9,000 ACCORDING TO THE 2014 ESTIMATES BY THE DEPARTMENT OF HEALTH , OFFICE OF HEALTH STATISTICS, THE RACIAL DISTRIBUTION IN SANTA ROSA COUNTY IS 87 7% WHITE , 12 3% BLACK OR ANOTHER RACE OF THE TOTAL POPULATION, 5 6% IS HISPANIC ONLY 6 5% OF RES IDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH, COMPARED TO 27 4% FOR THE STATE OF FLORIDA (20 13 ESTIMATES) SANTA ROSA COUNTY IS NOT ONLY LESS POPULATED THAN ESCAMBIA COUNTY, IT ALSO HAS A LOWER POPULATION DENSITY, REFLECTING A MORE RURAL LANDSCAPE THE SOUTHERN PORTION OF SANTA ROSA COUNTY IS GEOGRAPHICALLY SEPARATED FROM THE NORTH BY PENSACOLA BAY THE PARTNE RSHIP CONDUCTED A COMMUNITY HEALTH SURVEY WITH A TOTAL OF 1,621 RESPONDENTS FROM ESCAMBIA AND SANTA ROSA COUNTIES AND FOUND THE FOLLOWING THEMES AND COMMUNITY CONCERNS - OBESITY, POOR EATING HABITS, AFFORDABILITY OF HEALTHY FOODS, - ACCESS TO DENTAL CARE - MENTAL HEALT H & SUBSTANCE ABUSE BEHAVIORS & ACCESS TO MENTAL HEALTH SERVICES THE PARTNERSHIP COLLECTE D COUNTY-LEVEL DATA FOR 167 HEALTH STATUS INDICATORS AND 27 DEMOGRAPHIC INDICATORS AS A B ENCHMARK, INDIVIDUAL PERFORMANCE FOR EACH COUNTY WAS COMPARED TO THAT OF FLORIDA STATE AS A WHOLE TO IDENTIFY OVERALL THEMES, RESULTS WERE ANALYZED USING THE COUNTY HEALTH RANKING S MODEL FOR POPULATION HEALTH

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 5 Facility A, 1	THAT EMPHASIZED THE IMPACT OF HEALTH FACTORS, SUCH AS BEHAVIOR, CLINICAL CARE, SOCIAL & ECONOMIC FACTORS, AND PHYSICAL ENVIRONMENT, ON THE HEALTH OUTCOMES OF MORTALITY (LENGTH OF LIFE) AND MORBIDITY (QUALITY OF LIFE) THE 2015-16 COMMUNITY HEALTH NEEDS ASSESSMENT - ESCAMBIA AND SANTA ROSA COUNTIES, FLORIDA (CHNA) REPORT (AVAILABLE ON-LINE AT https://healthcareascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/Community-Health-Needs-Assessment) DETAILS THE PROCESSES AND DATA USED TO IDENTIFY THE TOP PRIORITY HEALTH ISSUES FOR THE TWO COUNTY AREA - HEALTHIEST WEIGHT AND NUTRITION - TOBACCO USE - ACCESS TO CARE THE FOLLOWING ORGANIZATIONS WERE CONSULTED DURING THE CHNA PROCESS 90 Works Advocare - Believe Alpha Center, Inc Alzheimer's Family Services* American Diabetes Association American Red Cross* AMI Kids Pensacola Anytime Fitness Downtown Pensacola/Pace /Gulf Breeze ARC Gateway* Ascend Performance Materials Ascendant Healthcare Partners Autism Pensacola, Inc * Baptist Health Care Baptist Health Care Foundation* Bay Area Food Bank * Be Ready Alliance Coordinating for Emergencies* Big Brothers, Big Sisters of Northwest Florida* Boy Scouts Gulf Coast Council* Boys and Girls Club of the Emerald Coast* Breeze Apartments Bridges out of Poverty Catholic Charities of Northwest Florida* Central Credit Union of Florida Chain Reaction* Children's Home Society of Florida, Western Division* City of Gulf Breeze City of Milton City of Pensacola Community Action Program* Community Drug & Alcohol Council, Inc * Community Enterprise Investments* Community Faith Nursing (SH) * Council on Aging of West Florida* Covenant Hospice Cycle Therapy of Florida, Inc Department of Children and Families Dixon School of Arts* Early Learning Coalition of Escambia County* Eating Better, Feeling Better, Living Better Inc * ECUA Emerald Coast TEAM Services, Inc * Epilepsy Foundation of Florida* Escambia Community Clinics/Santa Rosa Community Clinics Escambia County School District Every Child a Reader in Escambia (ECARE) * Families Count* Family-Funeral & Cremation Favor House of Northwest Florida * Fellowship of Christian Athletes* Fetch Dog Treats Florida Black Chamber of Commerce Florida Department of Health in Escambia County Florida Department of Health in Santa Rosa County Florida Institute for Health Innovation Forsley Properties Fresenius Medical Care Friends of West Florida Public Library* Friendship Missionary Baptist Church Girl Scouts* Goodwill Easter Seals of the Gulf Coast* Greater Pensacola Area Chamber of Commerce Gulf Breeze Area Chamber of Commerce Gulf Coast African American Chamber of Commerce Gulf Coast Caring Solutions Gulf Coast Kids House* Gulf Power Co Hartnett Marketing Solutions Health and Hope Clinic* Health First Network Healthy Start Coalition of Escambia County, Inc Healthy Start Coalition of Santa Rosa County, Inc HSA Consulting Group, Inc IdeaWorks Independence for the Blind of West Florida* Intelligent Heal

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 5 Facility A, 1	th Services Interfaith Ministries/Good Samaritan Clinic Junior League of Pensacola Knight Time Boxing and Fitness Lakeview Center * Landrum Consulting Leaning Post Ranch* Learn to Read* Legal Services of North Florida* Love of Life Ministries, Inc Lutheran Services Flo rida, Inc - Northwest Region* Mainstay Financial Group Mako Crossfit MANNA Food Pantries* Marathon Health March of Dimes - Gulf Coast Division Marcus E Paul, Family & Cosmetic De ntistry Medi-Weightloss Clinics Metis Health, LLC Milk and Honey Outreach Ministies* Minis try Village At Olive, Inc Nemours Children's Clinic New Beginnings New Road to Learning N orthwest Florida Legal Services One Blood Pace Center for Girls Pathways for Change Pennac le Properties, Inc Pensacola Blue Wahoos Pensacola Fitness Pensacola State College Pensac ola Wellness Solutions Pensacola Young Professionals Premier Island Management ProHealth/P roClinic PSGI, Inc Robert Warren Rural Health Network NWF Sacred Heart Health System Santa Rosa County Lifeguard Medical Director Santa Rosa County School District Santa Rosa Heal th and Rehabilitation Center Santa Rosa Medical Center Seastar Aquatics St Ann's Catholic Church Suncrest OMNI Home Care The Bar Milton Strength and Conditioning The Fall Preventi on Lady The Salvation Army Thrive United Cerebral Palsy of Northwest Florida United Health care United Ministries United Way 211 United Way of Escambia United Way of Escambia County Agency Directors Assoc University of Florida - Farm to School Program University of West Florida UniVision Group Virginia College Waterfront Rescue Mission West Florida AHEC West Florida Community Care Center West Florida Regional Planning Council White-Wilson Medical Clinic YMCA of Northwest Florida Yoga at West Florida Budokan *Members of United Way of E scambia County Agency Directors Association

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 5 Facility A, 2	Facility A, 2 - A2 - Sacred Heart Hospital on the Emerald Coast SACRED HEART HOSPITAL ON THE EMERALD COAST COMMUNITY HEALTH NEEDS ASSESSMENT - 2015/2016 OVERVIEW IN 2015, SACRED H EART HEALTH SYSTEM, Inc ("SHHS") AND THE FLORIDA DEPARTMENT OF HEALTH - WALTON COUNTY ("F DOH-WALTON") WORKED TOGETHER, IN COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS AND AGEN CIES, TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") FOR THE APPROXIMATELY 59,000 RESIDENTS OF WALTON COUNTY, FLORIDA THE AREA OF THIS NEEDS ASSESSMENT IS DEFINED AS THE POPULATION OF WALTON COUNTY WALTON COUNTY IS SITUATED IN THE PANHANDLE OF FLORIDA AND ENC OMPASSES 1,238 SQUARE MILES APPROXIMATELY 15% OF WALTON COUNTY'S LAND MASS IS WATER, AND AN ADDITIONAL 20% IS FEDERALLY OWNED AS PART OF EGLIN AIR FORCE BASE THE COUNTY SEAT IS T HE CITY OF DEFUNIAK SPRINGS, AND THE CITY OF FREEPORT AND TOWN OF PAXTON ARE THE ONLY OTHE R INCORPORATED AREAS HISTORICALLY, WALTON COUNTY HAS BEEN ONE OF THE FASTEST GROWING COUN TIES IN THE UNITED STATES THE POPULATION GREW MORE THAN 35% BETWEEN 2000 AND 2010 BETWEE N 2010 AND 2014, WALTON COUNTY POPULATION GREW 11 4%, COMPARED TO TOTAL POPULATION GROWTH IN THE STATE OF 5 5% DURING THAT PERIOD IN SPITE OF SIGNIFICANT POPULATION GROWTH, WALTON COUNTY HAS A LOW POPULATION DENSITY OF 50 PEOPLE PER SQUARE MILE AND IS DESIGNATED AS A S TATUTORY RURAL COUNTY BY THE STATE OF FLORIDA MINORITIES REPRESENT ABOUT 13% OF THE TOTAL POPULATION IN WALTON COUNTY, COMPARED TO ALMOST 24% OF THE POPULATION OF THE STATE ONLY 5 7% OF THE POPULATION OF WALTON COUNTY IS HISPANIC, COMPARED TO 23 3% OF THE STATE'S POPU LATION THE MEDIAN HOUSEHOLD INCOME IN WALTON COUNTY IS \$43,640, SIGNIFICANTLY BELOW THAT OF THE STATE IN 2013, THE POVERTY RATE WAS 33 4%, COMPARED TO 29 0% STATEWIDE THE UNEMPL OYMENT RATE AS OF AUGUST 2015 WAS 4 7%, LOWER THAN STATEWIDE AND A SIGNIFICANT IMPROVEMENT FROM THE 9 4% RATE REPORTED FOR 2010 THE CHNA PROCESS WAS LED BY SHHS AND FDOH-WALTON, W ITH ACTIVE PARTICIPATION BY COMMUNITY ORGANIZATIONS AND PRIVATE AND PUBLIC AGENCIES WHICH COLLECTIVELY COMPRISE THE WALTON COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (WCHIP) THE CHN A PROCESS INCLUDED WCHIP MEETINGS, A SURVEY OF HEALTH AND HUMAN SERVICE ORGANIZATIONS, AND A COMMUNITY SURVEY DISTRIBUTED BOTH ON-LINE AND IN PAPER FORMAT MORE THAN 50 PEOPLE REPR ESENTING MORE THAN 30 DIFFERENT COMMUNITY AGENCIES AND ORGANIZATIONS AND THE GENERAL PUBLI C PARTICIPATED IN VARIOUS MEETINGS THROUGHOUT THE PROCESS IN ADDITION, 253 WALTON COUNTY RESIDENTS COMPLETED THE COMMUNITY SURVEY PARTICULAR FOCUS WAS PLACED ON OBTAINING INPUT F ROM VULNERABLE POPULATION GROUPS BASED ON THE RESULTS OF THE ASSESSMENTS, A LIST OF 50 HE ALTH INDICATORS THAT WERE OF GREATEST CONCERN IN WALTON COUNTY WAS IDENTIFIED USING THE C OUNTY HEALTH RANKING'S MODEL OF POPULATION HEALTH AS A FRAMEWORK, THE TOP HEALTH ISSUES WE RE PRESENTED AND DISCUSSED AT A COMMUNITY MEETING ORGANIZED BY WCHIP PARTICIPANTS WERE AS KED TO CONSIDER THREE CRITERIA

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 5 Facility A, 2	FOR PRIORITIZING THE TOP ISSUES - SEVERITY/MAGNITUDE (OF THE HEALTH ISSUE) - FEASIBILITY TO ADDRESS (AVAILABILITY OF RESOURCES, COMMUNITY WILL) - POTENTIAL IMPACT (ON COMMUNITY HEALTH STATUS) THE 2015-16 COMMUNITY HEALTH NEEDS ASSESSMENT - WALTON COUNTY, FLORIDA (CHNA) REPORT (AVAILABLE ON-LINE AT https://healthcareascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/Community-Health-Needs-Assessment) DETAILS THE PROCESSES AND DATA USED TO IDENTIFY THE TOP PRIORITY HEALTH ISSUES FOR WALTON COUNTY - PROVIDER AVAILABILITY AND ACCESS - SUBSTANCE ABUSE AND MENTAL HEALTH - HEALTHY WEIGHT THE FOLLOWING GROUPS WERE CONSULTED DURING THE CHNA PROCESS Sacred Heart Health System Florida Department of Health - Walton County Panhandle Warrior Partnership COPE - 211 Goodwill Eastern Seals Legacy Corps Florida Department of Children and Families NW Florida Health Council/PanCare Health Easy Mobile Labs Emerald Coast Children's Advocacy Center Walton County Housing Walton Okaloosa Council on Aging COPE Center - Disaster Case Management Program Walton County School District First Baptist Church of Mossy Head Walton County Prevention Coalition Friendship House City of Freeport Walton County Sheriff's Office Walton County Baptist Association Florida Department of Health - Holmes/Washington Counties Walton County District 5 - Board of County Commissioners West Florida AHEC Catholic Charities of NW Florida Tri-County Community Council/Head Start/Early Head Start Northwest Florida State College Early Learning Coalition of Okaloosa and Walton Counties Emerald Coast Hospice Keller Williams Realty University of Florida Institute of Food and Agricultural Sciences Synergy Community Development, Inc Early Learning Coalition of Okaloosa and Walton Counties

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 5 Facility A, 3	Facility A, 3 - A3 - Sacred Heart Hospital on the Gulf SACRED HEART HOSPITAL ON THE GULF COMMUNITY HEALTH NEEDS ASSESSMENT - 2015/2016 OVERVIEW IN 2015, SACRED HEART HEALTH SYSTEM , Inc ("SHHS") AND THE FLORIDA DEPARTMENT OF HEALTH - GULF COUNTY ("DOHGULF") WORKED TOGE THER, IN COLLABORATION WITH THE DOH-GULF'S COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) AND NUMEROUS OTHER COMMUNITY ORGANIZATIONS AND AGENCIES, TO CONDUCT A COMMUNITY HEALTH NE EDS ASSESSMENT ("ASSESSMENT") FOR THE APPROXIMATELY 16,000 RESIDENTS OF GULF COUNTY, FLORI DA THE CHNA PROVIDES A SNAPSHOT IN TIME OF THE COMMUNITY STRENGTHS, NEEDS, AND PRIORITIES GUIDED BY THE MOBILIZATION FOR ACTION THROUGH PLANNING AND PARTNERSHIPS (MAPP) PROCESS, THE REPORT IS A RESULT OF A COLLABORATIVE AND PARTICIPATORY APPROACH TO COMMUNITY HEALTH P LANNING AND IMPROVEMENT IMPROVING THE HEALTH OF THE COMMUNITY IS CRITICAL TO ENHANCING GU LF COUNTY RESIDENTS' QUALITY OF LIFE AND SUPPORTING ITS FUTURE PROSPERITY AND WELL-BEING THE AREA FOR THE PURPOSES OF THE ASSESSMENT WAS DEFINED AS THE POPULATION OF GULF COUNTY GULF COUNTY HAS A TOTAL AREA OF 745 SQUARE MILES, OF WHICH 25% IS WATER THERE ARE TWO POP ULATION CENTERS IN GULF COUNTY - WEWAHITCHKA IN THE NORTHEAST PART OF THE COUNTY AND PORT ST JOE, THE COUNTY SEAT AND LARGEST CITY, ON THE COAST THE POPULATION IN GULF COUNTY INC REASED BY 7 0% BETWEEN 2000 AND 2010, ALTHOUGH THE GROWTH RATE WAS LESS THAN THE STATE OF FLORIDA OVER THE SAME PERIOD BETWEEN 2010 AND 2014, THE GULF COUNTY POPULATION GREW ONLY 2 5%, COMPARED TO TOTAL POPULATION GROWTH IN THE STATE OF 5 8% DURING THAT PERIOD MINORIT IES REPRESENT ABOUT 23% OF THE TOTAL POPULATION, COMPARABLE TO THE COMPOSITION OF THE STAT E THE MEDIAN HOUSEHOLD INCOME IN GULF COUNTY IS \$40,455, SIGNIFICANTLY BELOW THAT OF THE STATE IN 2013, THE POVERTY RATE WAS 30 8%, COMPARED TO 29 0% STATEWIDE THE UNEMPLOYMENT RATE AS OF AUGUST 2015 WAS 4 9%, LOWER THAN STATEWIDE AND A SIGNIFICANT IMPROVEMENT FROM T HE 10 3% RATE REPORTED FOR 2010 THE ASSESSMENT PROCESS INCLUDED CHIP MEETINGS AND WORKSHO PS AND A COMMUNITY SURVEY DISTRIBUTED BOTH ONLINE AND IN PAPER FORMAT MORE THAN 25 PEOPLE REPRESENTING MORE THAN 15 DIFFERENT COMMUNITY AGENCIES AND ORGANIZATIONS AND THE GENERAL PUBLIC PARTICIPATED IN VARIOUS MEETINGS THROUGHOUT THE PROCESS IN ADDITION, 240 GULF COUN TY RESIDENTS COMPLETED THE COMMUNITY SURVEY PARTICULAR FOCUS WAS PLACED ON OBTAINING INPU T FROM VULNERABLE POPULATION GROUPS QUANTITATIVE DATA WERE OBTAINED FROM COUNTY, STATE, A ND NATIONAL SOURCES QUALITATIVE INFORMATION WAS OBTAINED THROUGH REGULAR CHIP MEETINGS AN D WORKSHOPS AND THE COMMUNITY SURVEY THE DATA REVIEW WAS FOLLOWED BY A DECISION MATRIX AN D ENDED WITH SELECTION OF HEALTH PRIORITIES BASED ON THE FOLLOWING CRITERIA - BROAD APPLI CABILITY OF SOLUTION SET - TIME FRAME REQUIRED TO SUPPORT EFFORTS - POTENTIAL TO REDUCE HE ALTH DISPARITIES - ALIGNMENT WITH VISION (TO ENHANCE HEALTH FOR ALL GENERATIONS IN GULF CO UNTY) - COMMUNITY SUPPORT FOR

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 5 Facility A, 3	THE PROBLEM - RESOURCE AVAILABILITY TO ADDRESS PROBLEM THE 2015-16 COMMUNITY HEALTH NEEDS ASSESSMENT - GULF COUNTY, FLORIDA (CHNA) REPORT (AVAILABLE ON-LINE AT https://healthcareascension.org/Locations/Florida/FLPEN/Pensacola-Sacred-Heart-Hospital-Pensacola/Community-Health-Needs-Assessment) DETAILS THE PROCESSES AND DATA USED TO IDENTIFY THE TOP PRIORITY HEALTH ISSUES FOR GULF COUNTY - ACCESS TO CARE - MENTAL HEALTH AND SUBSTANCE ABUSE - HEALTHY WEIGHT THE FOLLOWING ORGANIZATIONS WERE CONSULTED DURING THE CHNA PROCESS Big Bend AHEC Big Bend Community Based Care Career Source Gulf Coast Community Care Center of Gulf County Department of Juvenile Justice DOH - Gulf County - Environmental Health Florida Department of Health - Closing the Gap Florida Department of Health - Franklin County Florida Department of Health - Gulf County Gulf Coast State College Healthy Start Coalition MyGulf Care - Sacred Heart Philadelphia Baptist Church Sacred Heart Health System Sacred Heart Hospital on the Gulf Tyndall Air Force Base University of Florida Institute of Food and Agricultural Sciences - Gulf County Wewahitchka Medical Center

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 6a Facility A, 1	Facility A, 1 - A1 - Sacred Heart Hospital Baptist Healthcare

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 6b Facility A, 1	Facility A, 1 - A1 - Sacred Heart Hospital The Florida Departments of Health in Escambia and Santa Rosa Counties, Sacred Heart Health System, Inc , Escambia Community Clinics (a federally qualified health center), and the University of West Florida

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 6b Facility A, 2	Facility A, 2 - A2 - Sacred Heart Hospital on the Emerald Coast In 2015, Sacred Heart Health System, Inc ("SHHS") and the Florida Department of Health - Gulf County ("DOHGULF") worked together, in collaboration with the DOH-Gulf's Community Health Improvement Partnership (CHIP) and numerous other community organizations and agencies, to conduct a community health needs assessment ("assessment") for the approximately 16,000 residents of Gulf County, Florida

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 6b Facility A, 3	Facility A, 3 - A3 - Sacred Heart Hospital of the Gulf In 2015, Sacred Heart Health System, Inc ("SHHS"), the Florida Department of Health - Bay County ("DOH-Bay") and the Bay County Community Health Task Force (CHTF) worked together, in collaboration with other community organizations and agencies, to conduct a community health needs assessment (CHNA) for the approximately 175,000 residents of Bay County, Florida

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 7 Facility A, 1	Facility A, 1 - FACILITY GROUP A Sacred Heart Hospital, Line 1 Sacred Heart Hospital on the Emerald Coast, Line 2 Sacred Heart Hospital on the Gulf, Line 3 At a community Forum

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, 1	Facility A, 1 - A1 - Sacred Heart Hospital HEALTHY WEIGHT GOAL IMPROVE SKILLS AND ACCESS FOR HEALTHY WEIGHT STRATEGY/ACTIONS PREVENT TYPE 2 DIABETES BY EDUCATING PATIENTS ON SELF-MONITORING OF DIET AND PHYSICAL ACTIVITY, BUILDING SELF-EFFICACY AND SOCIAL SUPPORT TO MAINTAIN LIFESTYLE CHANGES, AND PROBLEM-SOLVING TO OVERCOME COMMON WEIGHT LOSS, PHYSICAL ACTIVITY, AND HEALTHY EATING CHALLENGES BACKGROUND - THE TARGET POPULATION IS ADULTS WHO ARE OVERWEIGHT OR OBESE (BMI 25.0 OR GREATER) AND ARE AT RISK FOR TYPE 2 DIABETES (DETERMINED BY AMERICAN DIABETES ASSOCIATION RISK ASSESSMENT TEST) - SACRED HEART DIABETES PREVENTION PROGRAM (DPP) IS A 52 WEEK PROGRAM THAT ADDRESSES HEALTHY LIFESTYLE CHOICES, INCLUDING A FOCUS ON ACHIEVING AND MAINTAINING A HEALTHY WEIGHT - DPP INCLUDES EVIDENCE-BASED CURRICULA FROM THE CENTERS OF DISEASE CONTROL (CDC) DIABETES PREVENTION PROGRAM WHICH CONSISTS OF A SERIES OF 16 WEEKLY CLASSES, 8 BIWEEKLY AND 6 MONTHLY CLASSES - CLASSES ARE PROMOTED COMMUNITY-WIDE AND PARTICIPANTS MAY SELF-REFER OR BE REFERRED BY THEIR MEDICAL TEAM RESOURCES/COMMUNITY PARTNERS SHHP PATIENT EDUCATION DEPARTMENT (SHPED), SACRED HEART MEDICAL GROUP (SHMG), LIVE WELL PARTNERSHIP FOR A HEALTHY COMMUNITY TOBACCO USE GOAL REDUCE ADULT TOBACCO USE STRATEGY/ACTIONS PROVIDE TOBACCO CESSATION CLASSES/ COUNSELING TARGETING SACRED HEART INPATIENTS AND OUTPATIENTS BACKGROUND - WHEN MEDICALLY APPROPRIATE, BED-SIDE INFORMATION AND COUNSELING IS PROVIDED FOR INPATIENT TOBACCO USERS IDENTIFIED THROUGH THE ADMISSION PROCESS PATIENTS IDENTIFIED DURING INPATIENT STAYS RECEIVE MORE TARGETED FOLLOW-UP ASSISTANCE AND MAY BE ENROLLED IN CLASSES, RECEIVE ONE-ON-ONE COUNSELING AND NICOTINE REPLACEMENT THERAPY (AS APPROPRIATE) FOLLOWING THEIR INPATIENT STAY - PHYSICIANS MAY IDENTIFY AND REFER PATIENTS DURING OUTPATIENT VISITS TO PARTICIPATE IN CLASSES OFFERED ON-CAMP US FREE OF CHARGE TO THE PUBLIC AND/OR FOR ONE-ON-ONE TOBACCO CESSATION COUNSELING CLASSES ARE ALSO PROMOTED COMMUNITY-WIDE AND DO NOT REQUIRE A REFERRAL - FREE NICOTINE REPLACEMENT THERAPY (AVAILABLE THROUGH CLASSES) IS AVAILABLE FOR MOST CESSATION OPTIONS - ALL CLASSES AND COUNSELING FOLLOW THE AGENCY FOR HEALTH CARE AND QUALITY CLINICAL GUIDELINES BEST PRACTICES FOR TREATING TOBACCO USE RESOURCES/COMMUNITY PARTNERS SACRED HEART PATIENT EDUCATION (SHPE), AREA HEALTH EDUCATION CENTER (AHEC), SACRED HEART MEDICAL GROUP (SHMG), SACRED HEART RESIDENCY SUPPORT, SACRED HEART MARKETING (SHM), LIVE WELL PARTNERSHIP FOR A HEALTHY COMMUNITY ACCESS TO CARE GOAL PROMOTE EARLY INTERVENTION AND HEALTH MANAGEMENT STRATEGY/ACTIONS PROVIDING COMMUNITY HEALTH SCREENINGS, HEALTH PROMOTION EDUCATION AND SUPPORT THROUGH COMMUNITY-BASED OUTREACH SERVICES TO REDUCED AND INPATIENT ADMISSIONS AND LENGTH OF STAY DUE TO UNMANAGED CONDITIONS BACKGROUND - EARLY INTERVENTION, SELF-CARE EDUCATION AND ACCESS TO A MEDICAL HOME CAN REDUCE THE ONSET AND SEVERITY OF AMBULATORY-SENSITIVE CONDITIONS SUCH AS DIABETES A

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, 1	ND CONGESTIVE HEART FAILURE - MISSION IN MOTION (MIM) PROVIDES FREE HEALTH SCREENINGS AT SITES IN ESCAMBIA AND SANTA ROSA COUNTIES THE MIM TARGETS PERSONS WHO ARE POOR, UNINSURED , OR ELDERLY AND PROVIDES BLOOD SCREENINGS TO MEASURE BLOOD PRESSURE, BLOOD SUGAR, TOTAL C HOLESTEROL AND BLOOD COUNT - SACRED HEART'S FAITH COMMUNITY NURSING PROGRAM (FCN) IS AVAI LABLE TO CHURCHES OF ALL FAITHS IT SUPPORTS THE EFFORTS OF VOLUNTEER NURSES WHO CHOOSE TO ASSIST CHURCH MEMBERS IN A VARIETY OF WAYS FAITH COMMUNITY NURSES ARE STATE LICENSED RNS , OFTEN RETIRED OR SEMI-RETIRED, WHO FEEL A CALLING TO THIS SPECIAL ROLE PARISH NURSES DO NOT ACT AS HOME HEALTH NURSES OR PROVIDE HOSPITAL-STYLE NURSING CARE, BUT THEY MAY MAKE H OME VISITS TO PERSONS WITH HEALTH CARE NEEDS, ORGANIZE A HEALTH CARE SCREENING THROUGH SAC RED HEART, INITIATE REFERRALS TO PHYSICIANS OR COMMUNITY AGENCIES, OR PROVIDE OTHER HEALTH EDUCATION OR SPIRITUAL SUPPORT TO CHURCH MEMBERS - AADE7 SELF CARE BEHAVIORS IS EVIDENCE BASED INTERVENTION DEVELOPED BY THE AMERICAN ASSOCIATION OF DIABETIC EDUCATORS (AADE) - ESCAMBIA AND SANTA ROSA UNINSURED RATES ARE 18 5% IN FY 2015, THE HIGHEST VOLUME OF UNINS URED IP ADMISSIONS WERE FROM THE 32505 ZIP CODE - ADDITIONAL FOCUS OF THE COMMUNITY WELLN ESS OUTREACH WILL TARGET RECRUITMENT AND OUTREACH EFFORTS IN THE 32505 ZIP CODE RESOURCES /COMMUNITY PARTNERS COMMUNITY WELLNESS OUTREACH (CWS) FAITH COMMUNITY NURSING (FCN), MIS SION IN MOTION (MIM), LOCAL CHURCHES AND COMMUNITY CENTERS FUNDING FOR ESCAMBIA COMMUNITY CLINICS - ECC LIVE WELL PARTNERSHIP FOR A HEALTHY COMMUNITY

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, 2	Facility A, 2 - A2 - Sacred Heart Hospital on the Emerald Coast ACCESS TO CARE GOAL INCR EASE ACCESS TO PRIMARY CARE SERVICES FOR THE UNINSURED AND UNDERINSURED IN WALTON COUNTY STRATEGY/ACTIONS INCREASE THE AVAILABILITY OF PRIMARY CARE AND CHRONIC DISEASE MANAGEMENT FOR UNINSURED AND UNDERINSURED ADULTS IN WALTON COUNTY BACKGROUND - ACCESS TO COMPREHEN SIVE, QUALITY HEALTHCARE SERVICES IS IMPORTANT FOR THE ACHIEVEMENT OF HEALTH EQUITY AND FO R INCREASING THE QUALITY OF HEALTHY LIFE FOR EVERYONE ACCESS TO CARE IMPACTS THE OVERALL PHYSICAL, SOCIAL AND MENTAL HEALTH STATUS, PREVENTION OF DISEASE AND DISABILITY, PREVENTAB LE HOSPITALIZATION, DETECTION AND TREATMENT OF HEALTH CONDITIONS, QUALITY OF LIFE, PREVENT ABLE DEATH, AND LIFE EXPECTANCY - ACCESS TO CARE IS A MAJOR ISSUE IN WALTON COUNTY AND IS PRIMARILY DRIVEN BY THE LACK OF AVAILABLE PROVIDERS, HIGH COST OF INSURANCE COVERAGE AND LACK OF AWARENESS OF AVAILABLE SERVICES - ABOUT 22% OF THE ADULT POPULATION IN WALTON COU NTY DOES NOT HAVE A PRIMARY CARE PROVIDER, WHICH INCREASED FROM 19% IN THE PREVIOUS PERIOD - WALTON COUNTY HAS LESS PROVIDERS PER POPULATION THAN THE STATE IN ALL FOUR CATEGORIES FOR PRIMARY CARE, INCLUDING FAMILY MEDICINE, INTERNAL MEDICINE, PEDIATRICS AND OBSTETRICS/ GYNECOLOGY THE HEALTH RESOURCES & SERVICES ADMINISTRATION (HRSA) HAS DESIGNATED ALL OF WA LTON COUNTY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY CARE, MENTAL HEALTH AND DENTAL CARE - THE HOPE MEDICAL CLINIC IS A FREE CLINIC IN DESTIN, FLORIDA (OKALOOSA C OUNTY) THAT SERVES THE UNINSURED AND UNDERINSURED WORKING RESIDENTS OF OKALOOSA AND WALTON COUNTIES THE CLINIC PROVIDES ROBUST PRIMARY CARE SERVICES, CHRONIC DISEASE MANAGEMENT AN D REFERRALS FOR SOCIAL SERVICES AND SPECIALTY MEDICAL CARE THE CURRENT WAIT TIME FOR A NE W PATIENT APPOINTMENT REFERRED BY THE EMERGENCY DEPARTMENT NAVIGATORS AT SACRED HEART IS F OUR TO SIX WEEKS - WITH SUPPORT FROM COMMUNITY AGENCIES, THE HOPE MEDICAL CLINIC WILL OPE N A NEW CLINIC IN FREEPORT (CENTRAL WALTON COUNTY) OVER THE NEXT 12-18 MONTHS THE NEW CLI NIC WILL BE LOCATED IN A MEDICALLY UNDERSERVED AREA THAT EASILY REACHES PATIENTS FROM ALL PARTS OF WALTON COUNTY THE CLINIC WILL WELCOME NEW PATIENTS AND PROVIDE WALK-IN CARE A FE W DAYS A WEEK FOR ESTABLISHED PATIENTS THE OPENING OF THE NEW CLINIC WILL ALLOW THE ORIGI NAL CLINIC IN OKALOOSA COUNTY TO ENHANCE SERVICES AS WELL, INCLUDING OFFERING WALKING CARE A FEW DAYS A WEEK FOR ESTABLISHED PATIENTS RESOURCES/COMMUNITY PARTNERS SACRED HEART HO SPITAL ON THE EMERALD COAST (ADMINISTRATION, PATIENT NAVIGATORS, FUNDING), HOPE MEDICAL CL INIC MENTAL HEALTH AND SUBSTANCE ABUSE GOAL INCREASE POSITIVE INFANT OUTCOMES DUE TO EARL Y IDENTIFICATION OF PRENATAL SUBSTANCE ABUSE STRATEGY/ACTIONS ESTABLISH POLICY AND ENVIR ONMENT OF CARE TO IDENTIFY NEWBORNS AND UNBORN CHILDREN EXPOSED TO HARMFUL DRUGS DURING TH E PRENATAL PERIOD, IMPLEMENTING AN INTERDISCIPLINARY APPROACH TO PROVIDE EARLIEST INTERVEN TION POSSIBLE FOR TREATMENT OF

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, 2	MOTHER AND CHILD BACKGROUND - CURRENTLY THERE ARE IS NO POLICY/ ESTABLISHED PROCESS FOR SUSPECTED PRENATAL DRUG USE IN FY 2016, IT IS ESTIMATED THAT 100 BABIES WERE DELIVERED I NTO OUR FACILITIES THAT HAD BEEN EXPOSED TO DRUGS THAT MAY LEAD TO COMPLICATIONS TYPES OF DRUG USAGE MAY RANGE FROM OCCASIONAL MARIJUANA USE TO CHRONIC USE/ADDICTION - IN UTERO E XPOSURE TO CERTAIN DRUGS CAN CAUSE NEONATAL WITHDRAWAL (NEONATAL ABSTINENCE SYNDROME - NAS) AFTER BIRTH WHEN THE DRUG IS ABRUPTLY STOPPED BECAUSE THE INFANT, LIKE THE MOTHER, HAS D EVELOPED PHYSICAL DEPENDENCE ON THE DRUG - NAS INCREASES THE RISK OF RESPIRATORY COMPLICA TIONS AT BIRTH, LOW BIRTHWEIGHT, PREMATURITY, FEEDING DIFFICULTIES, AND SEIZURES EARLY IN Tervention CAN REDUCE THE SEVERITY OF WITHDRAWAL, IMPROVE SYMPTOMS AND REDUCE THE AVERAGE LENGTH OF STAY (LOS) AND TRANSFERS TO THE NEONATAL INTENSIVE CARE UNIT (NICU) - THE INCI DENCE OF NAS IN THE UNITED STATES HAS INCREASED FORM 1 2 PER 1,000 HOSPITAL BIRTHS IN 2000 TO 3 39 PER 1,000 HOSPITAL BIRTHS IN 2009 (FOAG, 2013) - THE RATE OF WALTON COUNTY INFAN TS WITH NEONATAL ABSTINENCE SYNDROME HAS INCREASED FROM 7 7 PER 1,000 LIVE BIRTHS IN 2007 TO 17 1 PER 1,000 LIVE BIRTHS IN 2011 THIS IS SIGNIFICANTLY HIGHER THAN FLORIDA'S RATES O F NAS AT 3 1 & 7 5 RESPECTIVELY (FOAG, 2013) - PROVIDING MORE INFORMATION TO COMMUNITY HE ALTH CARE AND SERVICE PROVIDERS ON AVAILABLE TREATMENT AND INTERVENTION RESOURCES FOR PREG NANT WOMEN CAN HELP REDUCE THE INCIDENCE OF NEONATAL ABSTINENCE SYNDROME - CASES OF INTER EST ARE IDENTIFIED BY DCF INQUIRY AND/OR FLAGGED BY HEALTH PROFESSIONAL (COMMUNITY OB, FAC ILITY) FOR SUSPECTED DRUG EXPOSURE IN UTERO RESOURCES/COMMUNITY PARTNERS SHHEC FAMILY BI RTH PLACE (FBP), AFFECTED STAFF (SOCIAL WORK (SW), NURSING, LAB TECHNICIANS, PEDIATRICIANS , AND OBSTETRICIANS), TIME, MATERIALS, EQUIPMENT, TECHNOLOGY, SHIPPING COST FOR MECONIUM T ESTING, TECHNOLOGY, AND COMMUNITY PARTNERS SUCH AS C O P E , DEPARTMENT OF CHILDREN AND FA MILIES (DCF), HEALTHY START, AND CDAC OUTCOMES/ANTICIPATED IMPACT HEALTHY WEIGHT GOAL I NCREASE THE INITIATION OF BREASTFEEDING IN WALTON COUNTY STRATEGY/ACTIONS IMPLEMENT POLIC IES, TRAINING AND RESOURCES TO SUPPORT BREASTFEEDING AMONG MOTHERS DELIVERING AT SHHEC BA CKGROUND - TARGET POPULATION IS MOTHERS DELIVERING AT SHHEC (APPROXIMATELY 1,200/YEAR) - BREASTFEEDING IS AN EVIDENCE-BASED INTERVENTION THAT REDUCES THE RISK OF CHILDHOOD OBESIT Y AS WELL AS DIABETES AND SIDS IN CHILDREN (WHO, UNICEF, HP2020, CDC) - "BABY FRIENDLY" D ESIGNATION IS A SYSTEM AND POLICY CHANGE INTERVENTION - THE BABY-FRIENDLY HOSPITAL INITIA TIVE (BFHI) IS A GLOBAL PROGRAM THAT WAS LAUNCHED BY THE WORLD HEALTH ORGANIZATION (WHO) A ND THE UNITED NATIONS CHILDREN'S FUND (UNICEF) IN 1991 TO ENCOURAGE AND RECOGNIZE HOSPITAL S AND BIRTHING CENTERS THAT OFFER AN OPTIMAL LEVEL OF CARE FOR INFANT FEEDING AND MOTHER/B ABY BONDING IT RECOGNIZES AND AWARDS BIRTHING FACILITIES WHO SUCCESSFULLY IMPLEMENT THE T EN STEPS TO SUCCESSFUL BREASTF

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, 2	EEDING (I) AND THE INTERNATIONAL CODE OF MARKETING OF BREAST-MILK SUBSTITUTES (II) - ALL M EASURES/TARGETS ARE FOR 'WELL BABIES' (NORMAL NEWBORN - MEDICALLY APPROPRIATE) RESOURCES/C OMMUNITY PARTNERS LACTATION CONSULTANT (L), HOSPITAL ADMIN (H), HOSPITAL STAFF RNS (R), T ASK FORCE (T), SHHEC MARKETING (M), FL DEPT OF HEALTH-WALTON COUNTY (DOH-W), SHMG OB-GYNS AND STAFF (S), BABY FRIENDLY USA (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 11 Facility A, 3	Facility A, 3 - A3 - Sacred Heart Hospital on the Gulf ACCESS TO CARE GOAL REDUCE UNNECESSARY ADMISSIONS AND EMERGENCY DEPARTMENT VISITS BY INCREASING ACCESS TO PRIMARY CARE IN GULF/FRANKLIN COUNTY STRATEGY/ACTIONS INCREASE ACTIVATION FOR UNDERSERVED LIVING WITH DIA BETES, HYPERTENSION, HEART FAILURE, AND COPD THROUGH COACHING, CARE MANAGEMENT, AND MEDICAL HOME COORDINATION BACKGROUND -THE TARGET POPULATION IS UNDERSERVED LIVING IN GULF AND FRANKLIN COUNTIES -MYGULFCARE (MGC) IS A PROGRAM OF SHHG IN PARTNERSHIP WITH THE FLORIDA DEPARTMENT OF HEALTH IN GULF COUNTY (DOH-GULF) THAT TARGETS LOW-INCOME GULF COUNTY RESIDENTS WITH CHRONIC DISEASE MANAGEMENT CHALLENGES MYGULFCARE EMPLOYS A NONTRADITIONAL, INDIVIDUALIZED APPROACH BY PROVIDING CHRONIC CARE NURSE COACHING ASSISTANCE AND EDUCATION TO ADDRESS BOTH HEALTH CARE AND SOCIAL SERVICES NEEDS -DURING THE FOURTH QUARTER OF FY 2016, THE PROGRAM EXPANDED TO INCLUDE COPD AND HEART FAILURE DISEASE CONDITIONS -DISEASE MANAGEMENT STOP LIGHT TOOLS HAVE BEEN DEVELOPED FOR COPD AND HEART FAILURE, BUT NOT YET FOR DIABETES -THE STRATEGY WILL BE DEVELOPED USING EVIDENCE BASED DISEASE MANAGEMENT INFORMATION FROM SOURCES SUCH AS AMERICAN ASSOCIATION OF DIABETES EDUCATORS (AADE) AND INSIGNIA HEALTH'S COACHING FOR ACTIVATION RESOURCES MYGULFCARE (MGC) SOCIAL WORKER (SW), NURSE CARE MANAGERS (CM), AND PHARMACY ASSISTANCE PROGRAM COORDINATOR (PAP), GULF COUNTY HEALTH DEPARTMENT , FRANKLIN COUNTY HEALTH DEPARTMENT, SACRED HEART MEDICAL GROUP, SACRED HEART HOSPITAL CARE COORDINATION DEPARTMENT, SHHG EMERGENCY DEPARTMENT MENTAL HEALTH AND SUBSTANCE ABUSE GOAL INCREASE AWARENESS OF MENTAL HEALTH SERVICES IN GULF COUNTY STRATEGY/ACTIONS PROVIDE EDUCATION TO THE COMMUNITY TO INCREASE AWARENESS OF SERVICES AVAILABLE AND REDUCE THE STIGMA ASSOCIATED WITH MENTAL HEALTH AND MENTAL ILLNESS BACKGROUND -AVERAGE NUMBER OF ADULT POOR MENTAL HEALTH DAYS IN GULF COUNTY (LAST 30 DAYS-COUNT) 7.5 VS STATE 5.1 -MORE THAN 1 IN 5 OF THE GENERAL POPULATION RESPONDENTS AND 15% (N=) OF THE VULNERABLE POPULATION RESPONDENTS FEEL THAT MENTAL HEALTH IS ONE OF THE MOST IMPORTANT HEALTH ISSUES IN THE COUNTY (COMMUNITY SURVEY, 2015) -37% OF BOTH GENERAL AND VULNERABLE POPULATION RESPONDENTS INDICATED THAT THEY THINK MENTAL HEALTH SERVICES ARE DIFFICULT TO OBTAIN WITHIN GULF COUNTY (COMMUNITY SURVEY, 2015) -30% OF THE GENERAL POPULATION RESPONDENTS AND 26% OF VULNERABLE RESPONDENTS DID NOT KNOW WHERE TO GO TO RECEIVE MENTAL HEALTH CARE (COMMUNITY SURVEY, 2015) RESOURCES SACRED HEART ON THE GULF (SHHG) STAFF, MEETING SPACE, PRINTING AND DISTRIBUTION, MYGULFCARE, GULF 211, FLORIDA DEPARTMENT OF HEALTH IN GULF COUNTY (FDOH-G), GULF COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) PARTNERS HEALTHY WEIGHT GOAL REDUCE THE IMPACT OF OBESITY (BMI GREATER THAN 30.0) AND DIABETES IN GULF COUNTY STRATEGY/ACTIONS IMPROVE MYGULFCARE CLIENT SELF-MANAGEMENT OF WEIGHT AND BLOOD GLUCOSE LEVELS THROUGH EDUCATION AND COUNSELING BACKGROUND -ACCORDING

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	TO THE FLORIDA DEPARTMENT OF HEALTH, THE NUMBER ONE PUBLIC HEALTH THREAT TO FLORIDA'S FUTURE IS UNHEALTHY WEIGHT. THE ESTIMATED ANNUAL MEDICAL COST FOR PEOPLE WHO ARE OBESE IS \$1,429 HIGHER THAN THAT FOR PEOPLE OF HEALTHY WEIGHT (BMI=18.5-24.9). CURRENTLY, ONLY 36% OF FLORIDIANS ARE AT A HEALTHY WEIGHT, AND ONLY 33% OF GULF COUNTY ADULTS ARE AT A HEALTHY WEIGHT. OBESITY IS A MAJOR CONTRIBUTOR TO MANY PREVENTABLE CHRONIC DISEASES AND OTHER POOR HEALTH OUTCOMES, INCLUDING TYPE 2 DIABETES. 13.6% OF GULF COUNTY RESIDENTS ARE KNOWN TO HAVE DIABETES, WHICH IS UP FROM 7.6% DURING THE PRIOR REPORTING PERIOD AND EXCEEDS THE STATE RATE OF 11.2%. TARGET POPULATION IS MYGULFCARE (MGC) CLIENTS. MGC IS A PROGRAM OF SHHG IN PARTNERSHIP WITH THE FLORIDA DEPARTMENT OF HEALTH IN GULF COUNTY (DOH-GULF) THAT TARGETS LOW INCOME GULF COUNTY RESIDENTS WITH CHRONIC DISEASE MANAGEMENT CHALLENGES. MYGULFCARE EMPLOYS A NONTRADITIONAL INDIVIDUALIZED APPROACH BY PROVIDING CHRONIC CARE NURSE COACHING TO ADDRESS BOTH HEALTHCARE AND SOCIAL SERVICES NEEDS. NATIONAL STANDARDS FOR DSME RESOURCES: DIABETES EDUCATOR (DE), SHHEC/SHHP CDE MENTORS, DSMT COURSE MATERIAL, AMERICAN ASSOCIATION OF DIABETIC EDUCATORS (AADE) PATIENT EDUCATION DVDS, DIABETIC SELF-MANAGEMENT EDUCATION (DSME) EDUCATION GRANT, MYGULFCARE, PHARMACIES, HEALTH DEPARTMENT. OUTCOMES/ANTICIPATED IMPACT: BY JUNE 2017, 50% OF MYGULFCARE CLIENTS PARTICIPATING IN DIABETIC SELF-MANAGEMENT EDUCATION WILL HAVE A MINIMUM OF 3% TOTAL WEIGHT LOSS AT 6 MONTH CHECK-IN.

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 3E	B1 - Bay Medical Center To better target community resources on the service area's most pressing health needs, the hospital participated in a group discussion with organizational decision makers and community leaders to prioritize the significant community health needs while considering several criteria alignment with Ascension Health strategies of healthcare that leaves no one behind, care for the poor and vulnerable, opportunities for partnership, availability of existing programs and resources, addressing disparities of subgroups, availability of evidence-based practices, and community input The significant health needs are a prioritized description of the significant health needs of the community as identified through the CHNA See Schedule H, Part V, Line 7 for the link to the CHNA and Schedule H, Part V, Line 11 for how those needs are being addressed

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 5 Facility B, 1	Facility B, 1 - B1 - Bay Medical Center In 2015, Sacred Heart Health System, Inc ("SHHS"), the Florida Department of Health - Bay County ("DOH-Bay") and the Bay County Community Health Task Force (CHTF) worked together, in collaboration with other community organizations and agencies, to conduct a community health needs assessment (CHNA) for the approximately 175,000 residents of Bay County, Florida The CHNA provides a snapshot in time of the community strengths, needs, and priorities Guided by the Mobilization for Action through Planning and Partnerships (MAPP) process, the report is a result of a collaborative and participatory approach to community health planning and improvement Improving the health of the community is critical to enhancing Bay County residents' quality of life and supporting its future prosperity and well-being The following organizations were consulted during the CHNA process Big Bend Community Based Care Big Bend AHEC Big Bend Health Councils LEAD Coalition Glenwood Community Partnership Early Education and Care, Inc Tyndall Air Force Base Medical Reserve Corps West Rock Renew Counseling Anchorage Children's Home Department of Children and Families Nations Best Health Care Bay County Breastfeeding Connection St Andrews Bay Center Salvation Army Gulf Coast State College Gulf Coast Regional Medical Center Career Source Gulf Coast Covenant Hospice Panama City Marina Institute Veterans Affairs BASIC of Northwest Florida Early Learning Coalition of Northwest Florida Red Cross of Northwest Florida Department of Health Life Management Center PanCare, Inc United Way of Northwest Florida NCR/St Andrews Towers Victory Temple Journey Pure Emerald Coast Youth Enrichment Services Twelve Oaks Recovery Ascendant Healthcare Partners West-Rock Paper Mill WIC Panama City News Herald Healthy Start 90 Works Catholic Charities of Northwest Florida Community Health Task Force Gulf Coast Children's Advocacy Center Global Arts Society St Andrews State Park Emerald Coast Behavioral Hospital Panama City CRA ADA iHeart Media Second Chance of Northwest Florida AARP Bay County Chapter 315

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 6b Facility B, 1	Facility B, 1 - B1- Bay Medical Center The assessment process was led by SHHS and DOH-Bay, with active participation by community organizations and private and public agencies which collectively comprise the Bay County Community Health Task Force The assessment process included community meetings/workshops and a community survey distributed both on-line and in paper format More than 81 people representing more than 50 different community agencies and organizations and the general public participated in various meetings throughout the process In addition, 1,538 Bay County residents completed the community survey Particular focus was placed on obtaining input from vulnerable population groups

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 B, 1	Facility B, 1 - B4 - Bay Medical Center CHRONIC DISEASE GOAL IMPROVE DISEASE MANAGEMENT RELATED TO CONGESTIVE HEART FAILURE STRATEGY/ACTIONS RAISE AWARENESS OF RISK FACTORS AND EARLY INTERVENTIONS TO CHF PATIENTS FOR CHRONIC DISEASE MANAGEMENT BACKGROUND - READMISSIONS RELATED TO POORLY CONTROLLED DISEASE MANAGEMENT WITHIN THE COMMUNITY HISTORICAL REVIEW OF READMISSIONS REVEALED FREQUENT READMISSIONS FROM EXTENDED CARE FACILITIES RELATED TO FLUID OVERLOAD AND A LACK OF FOLLOW-UP CARE WITHIN A TIMELY MANNER OF DISCHARGE - TOGETHER, HEART DISEASE AND STROKE ARE AMONG THE MOST WIDESPREAD AND COSTLY HEALTH PROBLEMS FACING THE NATION TODAY, ACCOUNTING FOR MORE THAN \$500 BILLION IN HEALTH CARE EXPENDITURES AND RELATED EXPENSES IN 2010 ALONE FORTUNATELY, THEY ARE ALSO AMONG THE MOST PREVENTABLE (HEALTHY PEOPLE 2020) RESOURCES BAY MEDICAL CENTER / SACRED HEART CASE MANAGERS (CM) AND QUALITY STAFF (Q) WILL PARTNER WITH COMMUNITY RESOURCES RESOURCES WITHIN OUR COMMUNITY BAY COUNTY HEALTH DEPARTMENT (BCHD), EXTENDED CARE PARTNERS, SENIOR CITIZENS OUTREACH, HOME HEALTHCARE (HHC) ORGANIZATIONS, AND CHARITY NETWORK MENTAL HEALTH AND SUBSTANCE ABUSE GOAL INCREASE AWARENESS OF OUTPATIENT RESOURCES AVAILABLE WITHIN COMMUNITY FOR DEPRESSION AND RISK OF SUICIDE STRATEGY/ACTIONS EDUCATE COMMUNITY REGARDING LOCAL RESOURCES AVAILABLE FOR MENTAL HEALTH RISKS, SPECIFICALLY DEPRESSION AND SUICIDE INSTITUTE FOLLOW UP DISCHARGE PHONE CALLS FOR AT-RISK PATIENTS BACKGROUND - THERE IS A LACK OF LOCAL AWARENESS OF THE RESOURCES AVAILABLE TO LOCAL RESIDENTS WHO ARE DEPRESSED OR SUICIDAL THIS HAS BEEN EVIDENCED BY ROUTINE CRISIS ADMISSIONS WITHOUT PRIOR USE OF COMMUNITY RESOURCES - MENTAL DISORDERS ARE AMONG THE MOST COMMON CAUSES OF DISABILITY - SUICIDE DEATH RATE IN BAY COUNTY (2012-14) IS 20.9, EXCEEDING THE STATE RATE - THE RESULTING DISEASE BURDEN OF MENTAL ILLNESS IS AMONG THE HIGHEST OF ALL DISEASES (HEALTHY PEOPLE 2020) RESOURCES BAY MEDICAL CENTER / SACRED HEART HOSPITAL ADMIN (H), MARKETING (M), CASE MANAGEMENT (CM) AND SOCIAL WORKERS (SW) LOCAL RESOURCES INCLUDE AREA HEALTH EDUCATION COALITION (AHEC), BAY COUNTY HEALTH DEPARTMENT (BCHD), LIFE MANAGEMENT (LM), VETERANS AFFAIRS (VA), DEPARTMENT OF CHILDREN AND FAMILY SERVICES, AND LOCAL LAW ENFORCEMENT (LE) HEALTHY WEIGHT GOAL INCREASE BREASTFEEDING OF NEWBORNS WITHIN BAY COUNTY STRATEGY/ACTIONS INCREASE AWARENESS OF HEALTH BENEFITS FOR NEWBORNS ASSOCIATED WITH BREASTFEEDING AND PROVIDE DIRECT SUPPORT AND RESOURCES TO MOTHERS DELIVERING AT BAY MEDICAL - SACRED HEART BACKGROUND - BREASTFEEDING IS AN EVIDENCE-BASED INTERVENTION THAT REDUCES THE RISK OF CHILDHOOD OBESITY AS WELL AS DIABETES AND SIDS IN CHILDREN (CDC) - BREASTFEEDING INITIATION RATE (2013-14) IS 72.6 PER 100,000 POPULATION AND IS LOWER THAN THE STATE RATE RESOURCES BAY MEDICAL CENTER / SACRED HEART HOSPITAL ADMIN (H), HOSPITAL STAFF (RN), QUALITY (Q) AND MARKETING (M) LOCAL RESOURCES INCLUDE HEALTHY START (HS), BAY COUNT

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 B, 1	Y HEALTH DEPARTMENT (BCHD), LOCAL PEDIATRICIANS AND OB PHYSICIANS, BAY COUNTY BREASTFEEDIN G TASK FORCE (BCBTF)

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)
1 GCMA 4 orthopedics 4541 N Davis Hwy Pensacola, FL 32503	Diagnostic and Physician Services
1 GCMA 3 Sports Center 4521 N Davis Hwy Pensacola, FL 32503	Diagnostic and Physician Services
2 Sacred Heart Seton for OBGYN 5045 Carpenters Creek Dr Pensacola, FL 32503	Diagnostic and Physician Services
3 Ann L Baroco Center for Women's Health 5375 N 9th Avenue Pensacola, FL 32504	Women's Health Center
4 Regional Prenatal Center 5153 N 9th Avenue Pensacola, FL 32504	Perinatal Center
5 GCMA 5 Handcenter Rehab 4551 N Davis Hwy Pensacola, FL 32503	Diagnostic and Physician Services
6 Tiger Point Medical Park 4033 Gulf Breeze Pkwy Gulf Breeze, FL 32563	Diagnostic and Physician Services
7 SHMG Gulf Breeze (Westafer) 2569 Gulf Breeze Pkwy Gulf Breeze, FL 32563	Diagnostic and Physician Services
8 SRMC Cardiology 5992 Berryhill Road Ste 302 Milton, FL 32570	Diagnostic and Physician Services
9 Outpatient Rehabilitation Center 4406 N David Hwy Pensacola, FL 32503	Rehabilitation Center
10 Sacred Heart Medical Park-Airport 1549 Airport Blvd Pensacola, FL 32504	Diagnostic and Physician Services
11 Sacred Heart Medical Park-Pace 3754 Hwy 90 Pace, FL 32571	Diagnostic and Physician Services
12 Sacred Heart Cancer Center 1545 Airport Blvd Pensacola, FL 31504	Cancer Care
13 Pine Forest Commons 2107 W Nine Mile Road Suite 2/3 Pensacola, FL 32534	Diagnostic and Physician Services
14 SHMG Pediatrics 15 Daniel Drive Gulf Breeze, FL 32561	Diagnostic and Physician Services

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)
16 SHMG Pediatrics Milestone 185 Crossville St Cantonment, FL 32533	Diagnostic and Physician Services
1 SHMG Crestview Pediatrics 332 Medcrest Dr Crestview, FL 32536	Diagnostic and Physician Services
2 SHMG Downtown Pensacola 151 Main Street Pensacola, FL 32513	Diagnostic and Physician Services
3 Sacred Heart Occ Health Strategies 6665 Pensacola Blvd Pensacola, FL 32505	Rehabilitation Center
4 Occupational Health Strategies 4412 N Davis Hwy Pensacola, FL 32503	Occupational Health
5 SHMG Rheumatology Pensacola 2441 North 9th Ave Pensacola, FL 32503	Diagnostic and Physician Services
6 SHMG Pace 5 points 5607 Woodbine Rd Pace, FL 32571	Diagnostic and Physician Services
7 SHMG Beckric PC 120 Richard Jackson Blvd Suite 100 120 and 180 Panama City, FL 32547	Diagnostic and Physician Services
8 Mack Bayou 2 27 Mack Bayou loop Santa Rosa, FL 32549	Diagnostic and Physician Services
9 Rehab Center 4929 Mobile Hwy Pensacola, FL 32526	Rehabilitation Center
10 Walgreens 8220 Navarre Parkway Pensacola, FL 32566	Pharmacy Services
11 SHMG Freeport 281 St Hwy 20 East Freeport, FL 32563	Diagnostic and Physician Services
12 Walgreens 2237 W Nine Mile road Cantonment, FL 32533	Pharmacy Services
13 Walgreens #5581 6314 N 9th Avenue Pensacola, FL 32504	Pharmacy Services
14 Sacred Heart Cardiac Rehab Center 1601 Airport Blvd Pensacola, FL 32501	Cardio Pulmonary services

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)
31 Somerby SHHEC Primary Care OP 164 W Hewitt Road Santa Rosa Beach, FL 32549	Diagnostic and Physician Services
1 Bluewater Bay 4586 Hwy 20 Niceville, FL 32578	Diagnostic and Physician Services
2 Walgreens 3909 Hwy 90 Pace, FL 32507	Pharmacy Services
3 Sacred Heart Pediatric Care Center 1675 Trinity Drive Pensacola, FL 32504	Pediatric Care
4 SHMG Pediatrics PACE 5565 Woodbine Road Pace, FL 32570	Diagnostic and Physician Services
5 Sacred Heart Pulmonary Rehab Center 1601 Airport Blvd Pensacola, FL 32501	Cardio Pulmonary services
6 Outpatient Laboratories 1549 Airport Blvd Pensacola, FL 32504	Diagnostic and Physician Services
7 Laboratory Services 5151 N 9th Ave Pensacola, FL 32504	Laboratory Services
8 Laboratory Services 4511 N Davis Hwy Pensacola, FL 32503	Laboratory Services
9 Laboratory Services 400 Milestone Blvd Pensacola, FL 32533	Laboratory Services
10 Laboratory Services 3754 El Rito Drive Pensacola, FL 32407	Laboratory Services
11 Laboratory Services 13137 Sorrento Road Pensacola, FL 32507	Laboratory Services
12 Rehab Center 3754 Hwy 90 Pensacola, FL 32571	Rehabilitation Center
13 Rehab Center 3408 Santa Rosa Dr Pensacola, FL 32563	Rehabilitation Center
14 Rehab Center 13137 Sorrento Road Pensacola, FL 32507	Rehabilitation Center

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)
46 Sacred Heart Pharmacy 5149 N 9th Avenue Pensacola, FL 32514	Pharmacy Services
1 Surgical Weight Loss Center 5149 N 9th Avenue Pensacola, FL 32514	Weight Loss Center
2 SHMG GCMA 2 4501 N Davis Hwy Pensacola, FL 32503	Diagnostic and Physician Services
3 Autism Pensacola 5164 Bayou Blvd Pensacola, FL 32503	Diagnostic and Physician Services
4 Apalachicola OP Rehab 76 Market Street Unit CD Apalachicola, FL 32320	Diagnostic and Physician Services
5 Pediatrics FWB 1025 Beal Pkwy Ft Walton Beach, FL 32547	Diagnostic and Physician Services
6 SHMG FT Walton Beach North Given 2010 Lewis Turner Blvd Ft Walton Beach, FL 32547	Diagnostic and Physician Services
7 SHMG Destin Arcon Surgery Ctr 36500 Emerald Coast Pkwy Destin, FL 32541	Diagnostic and Physician Services
8 SHMG at Pea Ridge 4435 Hwy 90 Pace, FL 32571	Diagnostic and Physician Services
9 Mack Bayou 141 Mack Bayou Loop Suite 201 and 202 Santa Rosa Beach, FL 32459	Diagnostic and Physician Services
10 Port St Joe MOB 3871 E Hwy 98 Port St Joe, FL 32456	Diagnostic and Physician Services
11 Sacred Heart Urgent Care 6665 Pensacola Blvd Pensacola, FL 32505	Diagnostic and Physician Services

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," on 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.

OMB No 1545-0047

2017

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

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

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

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	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 expenditures 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: 17005876
Software Version: 2017v2.2
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 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
ESCAMBIA COMMUNITY CLINICS INC 14 WEST JORDAN ST STE 2G PENSACOLA, FL 32501	59-3105246	501(C)(3)	365,808				OPERATING SUPPORT
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	140,000				OPERATING SUPPORT

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 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
CROSSROADS CENTER INC 444 VALPARAISO PKWY STE 203 VALPARAISO, FL 32580	20-5518720	501(C)(3)	15,000				OPERATING SUPPORT
ST VINCENT'S FOUNDATION 4205 BELFORT ROAD JACKSONVILLE, FL 32216	59-2219923	501(C)(3)	10,000				OPERATING SUPPORT

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 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
NW FL COMMUNITY HOUSING DEVELOPMENT 300 W LEONARD ST PENSACOLA, FL 32501	47-1093103	501(C)(3)	193,644				OPERATING SUPPORT
SACRED HEART FOUNDATION 5151 N 9TH AVENUE PENSACOLA, FL 32504	59-2436597	501(C)(3)	2,013,180				OPERATING SUPPORT

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 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
CATHOLIC CHARITIES OF NW FLORIDA PO BOX 6330 PENSACOLA, FL 32503	59-3213644	501(C)(3)	5,450				OPERATING SUPPORT
ASCENDANT PARTNERSHIP 101 PALAFOX PLACE 170 PENSACOLA, FL 32502	81-3039709		5,000				OPERATING SUPPORT

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 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
NATIONAL FLIGHT ACADEMY 1750 RADFORD RD STE B PENSACOLA, FL 32508	59-6178237	501(C)(3)	102,512				OPERATING SUPPORT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Sacred Heart Health System Inc	Employer identification number 59-0634434
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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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td>☐ First-class or charter travel</td> <td>☐ Housing allowance or residence for personal use</td> </tr> <tr> <td>☐ Travel for companions</td> <td>☐ Payments for business use of personal residence</td> </tr> <tr> <td>☐ Tax indemnification and gross-up payments</td> <td>☐ Health or social club dues or initiation fees</td> </tr> <tr> <td>☐ Discretionary spending account</td> <td>☐ Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	☐ First-class or charter travel	☐ Housing allowance or residence for personal use	☐ Travel for companions	☐ Payments for business use of personal residence	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
☐ First-class or charter travel	☐ Housing allowance or residence for personal use									
☐ Travel for companions	☐ Payments for business use of personal residence									
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees									
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)									
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. <table border="0"> <tr> <td>☐ Compensation committee</td> <td>☐ Written employment contract</td> </tr> <tr> <td>☐ Independent compensation consultant</td> <td>☐ Compensation survey or study</td> </tr> <tr> <td>☐ Form 990 of other organizations</td> <td>☐ Approval by the board or compensation committee</td> </tr> </table>	☐ Compensation committee	☐ Written employment contract	☐ Independent compensation consultant	☐ Compensation survey or study	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee				
☐ Compensation committee	☐ Written employment contract									
☐ Independent compensation consultant	☐ Compensation survey or study									
☐ Form 990 of other organizations	☐ Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	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?	4c	No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization?	5b	No								
If "Yes," on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization?	6b	No								
If "Yes," on line 6a or 6b, describe in Part III.										
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

See Additional Data Table**Schedule J (Form 990) 2017**

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 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 Severance or change-of-control payment	THE FOLLOWING INDIVIDUAL(S) RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE CALENDAR YEAR 2017 Karen Emmanuel - \$69,231 Denise Barton - \$133,796
Schedule J, Part I, Line 4b 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: Susan L Davis - \$8,189,093 Roger Hall - \$23,453 Mark S Boatright - \$327,034

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1SUSAN L DAVIS RN	(i)	0	0	0	0	0	0	0
DIRECTOR, PRESIDENT/CEO (END 4/2018)	(ii)	763,052	1,101,437	8,411,902	16,200	19,673	10,312,263	8,189,093
1DENISE BARTON	(i)	0	0	135,682	0	1,061	136,743	0
FORMER KEY EMPLOYEE (END 12/2015)	(ii)	0	0	0	0	0	0	0
2CAROL C WHITTINGTON	(i)	0	0	0	0	0	0	0
FORMER OFFICER (END 6/2015)	(ii)	342,634	499,763	84,266	17,550	24,712	968,925	0
3C SUSAN CORNEJO	(i)	36,565	0	750	571	2,004	39,891	0
CHIEF FINANCIAL OFFICER - SHHS	(ii)	365,157	248,229	52,971	15,629	19,061	701,047	0
4KERRY EATON	(i)	363,943	377,987	70,474	17,550	15,209	845,163	0
CHIEF OPERATING OFFICER (END 10/2017)	(ii)	0	0	0	0	0	0	0
5KAREN EMMANUEL	(i)	0	0	0	0	0	0	0
GENERAL COUNSEL/CORPORATE COMPLIANCE OFFICER (END 12/2017)	(ii)	230,466	160,024	527,722	16,489	8,211	942,912	0
6J HENRY STOVALL III	(i)	394,815	268,681	63,268	14,850	19,261	760,874	0
PRESIDENT, SHHS (START 1/2018)	(ii)	0	0	0	0	0	0	0
7MICHELLE ADAMOLEKUN	(i)	0	0	0	0	0	0	0
VP HR-MINISTRY MKT GULF COAST-JAX-BIR	(ii)	248,838	141,041	39,395	16,171	20,045	465,489	0
8ROGER HALL	(i)	340,124	158,147	103,078	17,550	17,589	636,488	23,453
PRESIDENT - SHHEC & SHHG	(ii)	0	0	0	0	0	0	0
9JOHN HALSTEAD	(i)	281,823	119,542	28,614	5,735	25,230	460,944	0
CHIEF MISSION INTEGRATION OFFICER	(ii)	0	0	0	0	0	0	0
10NINA JEFFORDS	(i)	248,306	59,612	50,052	17,002	9,425	384,397	0
CNO - GULF COAST HEALTH SYSTEM	(ii)	0	0	0	0	0	0	0
11PETER J JENNINGS	(i)	374,681	75,189	25,803	13,500	24,009	513,182	0
CHIEF MEDICAL OFFICER	(ii)	0	0	0	0	0	0	0
12JULES KARIHER	(i)	177,885	24,624	8,039	9,173	1,917	221,637	0
CHIEF ADVOCACY OFFICER	(ii)	0	0	0	0	0	0	0
13STEPHEN R MAYFIELD	(i)	166,017	0	45,813	7,819	11,795	231,444	0
CHIEF QUALITY OFFICER	(ii)	0	0	0	0	0	0	0
14ROBERT MURPHY	(i)	312,324	91,776	26,180	13,500	25,741	469,521	0
PRES-ADMIN AMG GULF COAST MARKET	(ii)	0	0	0	0	0	0	0
15GARY PABLO MD	(i)	381,544	85,198	40,860	17,550	17,951	543,103	0
CMO, SHHEC & SHHG	(ii)	0	0	0	0	0	0	0
16ROGER A POITRAS JR	(i)	324,452	245,568	42,765	14,850	22,990	650,626	0
CHIEF STRATEGY OFFICER	(ii)	0	0	0	0	0	0	0
17DAVID G POWELL	(i)	0	0	0	0	0	0	0
CHIEF RESOURCE OFFICER	(ii)	280,927	56,058	2,612	17,550	18,475	375,623	0
18DOUGLAS A ROSS	(i)	516,736	431,398	110,049	14,850	26,956	1,099,989	0
SVP CLINICAL INTEGRATION	(ii)	0	0	0	0	0	0	0
19MORRIS SIMHACHALAM MD	(i)	412,469	100,242	46,453	17,550	26,612	603,326	0
CMO	(ii)	0	0	0	0	0	0	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21TERESA D SMITH COO	(i)	238,905	56,445	20,059	15,438	9,280	340,126	0
	(ii)	0	0	0	0	0	0	0
1AMY D WILSON CNO (END 1/2017)	(i)	8,490	0	44	419	682	9,634	0
	(ii)	272,997	110,098	20,196	14,229	17,967	435,486	0
2ROHIT R AMIN MD PHYSICIAN	(i)	773,247	116,251	35,028	14,850	24,122	963,498	0
	(ii)	0	0	0	0	0	0	0
3MARK S BOATRIGHT MD PHYSICIAN	(i)	490,154	216,358	332,493	16,200	31,433	1,086,639	327,034
	(ii)	0	0	0	0	0	0	0
4SAMUEL DEMETRIOS CRITIDES MD PHYSICIAN	(i)	437,541	709,797	2,922	8,100	36,207	1,194,566	0
	(ii)	0	0	0	0	0	0	0
5KURT L MORRISON DO PHYSICIAN	(i)	289,932	733,311	2,718	14,850	36,091	1,076,902	0
	(ii)	0	0	0	0	0	0	0
6JUAN FELIX RONDEROS MD PHYSICIAN	(i)	437,938	764,670	6,342	13,500	28,266	1,250,716	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Sacred Heart Health System Inc

Employer identification number
59-0634434

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>COMPUTER EQUIPMENT</u>)	X	1	57,300	Market value
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

No

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - COMPUTER EQUIPMENT NUMBER OF CONTRIBUTIONS

SCHEDULE O (Form 990 or 990-EZ)	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 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Sacred Heart Health System Inc		Employer identification number 59-0634434

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE PROCESS OF DETERMINING THE AMOUNT OF COMPENSATION PAID TO THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL IS PERFORMED BY ASCENSION HEALTH AND ITS SUBSIDIARY ORGANIZATIONS. ASCENSION HEALTH IS THE NATIONAL HEALTH SYSTEM PARENT. THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR OR TOP MANAGEMENT OFFICIAL'S SALARY 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 MINUTES. THE INDIVIDUAL WAS NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED.

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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, Gulf Coast Health System, who has the ability to elect members to the governing body of Sacred Heart Health System, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b 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 and major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic and financial plans, assets, system policies and procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	DURING THE RETURN PREPARATION PROCESS, THE TAX DEPARTMENT WORKS WITH OTHER FUNCTIONAL AREAS INCLUDING FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN UPON COMPLETION, THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S INTERNAL TAX DEPARTMENT WHICH CONSISTS OF ATTORNEYS AND CPAS A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S PRESIDENT, FINANCIAL OFFICER, AND/OR OTHER KEY OFFICERS IN LIEU OF THE FULL BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	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 conflicts 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	IN DETERMINING COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES, THE PROCESS PERFORMED INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE OFFICERS' SALARIES WERE 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 MINUTES INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A Related Entities	The organization utilizes an affiliate as the common pay agent. Employees reported in Part VII may have duties that impact multiple related entities. Total average hours worked and compensation and benefits paid are reported. In doing so, if available, a common law employer analysis is used to determine whether the hours and compensation/benefits are reportable as attributable directly to the filing organization or another entity, otherwise, the best available information has been used as the basis for allocations utilized in the reporting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Contracted Services Revenue - Total Revenue 337456, Related or Exempt Function Revenue 337456, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Management Fees - Total Revenue 508282, Related or Exempt Function Revenue 508282, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Billing Service Revenue - Total Revenue 54616, Related or Exempt Function Revenue 54616, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Rental Income from Affiliates - Total Revenue 106144, Related or Exempt Function Revenue 106144, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Education Revenue - Total Revenue 143567, Related or Exempt Function Revenue 143567, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Escheatment Revenue - Total Revenue 16302, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 16302, Medical Records Fees - Total Revenue 13924, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 13924, Miscellaneous Revenue - Total Revenue 1578399, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1578399, Research Revenues - Total Revenue 1007502, Related or Exempt Function Revenue 270363, Unrelated Business Revenue 737139, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFER FROM ALPHA FUND - 61495216, DISTRIBUTION TO JV PARTNER - 121462, FAS 98 ADJUSTMENT - -422373,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2c oversight of audit or selection committee	Sacred Heart Health System, Inc is included in the consolidated financial statements of Ascension Health Alliance The Finance and Audit committee of Ascension Health Alliance's Board assumes responsibility for the consolidated organization as a whole

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2b Audited 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

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.

OMB No 1545-0047

2017

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Northwest Florida Health Partners LLC 5151 N 9th Avenue Pensacola, FL 32504 59-3519881	Health Partners	FL	3,371,439	26	Sacred Heart Health System Inc
(2) Children's Quality Alliance LLC 5151 N 9th Avenue Pensacola, FL 32504	PEDIATRIC CLINICALLY INTEGRATED NETWORK	FL	0	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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b) (13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
(2) PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
(3) ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
(4) SOUTH COAST REAL ESTATE VENTURE LLC 5907 HIGHWAY 90 MOSS POINT, MS 39563 45-5599047	OWN REAL ESTATE FOR A PHYSICIAN OFFICE BUILDING	MS	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
(2) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
(3) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	SACRED HEART HEALTH SYSTEM INC	C Corporation	3,098,633	20,096,510	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	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l	Yes	
1m	Yes	
1n		No
1o	Yes	
1p	Yes	
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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID: 17005876
Software Version: 2017v2.2
EIN: 59-0634434
Name: Sacred Heart Health System Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH		No
6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0915493	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	7	GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		GULF COAST HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 57-1183283	INVESTMENT	FL	501(c)(3)	Type I	SACRED HEART HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
4771 Bayou Blvd Suite 3 PMB 197 Pensacola, FL 32503 59-3393911	PROMOTE PUBLIC HEALTH	FL	501(c)(3)	7	SACRED HEART HEALTH SYSTEM INC AND BAPTIST HEALTH CARE CORPORATION	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GULF COAST DIVERSIFIED INC	L	313,610	FAIR MARKET VALUE
GULF COAST DIVERSIFIED INC	Q	93,423	FAIR MARKET VALUE
HAVEN OF OUR LADY OF PEACE INC	L	9,833,482	FAIR MARKET VALUE
SACRED HEART FOUNDATION INC	C	1,154,921	FAIR MARKET VALUE
SACRED HEART HEALTH VENTURES INC	S	737,400	FAIR MARKET VALUE
SACRED HEART FOUNDATION INC	B	2,013,180	FAIR MARKET VALUE
GULF COAST DIVERSIFIED INC	C	850,000	FAIR MARKET VALUE