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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

D Employer identification number
59-0634434

E Telephone number
(314) 733-8000

G Gross receipts $ 984,940,164

F Name and address of principal officer
THOMAS J VAN OSDOL
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

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

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)	**3**	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	5,902
6	Total number of volunteers (estimate if necessary)	**6**	512
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	1,737,343
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,755,934	27,140,510
9	Program service revenue (Part VIII, line 2g)	879,253,852	948,758,022
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-80,287	-163,177
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,299,260	7,724,908
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	904,228,759	983,460,263
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,861,355	2,709,607
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	412,801,797	416,532,000
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	483,958,146	539,099,117
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	899,621,298	958,340,724
19	Revenue less expenses Subtract line 18 from line 12	4,607,461	25,119,539

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	619,036,592	736,020,512
21	Total liabilities (Part X, line 26)	346,038,761	337,642,358
22	Net assets or fund balances Subtract line 21 from line 20	272,997,831	398,378,154

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

****** 2020-05-15
Signature of officer Date

Tonya Mershon Tax Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01222873

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 Monument Circle Suite 4200
Indianapolis, IN 462045108 — Phone no (317) 464-8600

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

ROOTED IN THE LOVING MINISTRY OF JESUS AS HEALER, WE COMMIT OURSELVES TO SERVING ALL PERSONS WITH SPECIAL ATTENTION TO THOSE WHO ARE POOR AND VULNERABLE OUR CATHOLIC HEALTH MINISTRY IS DEDICATED TO SPIRITUALLY-CENTERED, HOLISTIC CARE WHICH SUSTAINS AND IMPROVES THE HEALTH OF INDIVIDUALS AND COMMUNITIES WE ARE ADVOCATES FOR A COMPASSIONATE AND JUST SOCIETY THROUGH OUR ACTIONS AND OUR WORDS

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 $ 710,147,290 including grants of $ 2,709,607) (Revenue $ 950,037,211)

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 ▶** 710,147,290

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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	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? *If "Yes," complete Schedule I, Parts I and II*	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? *If "Yes," complete Schedule I, Parts I and III*	22		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	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? *If "Yes," complete Schedule J*	**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? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	**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? *If "Yes," complete Schedule L, Part III*	**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? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**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? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**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? *If "Yes," complete Schedule R, Part VI*	**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 Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	634		
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**	5,902		
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**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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	**1a**	12		
	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	**1b**	11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		**2**		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?		**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?		**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		**9**		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) 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										

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) ▶								8,085,926	7,137,067	912,794

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 ▶ 454

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such individual*	**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? *If "Yes," complete Schedule J for such person*	**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	27,159,612
PENSACOLA LUNG GROUP MDS PA 4700 BAYOU BLVD SUITE 6 PENSACOLA, FL 325031901	MEDICAL SERVICES	4,098,431
AMS SACRED HEART LLC 362 GULF BREEZE PKWY 116 GULF BREEZE, FL 32561	ANESTHESIA SERVICES	2,549,162
GULF COAST HEALTH SYSTEM IMAGING LLC 1642 WESTGATE CIRCLE STE 202 BRENTWOOD, TN 37027	MEDICAL SERVICES	2,093,666
VIVID PATHOLOGY PA 5700 SOUTHWYCK BLVD TOLEDO, OH 43614	MEDICAL SERVICES	2,021,102

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 ▶ 44

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns . .	1a 0				
b Membership dues . .	1b 0				
c Fundraising events . .	1c 0				
d Related organizations	1d 24,111,315				
e Government grants (contributions)	1e 2,886,364				
f All other contributions, gifts, grants, and similar amounts not included above	1f 142,831				
g Noncash contributions included in lines 1a - 1f $ _____					
h **Total.** Add lines 1a-1f . . . . . ▶		27,140,510			
Program Service Revenue	Business Code				
2a NET PATIENT SERVICE REVENUE	621990	921,001,830	919,326,532	1,675,298	
b PHARMACY REVENUE	446110	19,156,594	19,156,594		
c STATE PROGRAM REVENUE	900099	5,535,097	5,535,097		
d Management Fees	561000	1,398,116	1,398,116		
e Services to Affiliates	561000	904,524	904,524		
f All other program service revenue		761,861	761,861	0	0
g **Total.** Add lines 2a–2f . . . . ▶		948,758,022			
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		99,429			99,429
4 Income from investment of tax-exempt bond proceeds ▶		0			0
5 Royalties . . . . . ▶		0			0
	(i) Real / (ii) Personal				
6a Gross rents	3,165,435 / 0				
b Less rental expenses	1,213,295				
c Rental income or (loss)	1,952,140 / 0				
d Net rental income or (loss) . . . . . ▶		1,952,140			1,952,140
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	0 / 4,000				
b Less cost or other basis and sales expenses	266,606				
c Gain or (loss)	0 / -262,606				
d Net gain or (loss) . . . . . ▶		-262,606			-262,606
Other Revenue 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 . . ▶		0			0
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 . . ▶		0			0
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 . . ▶		0			0
Miscellaneous Revenue	Business Code				
11a CAFETERIA/VENDING REVENUE	722514	3,215,005			3,215,005
b EDUCATION REVENUE	611430	1,110,813	1,110,813		
c RESEARCH REVENUE	900099	228,660	166,615	62,045	
d All other revenue		1,218,290	1,761	0	1,216,529
e **Total.** Add lines 11a–11d . . . . . ▶		5,772,768			
12 **Total revenue.** See Instructions . . . . . ▶		983,460,263	948,361,913	1,737,343	6,220,497

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,709,607	2,709,607		
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	2,603,949	0	2,603,949	0
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	344,018,952	326,126,541	17,892,411	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	11,582,989	10,980,557	602,432	
9 Other employee benefits	36,573,789	34,671,588	1,902,201	
10 Payroll taxes	21,752,321	20,478,140	1,274,181	
11 Fees for services (non-employees)				
a Management	139,107	133,580	5,527	
b Legal	1,243,807		1,243,807	
c Accounting	88,449		88,449	
d Lobbying	128,185		128,185	
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)	30,210,565	15,712,925	14,497,640	0
12 Advertising and promotion	897,788	140,573	757,215	
13 Office expenses	5,500,606	1,797,108	3,703,498	
14 Information technology	247,693	48,175	199,518	
15 Royalties				
16 Occupancy	23,448,916	399,252	23,049,664	
17 Travel	2,285,930	1,135,905	1,150,025	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	870,006	507,898	362,108	
20 Interest	4,932,714	17,103	4,915,611	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	38,111,955	15,259,490	22,852,465	
23 Insurance	8,912,998	415,778	8,497,220	
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	193,133,140	190,905,284	2,227,856	
b PURCHASED SERVICES	108,033,143	52,057,930	55,975,213	
c MANAGEMENT FEE TO AFFILIATE	72,077,839	37,593	72,040,246	
d UBI TAX	254,728	5,003	249,725	
e All other expenses	48,581,548	36,607,260	11,974,288	0
25 **Total functional expenses.** Add lines 1 through 24e	958,340,724	710,147,290	248,193,434	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 Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	24,814	1	24,186
	2	Savings and temporary cash investments	4,219,204	2	21,572,394
	3	Pledges and grants receivable, net	543,274	3	745,846
	4	Accounts receivable, net	131,763,308	4	151,743,939
	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	12,836,979	7	12,603,479
	8	Inventories for sale or use	17,461,510	8	25,286,849
	9	Prepaid expenses and deferred charges	1,962,810	9	2,133,713
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 864,828,242			
	b	Less accumulated depreciation — 10b: 469,216,338	346,906,457	10c	395,611,904
	11	Investments—publicly traded securities	0	11	0
	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	40,269,372	14	59,898,282
	15	Other assets See Part IV, line 11	63,048,864	15	66,399,920
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	619,036,592	16	736,020,512
Liabilities	17	Accounts payable and accrued expenses	58,316,405	17	85,708,651
	18	Grants payable	0	18	0
	19	Deferred revenue	641,190	19	813,530
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	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	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	287,081,166	25	251,120,177
	26	**Total liabilities.** Add lines 17 through 25	346,038,761	26	337,642,358
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	272,997,831	27	398,378,154
	28	Temporarily restricted net assets	0	28	0
	29	Permanently restricted net assets	0	29	0
		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	0	30	0
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32	Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33	Total net assets or fund balances	272,997,831	33	398,378,154
	34	Total liabilities and net assets/fund balances	619,036,592	34	736,020,512

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	983,460,263
2	Total expenses (must equal Part IX, column (A), line 25)	2	958,340,724
3	Revenue less expenses Subtract line 2 from line 1	3	25,119,539
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	272,997,831
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	100,260,784
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	398,378,154

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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?	2a		No
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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			
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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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	3b	Yes	

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 59-0634434
Name: Sacred Heart Health System Inc

Form 990 (2018)

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 2019, Sacred Heart Health System, Inc treated 32,482 adults and children for a total of 147,003 patient days of service The hospital also provided services for 1,450,693 outpatient visits, which included 19,101 outpatient surgeries and 159,218 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			
QUINT STUDER CHAIR (END 2/2019)	1 0 0	X		X				0	0	0
DAVID SANSING VICE CHAIR (END 2/2019)/CHAIR (START 2/2019)	1 0 0	X		X				0	0	0
RICHARD R BAKER SECRETARY/TREASURER	1 0 0	X		X				0	0	0
THOMAS J VANOSDOL EX-OFFICIO/CEO/MINISTRY MARKET EXECUTIVE	0 0 50 0	X		X				0	872,897	44,477
KEVIN JOSEPH MD DIRECTOR	1 0 0	X						0	0	0
MICHAEL MURDOCH MD DIRECTOR	1 0 0	X						0	0	0
ALAN NICKELSEN DIRECTOR	1 0 0	X						0	0	0
WILLIAM L NYLAND DIRECTOR	1 0 0	X						0	0	0
SISTER LOIS O'MALLEY CSJ DIRECTOR (END 11/2018)	1 0 0	X						0	0	0
AMIE REMINGTON DIRECTOR	1 0 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			
KRISTINE RUSHING DIRECTOR	1 0 0	X						0	0	0
MATTHEW VINSON DIRECTOR	1 0 0	X						0	0	0
ANGIE WATSON DIRECTOR	1 0 0	X						0	0	0
BERNARD YATES DIRECTOR	1 0 0	X						0	0	0
C SUSAN CORNEJO CFO, MINISTRY MARKET (END 1/2019)/COO, MINISTRY MARKET (START 1/2019)	0 0 ..... 50 0			X				0	579,713	39,649
KIMBERLY P SHREWSBURY CFO, MINISTRY MARKET (START 1/2019)	0 0 ..... 50 0			X				0	298,053	43,464
GARY PABLO MD CMO (SHHEC/SHHG)	50 0 0				X			452,671	0	35,751
MORRIS N SIMHACHALAM DO CMO (SHMG)	50 0 0				X			445,023	0	41,120
PETER J JENNINGS MD CMO (SHH)	50 0 0				X			400,086	0	36,151
ROBERT MURPHY COO (END 6/2018)	50 0 0				X			338,784	0	23,354

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			
NINA B JEFFORDS RN CNO (END 10/2018)	50 0 0				X			328,641	0	22,244
TERESA D SMITH COO (SHH)	50 0 0				X			280,155	0	25,149
TERRIE L FONTENOT RN CNO (START 10/2018)	50 0 ..... 50 0				X			154,321	96,257	33,709
MARIA M TOLEDO GONZALEZ MD PHYSICIAN	50 0 0					X		1,161,722	0	45,499
DAVID L SMITH MD PHYSICIAN	50 0 0					X		1,084,643	0	46,266
KURT L MORRISON DO PHYSICIAN	50 0 0					X		1,030,719	0	56,386
VISHAL GUJRAL MD PHYSICIAN	50 0 0					X		992,243	0	52,000
RAHUL CHAVAN MD PHYSICIAN	50 0 0					X		965,027	0	35,365
MICHELLE C WILLIAMS ADAMOLEKUN FORMER KEY EMPLOYEE (12/2017)	0 0 ..... 50 0						X	0	273,516	5,534
ROGER L HALL FORMER KEY EMPLOYEE (12/2017)	0 0 ..... 50 0						X	0	416,525	35,299

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			
JOHN L HALSTEAD FORMER KEY EMPLOYEE (12/2017)	0 0 ..... 50 0						X	0	331,438	20,860
JULES KARIHER FORMER KEY EMPLOYEE (12/2017)	50 0 0						X	192,046	0	19,500
STEPHEN R MAYFIELD FORMER KEY EMPLOYEE (12/2017)	50 0 0						X	259,845	0	25,148
ROGER A POITRAS JR FORMER KEY EMPLOYEE (12/2017)	0 0 ..... 50 0						X	0	392,957	16,738
DAVID G POWELL FORMER KEY EMPLOYEE (12/2017)	0 0 ..... 50 0						X	0	393,028	35,609
DOUGLAS A ROSS FORMER KEY EMPLOYEE (12/2017)	0 0 ..... 50 0						X	0	661,012	42,445
AMY D WILSON FORMER KEY EMPLOYEE (1/2017)	0 0 ..... 50 0						X	0	340,138	33,313
J HENRY STOVALL III FORMER OFFICER (END 6/2018)	0 0 ..... 50 0						X	0	524,130	34,615
CAROL C WHITTINGTON FORMER OFFICER (END 6/2015)	0 0 ..... 50 0						X	0	805,351	41,457
KAREN O EMMANUEL FORMER OFFICER (END 12/2017)	0 0 ..... 0 0						X	0	306,149	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			
SUSAN L DAVIS RN FORMER OFFICER (END 4/2018)	0 0 ..... 0 0						X	0	845,903	21,691

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Sacred Heart Health System Inc

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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

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

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2017 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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? *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*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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? *If "Yes," provide detail in* ***Part VI.***	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)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

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?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***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*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ 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)

			Yes	No
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? *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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

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

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	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 2018 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-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493136010070

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

OMB No 1545-0047

2018

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	**Employer identification number**
Sacred Heart Health System Inc	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		
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-		

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

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)** 2015	**(b)** 2016	**(c)** 2017	**(d)** 2018	**(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) Yes	(a) No	(b) 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		15,564
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		112,621
j	Total Add lines 1c through 1i			128,185
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	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 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

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

OMB No 1545-0047

2018

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)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	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 7/25/06, 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

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

(i) Revenue included 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

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

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	36,642	36,642	36,642	36,642	36,642
b Contributions . . .	0	0	0	0	0
c Net investment earnings, gains, and losses	0	0	0	0	0
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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii) Yes	
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?	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	2,416,946	27,268,031		29,684,977
b Buildings	11,064,092	432,547,498	263,496,629	180,114,961
c Leasehold improvements		3,327,466	1,932,916	1,394,550
d Equipment		234,190,092	184,173,780	50,016,312
e Other		154,014,117	19,613,013	134,401,104
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				395,611,904

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) Rent Receivable	2,225,532
(2) Due from Affiliates	10,770,471
(3) Other Receivables	12,512,577
(4) Security Deposit	88,198
(5) Estimated 3rd Party Payor Settlements	40,433,007
(6) Provider Tax	42,515
(7) Other Current Assets	327,620
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	66,399,920

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	160,867
Other Noncurrent Liabilities	11,754,426
Liability Receivable Sold with Recourse	5,152,558
Due to Affiliates	108,595,263
Estimated 3rd Party Payor Settlement	12,553,336
Recovery Tail Liability	4,595,764
Accrued Tax Liability	823,534
Debt with Ascension Health Alliance	107,484,429
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	251,120,177

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: 18007697
Software Version: 2018v3.1
EIN: 59-0634434
Name: Sacred Heart Health System Inc

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 wit h 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 THRE SHOLD AND MEASUREMENT ATTRIBUTE FOR FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A T AX 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, 2019

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Sacred Heart Health System Inc

Employer identification number
59-0634434

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☐ 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	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile 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)			28,366,069		28,366,069	2 96 %
b Medicaid (from Worksheet 3, column a)			178,859,655	108,432,116	70,427,539	7 35 %
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	207,225,724	108,432,116	98,793,608	10 31 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		6,067	753,329	218,467	534,862	0 06 %
f Health professions education (from Worksheet 5)			1,305,277		1,305,277	0 14 %
g Subsidized health services (from Worksheet 6)					0	0 %
h Research (from Worksheet 7)			2,470		2,470	0 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			593,072		593,072	0 06 %
j **Total.** Other Benefits	0	6,067	2,654,148	218,467	2,435,681	0 25 %
k **Total.** Add lines 7d and 7j	0	6,067	209,879,872	108,650,583	101,229,289	10 56 %

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	0 %
2 Economic development			5,633		5,633	0 %
3 Community support			17,185		17,185	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			63,492		63,492	0 01 %
8 Workforce development			528		528	0 %
9 Other					0	0 %
10 Total	0	0	86,838	0	86,838	0 01 %

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 Heathcare 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	5,218,423		
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	249,859		
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	252,992,274
6	Enter Medicare allowable costs of care relating to payments on line 5	6	309,317,851
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-56,325,577
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 (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

4

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASCENSION SACRED HEART HOSPITAL PENSACOLA

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

		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	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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 18			
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?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //healthcare ascension org/CHNA			
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 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) https //healthcare ascension org/CHNA **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
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)

ASCENSION SACRED HEART HOSPITAL PENSACOLA

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 329 0 %			
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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
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

ASCENSION SACRED HEART HOSPITAL PENSACOLA

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)

ASCENSION SACRED HEART HOSPITAL PENSACOLA

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASCENSION SACRED HEART HOSPITAL EMERALD COAST

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

		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	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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 18			
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?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //HEALTHCARE ASCENSION ORG/CHNA			
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 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a If "Yes" (list url) https //HEALTHCARE ASCENSION ORG/CHNA			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
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)

ASCENSION SACRED HEART HOSPITAL EMERALD COAST

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 329 0 %			
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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
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

ASCENSION SACRED HEART HOSPITAL EMERALD COAST

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)

ASCENSION SACRED HEART HOSPITAL EMERALD COAST

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASCENSION SACRED HEART HOSPITAL GULF

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

		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	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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 18			
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?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //HEALTHCARE ASCENSION ORG/CHNA			
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 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) https //HEALTHCARE ASCENSION ORG/CHNA **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
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)

ASCENSION SACRED HEART HOSPITAL GULF

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 329 0 %			
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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
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

ASCENSION SACRED HEART HOSPITAL GULF

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)

ASCENSION SACRED HEART HOSPITAL GULF

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group ASCENSION SACRED HEART HOSPITAL BAY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

		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	**3**	Yes	
If "Yes," indicate what the CHNA report describes (check all that apply)			
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 18			
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?	**7**	Yes	
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a ☑ Hospital facility's website (list url) https //HEALTHCARE ASCENSION ORG/CHNA			
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 18			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
If "Yes" (list url) https //healthcare ascension org/CHNA **a**			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		
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)

ASCENSION SACRED HEART HOSPITAL BAY

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?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 250 0 % and FPG family income limit for eligibility for discounted care of 400 0 %			
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?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
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?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
b	☑ The FAP application form was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
c	☑ A plain language summary of the FAP was widely available on a website (list url) https //healthcare ascension org/Financial-Assistance			
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

ASCENSION SACRED HEART HOSPITAL BAY

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)

ASCENSION SACRED HEART HOSPITAL BAY

Name of hospital facility or letter of facility reporting group

		Yes	No
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? **23**		No
	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? **24**		No
	If "Yes," explain in Section C		

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? **79**

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 I, Line 3c Medical Indigency	IN ADDITION TO USING FPG, THE ORGANIZATION ALSO USES MEDICAL INDIGENCY TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE 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
Schedule H, Part I, Line 3c Insurance Status	IN ADDITION TO USING FPG, THE ORGANIZATION ALSO USES INSURANCE STATUS TO DETERMINE ELIGIBILITY FOR FREE OR DISCOUNTED CARE 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 A PATIENT BASED UPON A REVIEW OF PATIENT'S INSURANCE INFORMATION AND OTHER PERTINENT FACTS AND CIRCUMSTANCES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 COMMUNITY INFORMATION - Part II	THE PRIMARY COMMUNITY THAT ASCENSION SACRED HEART HOSPITAL EMERALD COAST SERVES IS OKALOOSA AND WALTON WHILE THERE ARE URBAN AREAS IN BOTH COUNTIES, THERE ARE RURAL AREAS ESPECIALLY IN THE NORTHERN PARTS OF THE COUNTIES THE TOTAL POPULATION OF THE SERVICE AREA IN 2018 WAS 278,644 IN ADDITION TO ASCENSION SACRED HEART HOSPITAL EMERALD COAST, THERE ARE A FEW OTHER HOSPITALS THAT SERVICE THE AREA THESE HOSPITALS INCLUDE FORT WALTON BEACH MEDICAL CENTER, NORTH OKALOOSA MEDICAL CENTER, TWIN CITIES HOSPITAL, AND HEALTHMARK REGIONAL MEDICAL CENTER IN ADDITION, THERE IS A U S AIR FORCE HOSPITAL ON EGLIN AIR FORCE BASE THE TOTAL POPULATION IN THE ASCENSION SACRED HEART HOSPITAL EMERALD COAST COMMUNITY IS EXPECTED TO GROW 7 0% FROM 2017 TO 2022 BETWEEN 2017 AND 2022, THE POPULATION OF OKALOOSA COUNTY IS PROJECTED TO INCREASE BY 4 9% AND THE POPULATION OF WALTON COUNTY IS PROJECTED TO INCREASE BY 13 1% THE MEDIAN INCOME OF OKALOOSA COUNTY WAS $62,048 according to us census bureau quick facts MANY HEALTH NEEDS HAVE BEEN ASSOCIATED WITH POVERTY ACCORDING TO THE U S CENSUS, IN 2019 APPROXIMATELY 13 6% OF PEOPLE IN FLORIDA AND 11 8% OF PEOPLE IN THE U S WERE LIVING IN POVERTY WHILE THE OKALOOSA COUNTY POVERTY RATE OF 12 0% WAS LOWER THAN THE U S AVERAGE, POVERTY RATES WERE COMPARATIVELY HIGH FOR THE COUNTY'S BLACK AND HISPANIC (OR LATINO) RESIDENTS THE MEDIAN INCOME OF WALTON COUNTY WAS $53,785 according to us census bureau quick facts THE WALTON COUNTY POVERTY RATE OF 17 4% WAS HIGHER THAN THE U S AVERAGE, AND POVERTY RATES WERE COMPARATIVELY EVEN HIGHER FOR THE COUNTY'S BLACK AND HISPANIC (OR LATINO) RESIDENTS "SEVERE HOUSING PROBLEMS" ARE EXPERIENCED BY 17 2% RESIDENTS OF OKALOOSA COUNTY AND MORE THAN 21 4% RESIDENTS OF WALTON COUNTY RESIDENTS OF WALTON COUNTY EXPERIENCE MORE "SEVERE HOUSING PROBLEMS" THAN RESIDENTS LIVING IN PEER COUNTIES IN OKALOOSA COUNTY, OVERALL CRIME RATES WERE LOWER THAN FLORIDA AVERAGES, BUT RATES WERE HIGHER FOR RAPE, FORCIBLE SEX OFFENSES, AND DOMESTIC VIOLENCE OFFENSES IN WALTON COUNTY, OVERALL CRIME RATES WERE ALSO LOWER THAN FLORIDA AVERAGES, BUT RATES WERE HIGHER FOR BURGLARY, AGGRAVATED ASSAULT, FORCIBLE SEX OFFENSES, AND DOMESTIC VIOLENCE THE NUMBER OF PERSONS AGED 65 YEARS AND OLDER IN THE COMMUNITY IS PROJECTED TO INCREASE BY 33% BETWEEN 2017 AND 2025, AND BY MORE THAN 40% IN WALTON COUNTY DURING THE SAME PERIOD THE GROWTH OF OLDER POPULATIONS IS LIKELY TO LEAD TO GROWING NEED FOR HEALTH SERVICES, SINCE ON AN OVERALL PER-CAPITA BASIS, OLDER INDIVIDUALS TYPICALLY NEED AND USE MORE SERVICES THAN OTHER SEGMENTS OF THE POPULATION THE NUMBER OF PERSONS AGED 0-17 IS EXPECTED TO INCREASE IN WALTON COUNTY BY NEARLY 25% BETWEEN 2017 AND 2025, AND THE GROWTH OF CHILDREN AND YOUTH IS LIKELY TO LEAD TO INCREASE EDUCATION NEEDS AND THE DEMAND FOR PEDIATRIC SERVICES IN OKALOOSA COUNTY, NEARLY ONE IN TEN RESIDENTS (9 6%) ARE BLACK OR AFRICAN AMERICAN AND NEARLY ONE IN TWELVE RESIDENTS (8 6%) IS OTHER (INCLUDING MULTIRACIAL RESIDENTS) IN OKALOOSA COUNTY, ONE IN TWELVE RESIDENTS (8 3%) IDENTIFY AS HISPANIC OR LATINO IN WALTON COUNTY, NEARLY ONE IN TWENTY RESIDENTS (5 0%) ARE BLACK OR AFRICAN AMERICAN AND NEARLY ONE IN FOURTEEN RESIDENTS (6 9%) IS OTHER (INCLUDING MULTIRACIAL RESIDENTS) IN WALTON COUNTY, ONE IN SEVENTEEN RESIDENTS (5 9%) IDENTIFY AS HISPANIC OR LATINO IN OKALOOSA COUNTY, THE HISPANIC OR LATINO POPULATION IS PROJECTED TO GROW AT OVER FOUR TIMES THE PROJECTED RATE FOR THE COMMUNITY AS A WHOLE IN WALTON COUNTY, THE HISPANIC OR LATINO POPULATION IS PROJECTED TO GROW AT MORE THAN TWICE THE PROJECTED RATE FOR THE COMMUNITY AS A WHOLE IN OKALOOSA COUNTY, OVER ONE IN FIVE RESIDENTS (22 6%) IS A MILITARY VETERAN, AND IN WALTON COUNTY, OVER ONE IN TEN (12 6%) RESIDENTS IS A MILITARY VETERAN ACCORDING TO ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, IN 2017, 22,508 OR 13% OF OKALOOSA COUNTY'S POPULATION UNDER THE AGE OF 65 WAS UNINSURED IN 2019, THERE WERE 28,435 OR 14 1% MEDICAID ENROLLEES ACCORDING TO ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, IN 2017, 9,336 OR 18% OF WALTON COUNTY'S POPULATION UNDER THE AGE OF 65 WAS UNINSURED IN 2019, THERE WERE 10,163 OR 14 4% MEDICAID ENROLLEES
Schedule H, Part VI, Line 4 COMMUNITY INFORMATION - Part III	THE PRIMARY COMMUNITY THAT ASCENSION SACRED HEART HOSPITAL GULF SERVES IS GULF AND FRANKLIN COUNTIES GULF AND FRANKLIN COUNTIES ARE GEOGRAPHICALLY LARGE AND MUCH OF THE AREA IS RURAL THERE IS ONLY ONE MORE HOSPITAL THAT SERVICES THE AREA AND THAT IS GEORGE E WEEMS MEMORIAL HOSPITAL THE TOTAL POPULATION OF ASCENSION SACRED HEART HOSPITAL GULF'S COMMUNITY IN 2018 WAS 27,900 THE TOTAL POPULATION IN THE ASCENSION SACRED HEART HOSPITAL GULF COMMUNITY IS EXPECTED TO GROW 2 0 % FROM 2017 TO 2022 BETWEEN 2017 AND 2022, THE POPULATION OF FRANKLIN COUNTY IS PROJECTED TO INCREASE BY 1 9% AND THE POPULATION OF GULF COUNTY IS PROJECTED TO INCREASE BY 2 0% THE MEDIAN INCOME OF GULF COUNTY WAS $44,291 according to us census bureau quick facts THE MEDIAN INCOME OF FRANKLIN COUNTY WAS $42,855 according to us census bureau quick facts MANY HEALTH NEEDS HAVE BEEN ASSOCIATED WITH POVERTY ACCORDING TO THE U S CENSUS, IN 2019 APPROXIMATELY 13 6% OF PEOPLE IN FLORIDA AND 11 8% OF PEOPLE IN THE U S WERE LIVING IN POVERTY THE FRANKLIN COUNTY POVERTY RATE OF 20 7% WAS HIGHER THAN THE U S AVERAGE, AND POVERTY RATES WERE COMPARATIVELY EVEN HIGHER FOR THE COUNTY'S WHITE AND HISPANIC (OR LATINO) RESIDENTS THE GULF COUNTY POVERTY RATE OF 15 3% WAS HIGHER THAN THE U S AVERAGE, POVERTY RATES WERE COMPARATIVELY HIGH FOR THE COUNTY'S ASIAN AND HISPANIC (OR LATINO) RESIDENTS "SEVERE HOUSING PROBLEMS" ARE EXPERIENCED BY 18 4% RESIDENTS OF FRANKLIN COUNTY AND 19 1% RESIDENTS OF GULF COUNTY RESIDENTS OF BOTH FRANKLIN AND GULF COUNTIES EXPERIENCE MORE "SEVERE HOUSING PROBLEMS" THAN RESIDENTS LIVING IN PEER COUNTIES IN FRANKLIN COUNTY, OVERALL CRIME RATES WERE LOWER THAN FLORIDA AVERAGES, BUT RATES WERE HIGHER FOR MURDER AND DOMESTIC VIOLENCE OFFENSES IN GULF COUNTY, OVERALL CRIME RATES WERE ALSO LOWER THAN FLORIDA AVERAGES, BUT RATES WERE HIGHER FOR AGGRAVATED ASSAULT AND FORCIBLE SEX OFFENSES THE NUMBER OF PERSONS AGED 65 YEARS AND OLDER IN THE COMMUNITY IS PROJECTED TO INCREASE BY OVER 21% BETWEEN 2017 AND 2025 THE GROWTH OF OLDER POPULATIONS IS LIKELY TO LEAD TO GROWING NEED FOR HEALTH SERVICES, SINCE ON AN OVERALL PER-CAPITA BASIS, OLDER INDIVIDUALS TYPICALLY NEED AND USE MORE SERVICES THAN OTHER SEGMENTS OF THE POPULATION THE NUMBER OF PERSONS AGED 0-17 IN THE COMMUNITY IS EXPECTED TO INCREASE BY 5% BETWEEN 2017 AND 2025 THE GROWTH OF CHILDREN AND YOUTH IS LIKELY TO LEAD TO INCREASE EDUCATION NEEDS AND THE DEMAND FOR PEDIATRIC SERVICES IN FRANKLIN COUNTY, APPROXIMATELY ONE IN SEVEN RESIDENTS (14 4%) IS BLACK OR AFRICAN AMERICAN IN FRANKLIN COUNTY, APPROXIMATELY ONE IN TWENTY RESIDENTS (5 1%) IDENTIFY AS HISPANIC OR LATINO IN GULF COUNTY, NEARLY ONE IN FIVE RESIDENTS (18 6%) IS BLACK OR AFRICAN AMERICAN IN GULF COUNTY, NEARLY ONE IN TWENTY RESIDENTS (4 8%) IDENTIFY AS HISPANIC OR LATINO IN FRANKLIN COUNTY, THE HISPANIC OR LATINO POPULATION IS PROJECTED TO GROW AT NEARLY FOUR TIMES THE PROJECTED RATE FOR THE COMMUNITY AS A WHOLE, AND IN GULF COUNTY, THE HISPANIC OR LATINO POPULATION IS PROJECTED TO GROW AT MORE THAN FOUR TIMES THE PROJECTED RATE FOR THE COMMUNITY AS A WHOLE IN FRANKLIN COUNTY, OVER ONE IN TEN RESIDENTS (10 4%) IS A MILITARY VETERAN, AND IN GULF COUNTY, OVER ONE IN TEN RESIDENTS (10 8 %) IS A MILITARY VETERAN ACCORDING TO ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, IN 2017, 1,325 OR 13% OF GULF COUNTY'S POPULATION UNDER THE AGE OF 65 WAS UNINSURED IN 2019, THERE WERE 2,489 OR 15 1% MEDICAID ENROLLEES ACCORDING TO ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, IN 2017, 1,308 OR 18% OF FRANKLIN COUNTY'S POPULATION UNDER THE AGE OF 65 WAS UNINSURED IN 2019, THERE WERE 2,269 OR 18 9% MEDICAID ENROLLEES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 COMMUNITY INFORMATION - Part IV	THE PRIMARY COMMUNITY THAT ASCENSION SACRED HEART HOSPITAL BAY SERVES IS BAY COUNTY BAY COUNTY IS GEOGRAPHICALLY LARGE AND MUCH OF THE AREA IS RURAL THE TOTAL POPULATION OF BAY COUNTY IN 2018 WAS 185,287 IN ADDITION TO ASCENSION SACRED HEART HOSPITAL BAY, THERE ARE ONLY TWO OTHER HOSPITALS THAT SERVICE THE AREA THESE HOSPITALS ARE GULF COAST REGIONAL MEDICAL CENTER AND SELECT SPECIALTY HOSPITAL POPULATION CHARACTERISTICS AND TRENDS DIRECTLY INFLUENCE COMMUNITY HEALTH NEEDS THE TOTAL POPULATION IN BAY COUNTY IS EXPECTED TO GROW BY 5 8% FROM 2017 TO 2022 THE MEDIAN INCOME OF BAY COUNTY WAS $51,829 according to us census bureau quick facts MANY HEALTH NEEDS HAVE BEEN ASSOCIATED WITH POVERTY ACCORDING TO THE U S CENSUS, IN 2019 APPROXIMATELY 13 6% OF PEOPLE IN FLORIDA AND 11 8% OF PEOPLE IN THE U S WERE LIVING IN POVERTY THE BAY COUNTY POVERTY RATE OF 15 6% WAS LOWER THAN THE FLORIDA AVERAGE, HOWEVER IT WAS HIGHER THAN THE U S AVERAGE POVERTY RATES ALSO WERE COMPARATIVELY HIGH FOR THE COUNTY'S BLACK AND HISPANIC (OR LATINO) RESIDENTS "SEVERE HOUSING PROBLEMS" ARE EXPERIENCED BY MORE THAN ONE IN SIX RESIDENTS (17 7%) OF THE COUNTY OVERALL CRIME RATES WERE HIGHER THAN FLORIDA AVERAGES RATES WERE MORE THAN 50% HIGHER FOR DOMESTIC VIOLENCE OFFENSES RATES WERE HIGHER OVERALL FOR LARCENY, BURGLARY, AGGRAVATED ASSAULT, MOTOR VEHICLE THEFT, RAPE, MURDER, AND FORCIBLE SEX OFFENSES THE NUMBER OF PERSONS AGED 65 YEARS AND OLDER IN BAY COUNTY IS PROJECTED TO INCREASE BY 28 5% BETWEEN 2017 AND 2025 THE GROWTH OF OLDER POPULATIONS IS LIKELY TO LEAD TO GROWING NEEDS FOR HEALTH SERVICES, SINCE ON AN OVERALL PER-CAPITA BASIS, OLDER INDIVIDUALS TYPICALLY NEED AND USE MORE SERVICES THAN OTHER SEGMENTS OF THE POPULATION THE NUMBER OF PERSONS AGED 0-17 IS EXPECTED TO INCREASE BY NEARLY 11% BETWEEN 2017 AND 2025, AND THE GROWTH OF CHILDREN AND YOUTH IS LIKELY TO LEAD TO INCREASE EDUCATION NEEDS AND THE DEMAND FOR PEDIATRIC SERVICES IN BAY COUNTY, OVER ONE IN TEN RESIDENTS (10 8%) ARE BLACK OR AFRICAN AMERICAN AND NEARLY ONE IN TWENTY RESIDENTS (4 9%) IS OTHER (INCLUDING MULTIRACIAL RESIDENTS) MORE THAN ONE IN TWENTY RESIDENTS (5 7%) IDENTIFY AS HISPANIC OR LATINO IN BAY COUNTY, NEARLY ONE IN SIX (16 3%) RESIDENTS IS A MILITARY VETERAN, ABOUT APPROXIMATELY THE RATE OF FLORIDA AND THE U S AS A WHOLE ACCORDING TO ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, IN 2016, 22,229 OR 15% OF BAY COUNTY'S POPULATION UNDER THE AGE OF 65 WAS UNINSURED IN 2019, THERE WERE 31,426 OR 17 5% MEDICAID ENROLLEES
Schedule H, Part V, Section B Hospital Websites	Part V, Section B During the course of the tax year and/or prior to the filing of the return for the taxable year, the filing organization, which is part of a larger health system, transitioned from a separately hosted website (or websites), to being a part of the health system's centrally hosted hospital website This transition was intended to facilitate public access to information, including enabling the health system to better manage and monitor compliance requirements that IRC Section 501(r) information be made widely available to the public During and as a result of the migration of hospital facility information to the new central website, it is possible that there may have been brief instances of web access interruption If so, the filing organization believes that any such interruptions would have been minor and inadvertent, and due to reasonable cause, and that any such instances would have been immediately addressed when identified The filing organization and health system have established procedures in place as part of its centralized monitoring and management processes that are reasonably designed to address, monitor and promote compliance with the requirements of IRC Section 501(r) In an effort to be fully transparent, the filing organization has chosen to pro-actively disclose on this Form 990 this possibility of very minor and inadvertent web access interruptions that could have occurred in the normal course of migrating locally maintained hospital facility information to an improved centrally managed website In so disclosing, the organization is not reporting that interruptions in the nature of a Section 501(r) violation in fact occurred Rather, the organization is pro-actively disclosing that the migration process was undertaken and that, in completing that process, it is possible that brief interruptions in web access may have occurred as the hospital facility data was relocated to the central website

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	The cost of providing charity care, means-tested government programs, and 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
Schedule H, Part II Community Building Activities	SACRED HEART HEALTH SYSTEM, INC HAS BEEN PART OF NORTHWEST FLORIDA FOR OVER 100 YEARS IT HAS WELCOMED THE SICK AND VULNERABLE TO ITS DOORS THROUGHOUT IN ITS MISSION STATEMENT, SACRED HEART PROCLAIMS THAT IT PROVIDES CARE TO ALL, BUT WITH SPECIAL ATTENTION TO THE POOR AND VULNERABLE THIS IS THE EMPHASIS IT EMPLOYS IN ITS COMMUNITY BUILDING PROGRAMS IT USES MULTIPLE TOOLS TO DETERMINE COMMUNITY NEED INCLUDING DATA COLLECTION FROM THE AGENCY FOR HEALTHCARE ADMINISTRATION, FLORIDA HEALTH DEPARTMENTS, INPATIENT AND OUTPATIENT UTILIZATION RATES AND STATE INPATIENT/OUTPATIENT DATA ALLOWS SACRED HEART TO PARTICIPATE IN THE FOLLowING PROGRAMS ACCESS TO HEALTHCARE IS A PROBLEM IN MUCH OF NORTHWEST FLORIDA SACRED HEART HEALTH SYSTEM, INC PROVIDES FINANCIAL SUPPORT TO VARIOUS ORGANIZATIONS THAT SERVE THE MOST AT RISK ADULTS AND CHILDREN, ESPECIALLY AROUND INCREASING ACCESS TO HEALTH SERVICES COMMUNITY HEALTH OF NORTHWEST FLORIDA, HOPE MEDICAL CLINIC, AND ST ANDREWS COMMUNITY MEDICAL CENTER ALL INCREASE ACCESS TO HEALTH SERVICES BY SERVING THOSE WHO ARE UNINSURED AND/OR UNDER INSURED COMMUNITY HEALTH NORTHWEST FLORIDA IS FEDERALLY QUALIFIED HEALTH CENTER THAT IS COMMITTED TO PROVIDING QUALITY, COMPREHENSIVE HEALTHCARE SERVICES TO THE MEDICALLY UNDERSERVED PEOPLE OF THE PENSACOLA BAY AREA AND SURROUNDING REGIONS OF ESCAMBIA AND SANTA ROSA COUNTIES HOPE MEDICAL CLINIC PROVIDES FREE, QUALITY, ACCESSIBLE HEALTHCARE FOR THE WORKING UNINSURED AND MEDICALLY UNDERSERVED RESIDENTS OF OKALOOSA AND WALTON COUNTIES ST ANDREWS COMMUNITY MEDICAL CENTER DELIVERS HEALTHCARE TO ECONOMICALLY DISADVANTAGED PERSONS OF BAY COUNTY FOLLOWING OUR MISSION, SACRED HEART HEALTH SYSTEM, INC SUPPORTS A NUMBER OF ORGANIZATIONS WORKING WITH MATERNAL, INFANT, AND CHILD HEALTH ORGANIZATIONS INCLUDE DESTIN CHARITY WINE AUCTION FOUNDATION, PACE CENTER FOR GIRLS, AND SINFONIA GULF COAST ARE JUST A FEW OF THE ORGANIZATIONS WE PROVIDE SUPPORT DESTIN CHARITY WINE AUCTION FOUNDATION WORKS TO RAISE MONEY THAT BENEFITS CHILDREN IN NEED IN NORTHWEST FLORIDA PACE CENTER FOR GIRLS PROVIDES GIRLS AND YOUNG WOMEN AN OPPORTUNITY FOR A BETTER FUTURE THROUGH EDUCATION, COUNSELING, TRAINING AND ADVOCACY THEY BELIEVE EACH GIRL AND YOUNG WOMAN DESERVES AN OPPORTUNITY TO FIND THEIR VOICE, ACHIEVE THEIR POTENTIAL AND CELEBRATE A LIFT DEFINED BY RESPONSIBILITY, DIGNITY, SERENITY AND GRACE SINFONIA GULF COAST IS COMMITTED TO ENTERTAINING, EDUCATING AND INSPIRING THE COMMUNITY THROUGH IMAGINATIVE AND INNOVATIVE MUSICAL PROGRAMMING FOR EXAMPLE, PAINT THE MUSIC IS AN INTERACTIVE PROJECT WHERE STUDENTS IN GRADES 3-8 THROUGHOUT OKALOOSA AND WALTON COUNTIES LISTEN TO SOUND SAMPLES OF CLASSICAL AND VISUALLY INTERPRET WHAT THEY HEAR THEY LITERALLY PAINT THE MUSIC PAINT THE MUSIC AIMS TO FOSTER AN APPRECIATION OF THE VISUAL ARTS AND MUSIC WHILE ENGAGING STUDENTS TO EXPRESS THEIR CREATIVITY SACRED HEART HEALTH SYSTEM, INC ALSO PROVIDES FINANCIAL SUPPORT AND EXPERTISE FOR SEVERAL OF OUR NORTHWEST FLORIDA CHAMBER OF COMMERCE THE CHAMBERS' OBJECTIVES ARE TO DRIVE BUSINESS IN THE REGION WITH EMPHASIS ON INITIATIVES FOR THE UN/UNDER EMPLOYED IN THE AREA THROUGH THEIR CAREER ACADEMIES AND OTHER PROGRAMS ASCENSION SACRED HEART SUPPORTS PREPARATION FOR ALL MEMBERS OF THE COMMUNITY FOR ENTERING AND REMAINING IN THE WORKFORCE

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 2019 was $41,595,212 at charges, ($5,218,423 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 (IMPLICIT PRICE CONCESSIONS) EXPENSE IS LOCATED IN FOOTNOTE #2, PAGES 18-20
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	SACRED HEART HEALTH SYSTEM, INC FOLLOWS THE ASCENSION GUIDELINES FOR COLLECTION PRACTICES RELATED TO PATIENTS QUALIFYING FOR CHARITY OR FINANCIAL ASSISTANCE A PATIENT CAN APPLY FOR CHARITY OR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION CYCLE ONCE QUALIFYING DOCUMENTATION IS RECEIVED THE PATIENT'S ACCOUNT IS ADJUSTED PATIENT ACCOUNTS FOR THE QUALIFYING PATIENT IN THE PREVIOUS SIX MONTHS MAY ALSO BE CONSIDERED FOR CHARITY OR FINANCIAL ASSISTANCE ONCE A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE, ALL COLLECTION ACTIVITY IS SUSPENDED
Schedule H, Part V, Section B, Line 16a FAP website	- ASCENSION SACRED HEART HOSPITAL PENSACOLA Line 16a URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL EMERALD COAST Line 16a URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL GULF Line 16a URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL BAY Line 16a URL https //healthcare ascension org/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	- ASCENSION SACRED HEART HOSPITAL PENSACOLA Line 16b URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL EMERALD COAST Line 16b URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL GULF Line 16b URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL BAY Line 16b URL https //healthcare ascension org/Financial-Assistance,
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	- ASCENSION SACRED HEART HOSPITAL PENSACOLA Line 16c URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL EMERALD COAST Line 16c URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL GULF Line 16c URL https //healthcare ascension org/Financial-Assistance, - ASCENSION SACRED HEART HOSPITAL BAY Line 16c URL https //healthcare ascension org/Financial-Assistance,

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	SACRED HEART HEALTH SYSTEM, INC IS CONSISTENTLY ASSESSING THE HEALTH NEEDS OF OUR COMMUNITY IN A VARIETY OF WAYS WE HAVE MANY ASSOCIATES WHO PARTICIPATE IN COMMUNITY FOCUS GROUPS ON IDENTIFIED HEALTH NEEDS ORGANIZED BY THE FLORIDA DEPARTMENT OF HEALTH IN ADDITION, THERE ARE MULTIPLE LEADERS IN OUR ORGANIZATION WHO REPRESENT SACRED HEART HEALTH SYSTEM, INC BY SERVING ON BOARDS OF LOCAL NONPROFIT ORGANIZATIONS, INVOLVEMENT IN COMMUNITY COALITIONS AND ADVISORY COUNCILS, AND MENTORING LOW-INCOME, VULNERABLE CHILDREN EXAMPLES OF THESE ORGANIZATIONS INCLUDE COMMUNITY HEALTH NORTHWEST FLORIDA, OPENING DOORS HOMELESS COALITION, BIG BROTHERS BIG SISTERS AS A RESULT, LEADERS CAN GATHER AND SHARE KNOWLEDGE IN REAL-TIME, OFFER GUIDANCE, AND PROVIDE INPUT ON SERVICES FURTHERMORE, CASE MANAGERS AND SOCIAL WORKERS SCREEN PATIENTS BEFORE DISCHARGE FOR SOCIAL DETERMINANTS OF HEALTH AND REFER TO COMMUNITY RESOURCES AS NEEDED ASSOCIATES FROM VARIOUS DEPARTMENTS PARTICIPATE IN COMMUNITY OUTREACH EVENTS WHICH ALLOWS THE OPPORTUNITY FOR US TO ENGAGE WITH MEMBERS OF OUR COMMUNITY HAVING DISCUSSIONS WITH COMMUNITY MEMBERS ALLOWS US TO CREATE OR FIND OPPORTUNITIES THAT ALIGN WITH WHAT THEY SAY MATTERS TO THEM MONITORING OF HEALTH INDICATORS AND HEALTH OUTCOMES AND DISEASE SURVEILLANCE DATA FROM ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS AND FLCHARTS IS ALSO ANOTHER PROACTIVE WAY IN WHICH SACRED HEART HEALTH SYSTEM, INC ASSESSES THE NEEDS OF OUR COMMUNITY LASTLY, COMMUNITY HEALTH NEEDS DATA IS INTEGRATED IN OUR ORGANIZATION'S STRATEGIC PLAN ASCENSION EMPLOYS SG2 TO ANALYZE LOCAL DEMOGRAPHICS AND HEALTH DATA TO PROJECT FUTURE DEMAND OF THE HEALTH CARE INDUSTRY SG2 REPORTS ON HOW THE COMMUNITY IS GROWING AND ANTICIPATES CHANGES OVER TIME SO THAT WE CAN BEST TARGET OUR RESOURCES TO BE PREPARED FOR THE CHANGES MOREOVER, THIS DATA IS USED TO DETERMINE POSSIBLE LOCATIONS TO OPEN NEW HEALTH CLINICS BY ASSESSING THE HEALTH NEEDS OF THE COMMUNITY
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 THE PRIMARY COMMUNITY THAT ASCENSION SACRED HEART HOSPITAL PENSACOLA SERVES IS ESCAMBIA AND SANTA ROSA COUNTIES WHILE THERE ARE URBAN AREAS IN BOTH COUNTIES, THERE ARE RURAL AREAS ESPECIALLY IN THE NORTHERN PARTS OF THE COUNTIES THE TOTAL POPULATION OF THE SERVICE AREA IN 2018 WAS 494,883 IN ADDITION TO ASCENSION SACRED HEART HOSPITAL PENSACOLA, THERE ARE A FEW OTHER HOSPITALS THAT SERVICE THE AREA THESE HOSPITALS INCLUDE BAPTIST HOSPITAL, JAY HOSPITAL, GULF BREEZE HOSPITAL, SELECT SPECIALTY HOSPITAL, SANTA ROSA MEDICAL CENTER AND WEST FLORIDA HOSPITAL NORTHWEST FLORIDA POPULATION IS DISTINCTIVE FROM THE REST OF FLORIDA THE RACIAL AND ETHNIC COMPOSITION, AGE, DEMOGRAPHICS, INCOME, EDUCATIONAL ATTAINMENT, MILITARY PRESENCE AND OCCUPATION STAND APART FROM TYPICAL FLORIDA COMMUNITIES THESE FACTORS IMPACT THE HEALTH OF COMMUNITY RESIDENTS COMPARED TO FLORIDA, ESCAMBIA COUNTY'S RATE OF GROWTH IS SLOWER, AND THE COUNTY HAS FEWER HISPANICS, HOWEVER, ESCAMBIA'S POPULATION IS MORE RACIALLY DIVERSE WITH A STRONGER MILITARY PRESENCE OVER 10,000 MEMBERS OF THE ARMED FORCES LIVE IN ESCAMBIA COUNTY COMPARED TO FLORIDA, SANTA ROSA COUNTY IS GROWING AT A MUCH FASTER RATE AND IS NOT AS RACIALLY DIVERSE, AND STILL HAS A STRONG MILITARY PRESENCE FROM THE SURROUNDING ARMED FORCES BASES OVER 3000 MEMBERS OF THE ARMED FORCES LIVE IN SANTA ROSA COUNTY THE MEDIAN INCOME OF ESCAMBIA COUNTY WAS $49,286 according to us census bureau quick facts THE MEDIAN INCOME OF SANTA ROSA COUNTY WAS $66,242 according to us census bureau quick facts MANY HEALTH NEEDS HAVE BEEN ASSOCIATED WITH POVERTY ACCORDING TO THE U S CENSUS, IN 2019 APPROXIMATELY 13 6% OF PEOPLE IN FLORIDA AND 11 8% OF PEOPLE IN THE U S WERE LIVING IN POVERTY COMPARED TO FLORIDA, THE POVERTY RATE IN ESCAMBIA COUNTY IS SLIGHTLY LESS COMPARED TO FLORIDA, THE POVERTY RATE IN SANTA ROSA COUNTY IS SIGNIFICANTLY LESS THAN ESCAMBIA'S COMPARED TO FLORIDA, THE WHITE-COLLAR EMPLOYMENT IS SLIGHTLY WORSE WHILE EDUCATIONAL ATTAINMENT IS LOWER IN ESCAMBIA COUNTY COMPARED TO FLORIDA, THE WHITE-COLLAR EMPLOYMENT RATE IS SLIGHTLY BETTER WHILE EDUCATIONAL ATTAINMENT IS GREATER IN SANTA ROSA COUNTY ACCORDING TO ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, IN 2017, 27,908 OR 11% OF ESCAMBIA COUNTY'S POPULATION UNDER THE AGE OF 65 WAS UNINSURED IN 2019, THERE WERE 66,062 OR 20 5% MEDICAID ENROLLEES ACCORDING TO ROBERT WOOD JOHNSON FOUNDATION COUNTY HEALTH RANKINGS, IN 2017, 17,768 OR 13% OF SANTA ROSA COUNTY'S POPULATION UNDER THE AGE OF 65 WAS UNINSURED IN 2019, THERE WERE 23,387 OR 13% MEDICAID ENROLLEES
Schedule H, Part VI, Line 5 Promotion of community health	SACRED HEART HEALTH SYSTEM, INC PROVIDES MANY COMMUNITY BENEFITS SUCH AS SOCIAL SERVICES, SPIRITUAL CARE, COMMUNITY MEETING SPACE, AND HEALTH EDUCATION, MOST AT NO CHARGE SACRED HEART HEALTH SYSTEM, INC HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA THE SYSTEM IS GOVERNED BY A BODY OF SACRED HEART HEALTH SYSTEM, INC 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 FURTHERMORE, MANY OF OUR LEADERS SERVE ON BOARDS OF LOCAL NONPROFIT ORGANIZATIONS, SUCH AS COVENANT HOSPICE AND RONALD MCDONALD HOUSE, PROVIDING EXPERTISE AND GUIDANCE IN ADDITION, MANY SACRED HEART HEALTH SYSTEM, INC DIRECTORS AND MANAGERS PARTICIPATE IN COUNTY LEVEL COMMUNITY HEALTH IMPROVEMENT PLANS IN ORDER TO HAVE MORE OF A COLLECTIVE IMPACT IN OUR COMMUNITIES SACRED HEART HEALTH SYSTEM, INC HOSTS A VARIETY OF SUPPORT GROUPS OPEN TO THE COMMUNITY ON HEALTH CONDITIONS AND BEHAVIORS ASSOCIATED WITH SMOKING CESSATION, PARKINSON'S, BARIATRIC, CHRONIC DISEASE, BREASTFEEDING, DIABETES, STROKE, AND CANCER WE HAVE ASSOCIATES WHO ARE CERTIFIED AS BIKE HELMET FITTERS AND GO TO COMMUNITY EVENTS TO PROVIDE BIKE HELMET FITTINGS AND FREE HELMETS TO CHILDREN SACRED HEART HEALTH SYSTEM, INC CONDUCTS MULTIPLE DRIVES THROUGHOUT THE YEAR TO SOLICIT DONATIONS FOR LOCAL FOOD PANTRIES AND SCHOOLS THE MISSION IN MOTION MOBILE HEALTH UNIT PROVIDES FREE HEALTH SCREENINGS TO PERSONS WHO ARE POOR, ELDERLY OR UNINSURED THE SCREENINGS MEASURE BLOOD PRESSURE, BLOOD SUGAR AND TOTAL CHOLESTEROL, AND CAN DETECT ANEMIA THE SCREENINGS ARE HELPFUL IN DIAGNOSING CONDITIONS THAT PUT PEOPLE AT HIGH RISK FOR HEART ATTACK, STROKE, DIABETES AND OTHER HEALTH PROBLEMS MIRACLE CAMP PROVIDES CAMPS AND PROGRAMS THAT LIFTS THE SPIRITS OF CHILDREN AND ADULTS WITH CHRONIC OR LIFE-THREATENING ILLNESSES THANKS TO THIS SPECIAL PLACE, PEOPLE OF ALL AGES MAY EXPERIENCE A "GETAWAY FROM THE EVERY DAY " NESTLED IN A PEACEFUL, WOODED AREA NORTHWEST OF PENSACOLA, MIRACLE CAMP IS LOCATED ON A 40-ACRE SITE ALONG BEULAH ROAD THE CAMP ENRICHES THE LIVES OF ITS VISITORS AND HELPS THEM BETTER COPE WITH THE CHALLENGES THEY FACE BY PROVIDING THERAPEUTIC CAMP EXPERIENCES, SUCH AS CAMP BLUEBIRD FOR CANCER SURVIVORS AND PATIENTS COPING WITH CANCER

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 IS A MEMBER OF ASCENSION ASCENSION HEALTH ALLIANCE, D/B/A ASCENSION (ASCENSION), IS A MISSOURI NONPROFIT CORPORATION FORMED ON SEPTEMBER 13, 2011 ASCENSION IS THE SOLE CORPORATE MEMBER AND PARENT ORGANIZATION OF ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM CONSISTING PRIMARILY OF NONPROFIT CORPORATIONS THAT OWN AND OPERATE LOCAL HEALTHCARE FACILITIES, OR HEALTH MINISTRIES, LOCATED IN MORE THAN 21 STATES ASCENSION IS SPONSORED BY ASCENSION SPONSOR, A PUBLIC JURIDIC PERSON THE PARTICIPATING ENTITIES OF ASCENSION SPONSOR ARE THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL, ST LOUISE PROVINCE, THE CONGREGATION OF ST JOSEPH, THE CONGREGATION OF THE SISTERS OF ST JOSEPH OF CARONDELET, THE CONGREGATION OF ALEXIAN BROTHERS OF THE IMMACULATE CONCEPTION PROVINCE, INC - AMERICAN PROVINCE, AND THE SISTERS OF THE SORROWFUL MOTHER OF THE THIRD ORDER OF ST FRANCIS OF ASSISI - US/CARIBBEAN PROVINCE SACRED HEART HEALTH SYSTEM, INC PRINCIPAL OPERATIONS CONSIST OF FOUR NONPROFIT ACUTE CARE HOSPITALS ASCENSION SACRED HEART HOSPITAL PENSACOLA IS LOCATED IN PENSACOLA, FLORIDA, ASCENSION SACRED HEART HOSPITAL EMERALD COAST IS LOCATED IN MIRAMAR BEACH, FLORIDA, ASCENSION SACRED HEART HOSPITAL GULF, LOCATED IN PORT ST JOE, FLORIDA, AND ASCENSION SACRED HEART HOSPITAL BAY, LOCATED IN PANAMA CITY, FLORIDA SACRED HEART HEALTH SYSTEM, INC 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
Schedule H, Part VI, Line 7 State filing of community benefit report	FL

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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** Name, address, primary website address, and state license number		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	ASCENSION SACRED HEART HOSPITAL PENSACOLA 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			
2	ASCENSION SACRED HEART HOSPITAL 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			
3	ASCENSION SACRED HEART HOSPITAL 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			
4	ASCENSION SACRED HEART HOSPITAL BAY 615 North Bonita Avenue Panama City, FL 32401 https //healthcare ascension org/Locations/Florida/FLPEN/Panama-City-Bay-Medical-Sacred-Heart 3982	X	X					X			

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 name ASCENSION SACRED HEART HOSPITAL PENSACOLA 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL PENSACOLA BEGINNING IN JANUARY 2018 AND EN DING IN DECEMBER 2018, THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) PROCESS WAS FACILITATE D BY THE LIVE WELL PARTNERSHIP, A NOT-FOR-PROFIT 501(C)3 ORGANIZATION WHOSE MISSION HAS BE EN TO MEASURE THE HEALTH OF ESCAMBIA AND SANTA ROSA COUNTY RESIDENTS AND TO IDENTIFY COMMU NITY HEALTH PROBLEMS TO FULFILL ITS MISSION, LIVE WELL PARTNERSHIP WORKS COLLABORATIVELY WITH HEALTH DEPARTMENTS, HOSPITALS, COMMUNITY HEALTH ORGANIZATIONS, SOCIAL SERVICE AGENCIE S AND AREA BUSINESSES THE CHNA WAS BOARD REVIEWED AND APPROVED IN TAX YEAR 2018 COLLABOR ATING PARTNERS IN THE COMPLETION OF THIS REPORT INCLUDE REPRESENTATIVES FROM THE FLORIDA D EPARTMENTS OF HEALTH IN ESCAMBIA AND SANTA ROSA COUNTIES, BAPTIST HEALTH CARE, ASCENSION S ACRED HEART, COMMUNITY HEALTH NORTHWEST FLORIDA (A FEDERALLY QUALIFIED HEALTH CENTER), AND THE UNIVERSITY OF WEST FLORIDA THE AREA OF THE NEEDS ASSESSMENT WAS DEFINED AS THE POPUL ATION OF ESCAMBIA AND SANTA ROSA COUNTIES AN EFFORT WAS MADE TO INVOLVE INDIVIDUALS FROM MANY DIFFERENT SECTORS OF THE LOCAL ECONOMY IN DEVELOPING THE CHNA THE LIVE WELL PARTNERS HIP BOARD, WHICH INCLUDES HEALTH PROVIDERS, SOCIAL SERVICE ORGANIZATIONS AND BUSINESS INTE RESTS FORMED THE BACKBONE OF THE CHNA PROCESS A STEERING COMMITTEE CONSISTING OF THE LIVE WELL BOARD AND OTHER COMMUNITY ORGANIZATIONS WAS ESTABLISHED TO PROVIDE GUIDANCE AND INPU T THROUGHOUT DATA GATHERING AND ANALYSIS THE STEERING COMMITTEE PROVIDED INPUT ON THEIR P ERCEPTIONS OF HEALTH AND HEALTH SERVICES, REVIEWED HEALTH OUTCOMES, NARROWED THE FOCUS TO THE TOP FOUR PRIORITIES IN EACH COUNTY, AND APPROVED THE REPORT BELOW IS A FULL LIST OF P ARTNERS WHO PROVIDED INPUT - BAPTIST HEALTH CARE - COMMUNITY HEALTH NORTHWEST FLORIDA - A SCENSION SACRED HEART PENSACOLA - COUNCIL ON AGING OF NORTHWEST FLORIDA - UNIVERSITY OF WE ST FLORIDA - FLORIDA DEPARTMENT OF HEALTH - ESCAMBIA COUNTY - FLORIDA DEPARTMENT OF HEALTH - SANTA ROSA COUNTY - ACHIEVE ESCAMBIA - CHILDREN'S HOME SOCIETY - COMMUNITY DRUG AND ALC OHOL COUNCIL - COMMUNITY CLINICS NORTHWEST FLORIDA - COVENANT CARE - EMERALD COAST UTILITY AUTHORITY - ESCAMBIA COUNTY SCHOOL DISTRICT - EVER'MAN COOPERATIVE GROCERY AND CAFE - FEE DING THE GULF COAST - FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES - GOOD SAMARITAN CLINIC - GULF COAST AFRICAN AMERICAN CHAMBER - HEALTH AND HOPE CLINIC - JL MAYGARDEN COMPANY - LA KEVIEW CENTER - MANNA FOOD PANTRIES - OPENING DOORS NORTHWEST FLORIDA - PENSACOLA BAY BAPT IST ASSOCIATION - PENSACOLA NEWS JOURNAL - SANTA ROSA COUNTY - SANTA ROSA COUNTY SCHOOL DI STRICT - SANTA ROSA MEDICAL CENTER - TOWN OF CENTURY - UNITED WAY OF NORTHWEST FLORIDA - W ALMART - WATERFRONT RESCUE MISSION - YMCA OF NORTHWEST FLORIDA MORE THAN 2,200 RESIDENTS O F ESCAMBIA AND SANTA ROSA COUNTIES WERE SURVEYED IN THE SPRING OF 2018 ABOUT THEIR PERCEPT IONS OF HEALTH AND HEALTH CARE SERVICES THE SURVEY WAS CONDUCTED ONLINE AS WELL AS BY PAP ER A CONCERTED EFFORT WAS MAD

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 , 1	E TO INCLUDE INDIVIDUALS FROM A BROAD SECTION OF THE POPULATION THIS INCLUDED OUTREACH EF FORTS TO OBTAIN THE PERCEPTIONS OF VULNERABLE POPULATIONS, SUCH AS LOW INCOME, MINORITY, A ND HEALTH CARE INSECURE RESIDENTS COMMUNITY LEADERS WERE ALSO SURVEYED USING A SIMILAR QU ESTIONNAIRE TO THE COMMUNITY SURVEY A TOTAL OF 33 LEADERS PARTICIPATED IN THE ON-LINE SUR VEY THE LEADERS SHARED MANY OF THE SAME CONCERNS VOICED IN THE COMMUNITY SURVEY

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL PENSACOLA Baptist Hospital, Gulf Breeze Hospital, Jay Hospital, Ascension Sacred Heart Hospital Emerald Coast, Ascension Sacred Heart Hospital Gulf, Ascension Sacred Heart Hospital Bay

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL PENSACOLA Partnership for a Healthy Community, Florida Department of Health in Escambia County, Florida Department of Health in Santa Rosa County, Community Health Northwest Florida, 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 7 Facility , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL PENSACOLA 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL PENSACOLA THE PRIOR COMMUNITY HEALTH NEEDS ASSESSMENT WAS ISSUED IN TAX YEAR 2015 THE CHNA PROCESS SHOULD BE VIEWED AS A THREE-YEAR CYCLE AN IMPORTANT PIECE OF THAT CYCLE IS REVISITING THE PROGRESS MADE ON PRIORITY HEALT H TOPICS SET FORTH IN THE PRECEDING CHNA BY REVIEWING THE ACTIONS TAKEN TO ADDRESS A PRIO RITY HEALTH ISSUE AND EVALUATING THE IMPACT THOSE ACTIONS HAVE MADE IN THE COMMUNITY, IT I S POSSIBLE TO BETTER TARGET RESOURCES AND EFFORTS DURING THE NEXT ROUND OF THE CHNA CYCLE IDENTIFIED PRIORITY HEALTH NEEDS FROM TAX YEAR 2015 CHNA WERE ACCESS TO CARE, HEALTHY WEI GHT, AND TOBACCO USE THE FOLLOWING ARE THE ACTIONS TAKEN DURING TAX YEARS 2016 - 2018 FOR THE TAX YEAR 2015 CHNA ACCESS TO CARE - HOST MISSION IN MOTION AT CHURCH AND COMMUNITY S ITES - RECRUIT AND PROVIDE ONGOING TRAINING TO FAITH COMMUNITY NURSES - DEVELOP RESOURCE T OOL KIT FOR FAITH COMMUNITY NURSES - CONDUCT FAITH COMMUNITY NURSING EDUCATION ON AADE SEV EN SELF-CARE BEHAVIORS - CONDUCT PRE- AND POST- TESTS ON FAITH COMMUNITY NURSING CLIENT UN DERSTANDING OF THE AADE7 SELF CARE BEHAVIORS - DEVELOP RESOURCE GUIDE AND TOOLS FOR FAITH COMMUNITY NURSING TO WORK WITH LOW RESOURCED DIABETIC PATIENTS - PROVIDE MEDICAL HOME REFE RRALS AND FOLLOW UP TO CLIENTS NEEDING MORE DIRECTED CARE - ENCOURAGE HEALTH BEHAVIOR MESS AGING FROM PARISH CLERGY - COLLABORATE AND HOST MEDICAL MISSION AT HOME HEALTHY WEIGHT - P ROMOTE DPP TO COMMUNITY, ASHP PATIENTS AND ASHP ASSOCIATES - CONDUCT HLC CLASSES TO ASH FA CILITIES PER CDC CURRICULUM - DETERMINE FEASIBILITY OF IMPLEMENTING TELE-EDUCATION CLASSES FOR PATIENTS IN REMOTE AREAS OR BARRIERS TO ATTENDING PHYSICAL CLASSES TOBACCO USE - COND UCT INPATIENT TOBACCO USER CONTACTS - PROVIDE INFORMATION ON PATIENT CESSATION INTERVENTIO N OPTIONS TO FIRST YEAR RESIDENTS - PROMOTE OUTPATIENT COUNSELING REFERRALS FROM AMGSH, MI SSION IN MOTION AND OTHER COMMUNITY HEALTH PROVIDERS - PROMOTE OUTPATIENT QUIT RESOURCES T O COMMUNITY VIA MEDIA RELEASES AND SOCIAL MEDIA THE MOST RECENT CHNAS CONDUCTED DURING TAX YEAR 2018 WERE CONDUCTED TO IDENTIFY PRIORITY HEALTH NEEDS WITHIN EACH COMMUNITY SERVED B Y EACH HOSPITAL, FOR ASCENSION SACRED HEART HOSPITAL PENSACOLA, THE COMMUNITY IS DEFINED A S ESCAMBIA AND SANTA ROSA COUNTIES BOTH COUNTIES IDENTIFIED DIABETES, INFANT HEALTH AND M ENTAL HEALTH AS PRIORITY HEALTH NEEDS ADDITIONALLY, ESCAMBIA COUNTY IDENTIFIED CHILD HEAL TH AS A PRIORITY HEALTH NEED WHILE SANTA ROSA COUNTY IDENTIFIED DRUG ABUSE AS A PRIORITY H EALTH NEED ASCENSION SACRED HEART HOSPITAL PENSACOLA IS COMMITTED TO OUR MISSION AND TO T HE COMMUNITY HOWEVER, NO ENTITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENTED BY THE TAX YEAR 2018 CHNA ADDRESSING A SMALL NUMBER OF HEALTH ISSUES IN A COORDINATED, RIGOROUS MANN ER IS MORE EFFECTIVE THAN UNCOORDINATED EFFORTS AIMED AT MULTIPLE PROBLEMS IDENTIFYING A FEW PRIORITIES ALLOWS OUR COMMUNITY TO CONCENTRATE LIMITED RESOURCES TO ACHIEVE THE GREATE ST IMPACT ON WHAT IS MOST IMPO

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 , 1	RTANT ASCENSION SACRED HEART HOSPITAL PENSACOLA BUILT IMPLEMENTATION PLANS TO ADDRESS EAC H IDENTIFIED HEALTH NEED EXCEPT DRUG ABUSE HOWEVER, WE WILL CONTINUE TO ADVOCATE FOR THE POOR AND VULNERABLE WITHIN OUR COMMUNITY THE FOLLOWING ARE THE IDENTIFIED NEEDS TO BE ADD RESSED FROM THE TAX YEAR 2018 CHNA DIABETES - INCREASE DIABETES RISK ASSESSMENT SCREENING S FOR VULNERABLE POPULATIONS WITH INCREASED RISK OF DIABETES USING CDC RISK ASSESSMENT - O UTREACH TO ENGAGE COMMUNITY ABOUT CLASSES AND OPPORTUNITIES FOR PATIENTS WITH PRE-DIABETES - PROMOTE AND MARKET DIABETES AWARENESS IN ASCENSION MEDICAL GROUP SACRED HEART OFFICES U TILIZING OUTCOME HEALTH BOARDS AND BROCHURES CHILD HEALTH - MARKET THE SAFE SITTER CLASS T O GIRL SCOUTS, MIDDLE SCHOOLS AND OTHER YOUTH PROGRAMS TO INCREASE ENROLLMENT - CONDUCT BI KE HELMET FITTINGS AT COMMUNITY EVENTS THROUGHOUT THE COMMUNITY - INCREASE THE NUMBER OF A SSOCIATES WHO ARE A CERTIFIED BIKE HELMET FITTER - PARTICIPATE IN WATER AND YOUTH SAFETY P ENSACOLA ANNUAL WATER SAFETY DAY - OBTAIN SAFE KID ZONE CERTIFICATION INFANT HEALTH - TRAI N ASSOCIATES AT DEPARTMENT MEETINGS ON SAFE SLEEP GUIDELINES, SAFE SLEEP POLICY, AND THE I MPORTANCE OF MODELING SAFE SLEEP FOR PARENTS - GAIN NATIONAL SAFE SLEEP CERTIFICATION - ED UCATE MATERNITY PATIENTS ON THE IMPORTANCE OF SAFE SLEEP PRACTICES AND DISTRIBUTE SAFE SLE EP MATERIALS AND SLEEP SACKS MENTAL HEALTH - TELE-COUNSELING, TELE-PSYCHIATRY OR IN-PERSON COUNSELING WILL BE PROVIDED BEGINNING JULY 1, 2019 - EDUCATE PATIENTS REFERRED TO CHILDRE N'S HOME SOCIETY BY ASCENSION MEDICAL GROUP SACRED HEART PEDIATRICS REGARDING TELEHEALTH A ND HOW THEY CAN UTILIZE IT TO OBTAIN COUNSELING SERVICES - APPOINTMENTS FOR COUNSELING VIA TELEHEALTH WILL BE SCHEDULED WITHIN TWO BUSINESS DAYS THE TAX YEAR 2018 CHNA IDENTIFIED NEEDS WILL BEGIN TO BE ADDRESSED IN TAX YEAR 2019

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 name ASCENSION SACRED HEART HOSPITAL EMERALD COAST 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL EMERALD COAST THE COMMUNITY HEALTH NEEDS A SSESSMENT WAS CONDUCTED BY ASCENSION SACRED HEART HOSPITAL EMERALD COAST (ASHEC) BETWEEN S EPTEMBER 2018 TO MARCH 2019 ASCENSION SACRED HEART HOSPITAL EMERALD COAST COLLABORATED WI TH ASCENSION SACRED HEART HOSPITAL PENSACOLA (ASHP) AND THE FLORIDA DEPARTMENT OF HEALTH ASCENSION SACRED HEART HOSPITAL EMERALD COAST ALSO COLLABORATED WITH ASCENSION SACRED HEAR T HOSPITAL GULF (ASHG), AND ASCENSION SACRED HEART HOSPITAL BAY (ASHB), AND THE CHNA'S FOR THESE HOSPITALS WERE DEVELOPED ALONGSIDE THE ASHEC CHNA THE CHNA WAS BOARD REVIEWED AND APPROVED IN TAX YEAR 2018 THE CHNA WAS CONDUCTED USING WIDELY ACCEPTED METHODOLOGIES TO I DENTIFY THE SIGNIFICANT NEEDS OF A SPECIFIC COMMUNITY FOR THE PURPOSE OF THIS REPORT, ASC ENSION SACRED HEART HOSPITAL EMERALD COAST'S COMMUNITY IS DEFINED AS OKALOOSA AND WALTON C OUNTIES PRIMARY DATA WERE GATHERED BY CONDUCTING INTERVIEWS WITH KEY STAKEHOLDERS KEY IN FORMANT INTERVIEWS WERE CONDUCTED FACE-TO-FACE AND BY TELEPHONE BY VERITE' HEALTHCARE CONS ULTING BETWEEN NOVEMBER 2018 AND JANUARY 2019 THE INTERVIEWS WERE DESIGNED TO OBTAIN INPU T ON HEALTH NEEDS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED B Y ASCENSION SACRED HEART HOSPITAL EMERALD COAST TWENTY-FIVE INTERVIEW SESSIONS WERE HELD WITH 85 INDIVIDUALS REPRESENTING NUMEROUS COMMUNITY ORGANIZATIONS INTERVIEWEES INCLUDED I NDIVIDUALS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DE PARTMENT REPRESENTATIVES WITH INFORMATION AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF TH E COMMUNITY, AND INDIVIDUALS SERVING OR REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AN D MINORITY POPULATIONS INTERVIEWS WERE CONDUCTED USING A STRUCTURED DISCUSSION GUIDE INF ORMANTS WERE ASKED TO DISCUSS COMMUNITY HEALTH ISSUES AND ENCOURAGED TO THINK BROADLY ABOU T SOCIAL, BEHAVIORAL, AND OTHER DETERMINAntS OF HEALTH BELOW IS A FULL LIST OF PARTNERS W HO PROVIDED INPUT - BAY COUNTY COUNCIL ON AGING - BAY DISTRICT SCHOOLS - BIG BEND COMMUNI TY BASED CARE - CHAUTAUQUA HEALTHCARE SERVICES - CHAUTAUQUA HEALTHCARE SERVICES - HEALTHY FAMILIES - CHAUTAUQUA HEALTHCARE SERVICES - PANHANDLE 2-1-1 - CHILDREN'S HOME SOCIETY - CI TY OF PANAMA CITY BEACH - COVENANT CARE - CRESTVIEW AREA SHELTER FOR THE HOMELESS - EARLY LEARNING COALITION - FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES - FLORIDA DEPARTMENT OF H EALTH - BAY COUNTY - FLORIDA DEPARTMENT OF HEALTH - FRANKLIN COUNTY - FLORIDA DEPARTMENT O F HEALTH - GULF COUNTY - FLORIDA DEPARTMENT OF HEALTH - OKALOOSA COUNTY - FLORIDA DEPARTME NT OF HEALTH - WALTON COUNTY - GLENWOOD WORKING PARTNERSHIP - GULF COAST CHILDREN'S ADVOCA CY CENTER - GULF COAST REGIONAL MEDICAL CENTER - GULF COAST STATE COLLEGE - HEALTHY START - OKALOOSA AND WALTON COUNTY - HEALTHY START COALITION OF BAY, FRANKLIN, & GULF COUNTIES - HOMELESSNESS AND HOUSING ALLIANCE - LIFE MANAGEMENT CENTER - LIGHTHOUSE HEALTH PLAN - NEW VISION - NORTHWEST FLORIDA AR

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 , 1	EA AGENCY ON AGING, INC - NORTHWEST FLORIDA HEALTH COUNCIL - OPPORTUNITY PLACE, INC - PA NCARE OF FLORIDA - RONDA COON WOMEN'S HOME - ASCENSION SACRED HEART HOSPITAL EMERALD COAST - ASCENSION SACRED HEART HOSPITAL GULF - SHELTER HOUSE, INC - THE UNIVERSITY OF FLORIDA' S INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES - OKALOOSA COUNTY EXTENSION - THE UNIVERSITY OF FLORIDA'S INSTITUTE OF FOOD AND AGRICULTURAL SCIENCES - WALTON COUNTY EXTENSION - THE WALTON COUNTY HOUSING AGENCY - UNITED WAY OF OKALOOSA - WALTON - WALTON COUNTY PREVENTION COALITION - WALTON COUNTY SHERIFF'S OFFICE - WALTON OKALOOSA COUNCIL ON AGING

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL EMERALD COAST Ascension Sacred Heart Hospital Pensacola, Ascension Sacred Heart Hospital Gulf, Ascension Sacred Heart Hospital Bay

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL EMERALD COAST Florida Department of Health

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL EMERALD COAST 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL EMERALD COAST THE PRIOR COMMUNITY HEALTH N EEDS ASSESSMENT WAS ISSUED IN TAX YEAR 2015 THE CHNA PROCESS SHOULD BE VIEWED AS A THREE- YEAR CYCLE AN IMPORTANT PIECE OF THAT CYCLE IS REVISITING THE PROGRESS MADE ON PRIORITY H EALTH TOPICS SET FORTH IN THE PRECEDING CHNA BY REVIEWING THE ACTIONS TAKEN TO ADDRESS A PRIORITY HEALTH ISSUE AND EVALUATING THE IMPACT THOSE ACTIONS HAVE MADE IN THE COMMUNITY, IT IS POSSIBLE TO BETTER TARGET RESOURCES AND EFFORTS DURING THE NEXT ROUND OF THE CHNA CY CLE IDENTIFIED PRIORITY HEALTH NEEDS FROM TAX YEAR 2015 CHNA WERE PROVIDER AVAILABILITY A ND ACCESS, MENTAL HEALTH AND SUBSTANCE ABUSE, AND HEALTHY WEIGHT THE FOLLOWING ARE THE AC TIONS TAKEN DURING TAX YEARS 2016 - 2018 FOR THE TAX YEAR 2015 CHNA PROVIDER AVAILABILITY AND ACCESS - SECURED INITIAL FUNDING FOR THE HOPE MEDICAL CLINIC - OPENED THE NEW CLINIC IN FREEPORT - BEGAN OFFERING WALK-IN SERVICES FOR ESTABLISHED PATIENTS AT BOTH CLINICS - E DUCATED SACRED HEART EMERGENCY DEPARTMENT TEAM AND SOCIAL WORKERS ON THE EXPANDED SERVICES - PROMOTED THE NEW LOCATION AND HOURS TO PATIENTS - REFERRED ELIGIBLE PATIENTS TO THE NEW CLINIC IN WALTON COUNTY - EVALUATED PROGRAM EFFECTIVENESS FOR CONTINUED FUNDING MENTAL HE ALTH AND SUBSTANCE ABUSE - ADOPTED POLICY TO SCREEN ALL PREGNANT WOMEN AND NEW MOTHERS FOR SUBSTANCE ABUSE ISSUES - EDUCATED TARGETED STAFF REGARDING POLICY, PROCEDURE, AND NEED - DEVELOPED PROCEDURE FOR TRAINING NEW STAFF ON POLICY - DEVELOPED COMPREHENSIVE LISTING OF DRUG ABUSE RESOURCES FOR PREGNANT/POSTPARTUM WOMEN - MAINTAINED OUTREACH/COMMUNICATIONS WI TH COMMUNITY BASED PARTNERS REGARDING EDUCATION AND EARLY INTERVENTION OPTIONS FOR PREGNAN T WOMEN AND NEW MOTHERS WITH SUBSTANCE ABUSE ISSUES HEALTHY WEIGHT - CONDUCTED BABY FRIEND LY TASK FORCE COMMITTEE BI-MONTHLY MEETINGS - MET WITH REFERRING OB OFFICES TO PROVIDE PRE NATAL EDUCATION PACKETS AND ONGOING OFFICE STAFF EDUCATION - PROVIDED EDUCATIONAL MATERIAL S AND DISCUSSED BENEFITS OF BREASTFEEDING AND MOTHER/BABY BONDING DURING PRENATAL CLASSES - PROVIDED ASCENSION SACRED HEART HOSPITAL EMERALD COAST OB STAFF WITH ONGOING TRAINING CO NSISTENT WITH BABY FRIENDLY CRITERIA - EDUCATED MOTHERS DURING HOSPITAL STAY ON RELEVANT S TEPS TO SUCCESSFUL BREASTFEEDING - COORDINATED WITH WALTON COUNTY DOH AND WIC BREASTFEEDIN G RESOURCE COORDINATOR TO IDENTIFY AND PROMOTE SUPPORT GROUPS IN COMMUNITY - PROVIDED DIRE CTORY OF BREASTFEEDING RESOURCES TO MOTHERS PRIOR TO DISCHARGE - SECURED BABY FRIENDLY DES IGNATION FROM BABY FRIENDLY USA THE MOST RECENT CHNAS CONDUCTED DURING TAX YEAR 2018 WERE CONDUCTED TO IDENTIFY PRIORITY HEALTH NEEDS WITHIN EACH COMMUNITY SERVED BY EACH HOSPITAL, FOR ASCENSION SACRED HEART HOSPITAL EMERALD COAST (ASHEC), THE COMMUNITY IS DEFINED AS OK ALOOSA AND WALTON COUNTIES THE IDENTIFIED HEALTH NEEDS FOR OKALOOSA AND WALTON COUNTIES A RE HEALTHY LIFESTYLES, BEHAVIORAL HEALTH, CANCER, ACCESS TO CARE, SOCIAL DETERMINANTS, MAT ERNAL, INFANT, AND CHILD HEALT

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 , 1	H THE NEEDS THAT ASCENSION SACRED HEART HOSPITAL EMERALD COAST WILL ADDRESS ARE HEALTHY L IFESTYLES, BEHAVIORAL HEALTH, AND CANCER ASCENSION SACRED HEART IS COMMITTED TO OUR MISSI ON AND TO THE COMMUNITY HOWEVER, NO ENTITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENTED BY THE TAX YEAR CHNA ADDRESSING A SMALL NUMBER OF HEALTH ISSUES IN A COORDINATED, RIGOROU S MANNER IS MORE EFFECTIVE THAN UNCOORDINATED EFFORTS AIMED AT MULTIPLE PROBLEMS IDENTIFY ING A FEW PRIORITIES ALLOWS OUR COMMUNITY TO CONCENTRATE LIMITED RESOURCES TO ACHIEVE THE GREATEST IMPACT ON WHAT IS MOST IMPORTANT ACCESS TO CARE, SOCIAL DETERMINANTS, MATERNAL, INFANT, AND CHILD HEALTH ARE THOSE WE BELIEVE DO NOT HAVE ENOUGH COMMUNITY SUPPORT OR ORGA NIZATION TO ADEQUATELY ADDRESS HOWEVER, WE WILL CONTINUE TO ADVOCATE FOR THE POOR AND VUL NERABLE WITHIN OUR COMMUNITY IN ADDITION, WE WILL CONTINUE SAFE SLEEP AND BABY FRIENDLY C ERTIFICATIONS AT THE FAMILY BIRTH PLACE FURTHERMORE, ASCENSION SACRED HEART HOSPITAL EMER ALD COAST WILL BE OPENING A LEVEL 2 NICU IN JANUARY 2020 THE FOLLOWING ARE THE IDENTIFIED NEEDS TO BE ADDRESSED FROM THE TAX YEAR 2018 CHNA HEALTHY LIFESTYLES - INCREASE DIABETES RISK ASSESSMENT SCREENINGS FOR VULNERABLE POPULATIONS WITH INCREASED RISK OF DIABETES USI NG CDC RISK ASSESSMENT - OUTREACH TO ENGAGE COMMUNITY ABOUT CLASSES AND OPPORTUNITIES FOR PATIENTS WITH PRE-DIABETES - PROMOTE AND MARKET DIABETES AWARENESS IN ASCENSION MEDICAL GR OUP SACRED HEART OFFICES UTILIZING OUTCOME HEALTH BOARDS AND BROCHURES BEHAVIORAL HEALTH - TELE-COUNSELING, TELE-PSYCHIATRY OR IN-PERSON COUNSELING WILL BE PROVIDED BEGINNING JULY 1, 2019 - EDUCATE PATIENTS REFERRED TO CHILDREN'S HOME SOCIETY BY ASCENSION MEDICAL GROUP SACRED HEART PEDIATRICS REGARDING TELEHEALTH AND HOW THEY CAN UTILIZE IT TO OBTAIN COUNSEL ING SERVICES - APPOINTMENTS FOR COUNSELING VIA TELEHEALTH WILL BE SCHEDULED WITHIN TWO BUS INESS DAYS CANCER - INVITATION TO ELIGIBLE ASCENSION MEDICAL GROUP SACRED HEART (AMGSH) PA TIENTS FOR CANCER SCREENING UTILIZING PHONE AND TEXT REMINDERS VIA SCHEDULED PATIENT OUTRE ACH CAMPAIGNS - PROVIDER ASSESSMENT AND FEEDBACK INTERVENTIONS WHICH BOTH EVALUATE PROVIDE R PERFORMANCE IN DELIVERING OR OFFERING SCREENING TO CLIENTS AND PRESENT PROVIDERS WITH IN FORMATION ABOUT THEIR PERFORMANCE IN PROVIDING SCREENING SERVICES - EDUCATION FOCUSED ON C OLORECTAL CANCER SCREENING TO AMGSH PRIMARY CARE CLINICIANS WITH CONTINUING MEDICAL EDUCAT ION CREDITS PROVIDED - HOST EDUCATION FAIRS BY AMGSH QUALITY TEAM TO EDUCATE CLINICAL AND NON-CLINICAL ASSOCIATES OF THE IMPORTANCE OF COLORECTAL CANCER SCREENING AND HOW THEY CAN IMPACT SCREENING RATES - CONDUCT AND MEASURE CANCER SCREENINGS IN ALIGNMENT WITH AMGSH'S F Y2021 DISEASE SPECIFIC FOCUS THE TAX YEAR 2018 CHNA IDENTIFIED NEEDS WILL BEGIN TO BE ADDR ESSED IN TAX YEAR 2019

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 name ASCENSION SACRED HEART HOSPITAL GULF 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL GULF THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY ASCENSION SACRED HEART HOSPITAL GULF (ASHG) BETWEEN SEPTEMBER 2018 TO MA RCH 2019 ASCENSION SACRED HEART HOSPITAL GULF COLLABORATED WITH ASCENSION SACRED HEART HO SPITAL PENSACOLA (ASHP) AND THE FLORIDA DEPARTMENT OF HEALTH ASCENSION SACRED HEART HOSPI TAL GULF ALSO COLLABORATED WITH ASCENSION SACRED HEART HOSPITAL EMERALD COAST (ASHEC), AND ASCENSION SACRED HEART HOSPITAL BAY (ASHB), AND THE CHNA'S FOR THESE HOSPITALS WERE DEVEL OPED ALONGSIDE THE ASCENSION SACRED HEART HOSPITAL GULF CHNA THE CHNA WAS BOARD REVIEWED AND APPROVED IN TAX YEAR 2018 THE CHNA WAS CONDUCTED USING WIDELY ACCEPTED METHODOLOGIES TO IDENTIFY THE SIGNIFICANT NEEDS OF A SPECIFIC COMMUNITY FOR THE PURPOSE OF THIS REPORT, ASCENSION SACRED HEART HOSPITAL GULF'S COMMUNITY IS DEFINED AS GULF AND FRANKLIN COUNTIES PRIMARY DATA WERE GATHERED BY CONDUCTING INTERVIEWS WITH KEY STAKEHOLDERS KEY INFORMANT INTERVIEWS WERE CONDUCTED FACE-TO-FACE AND BY TELEPHONE BY VERITE' HEALTHCARE CONSULTING BETWEEN NOVEMBER 2018 AND JANUARY 2019 THE INTERVIEWS WERE DESIGNED TO OBTAIN INPUT ON HE ALTH NEEDS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ASCEN SION SACRED HEART HOSPITAL GULF TWENTY-FIVE INTERVIEW SESSIONS WERE HELD WITH 85 INDIVIDU ALS REPRESENTING NUMEROUS COMMUNITY ORGANIZATIONS INTERVIEWEES INCLUDED INDIVIDUALS WITH SPECIAL KNOWLEDGE OF OR EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENT REPRESE NTATIVES WITH INFORMATION AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY, AND INDIVIDUALS SERVING OR REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPUL ATIONS INTERVIEWS WERE CONDUCTED USING A STRUCTURED DISCUSSION GUIDE INFORMANTS WERE ASK ED TO DISCUSS COMMUNITY HEALTH ISSUES AND ENCOURAGED TO THINK BROADLY ABOUT SOCIAL, BEHAVI ORAL, AND OTHER DETERMINANTS OF HEALTH BELOW IS A FULL LIST OF PARTnERS WHO PROVIDED INPU T - BAY COUNTY COUNCIL ON AGING - BAY DISTRICT SCHOOLS - BIG BEND COMMUNITY BASED CARE - CHAUTAUQUA HEALTHCARE SERVICES - CHAUTAUQUA HEALTHCARE SERVICES - HEALTHY FAMILIES - CHAUT AUQUA HEALTHCARE SERVICES - PANHANDLE 2-1-1 - CHILDREN'S HOME SOCIETY - CITY OF PANAMA CIT Y BEACH - COVENANT CARE - CRESTVIEW AREA SHELTER FOR THE HOMELESS - EARLY LEARNING COALITI ON - FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES - FLORIDA DEPARTMENT OF HEALTH - BAY COUN TY - FLORIDA DEPARTMENT OF HEALTH - FRANKLIN COUNTY - FLORIDA DEPARTMENT OF HEALTH - GULF COUNTY - FLORIDA DEPARTMENT OF HEALTH - OKALOOSA COUNTY - FLORIDA DEPARTMENT OF HEALTH - W ALTON COUNTY - GLENWOOD WORKING PARTNERSHIP - GULF COAST CHILDREN'S ADVOCACY CENTER - GULF COAST REGIONAL MEDICAL CENTER - GULF COAST STATE COLLEGE - HEALTHY START - OKALOOSA AND W ALTON COUNTY - HEALTHY START COALITION OF BAY, FRANKLIN, & GULF COUNTIES - HOMELESSNESS AN D HOUSING ALLIANCE - LIFE MANAGEMENT CENTER - LIGHTHOUSE HEALTH PLAN - NEW VISION - NORTHW EST FLORIDA AREA AGENCY ON AGI

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 , 1	NG, INC - NORTHWEST FLORIDA HEALTH COUNCIL - OPPORTUNITY PLACE, INC - PANCARE OF FLORIDA - RONDA COON WOMEN'S HOME - ASCENSION SACRED HEART HOSPITAL EMERALD COAST - ASCENSION SAC RED HEART HOSPITAL GULF - SHELTER HOUSE, INC - THE UNIVERSITY OF FLORIDA'S INSTITUTE OF F OOD AND AGRICULTURAL SCIENCES - OKALOOSA COUNTY EXTENSION - THE UNIVERSITY OF FLORIDA'S IN STITUTE OF FOOD AND AGRICULTURAL SCIENCES - WALTON COUNTY EXTENSION - THE WALTON COUNTY HO USING AGENCY - UNITED WAY OF OKALOOSA - WALTON - WALTON COUNTY PREVENTION COALITION - WALT ON COUNTY SHERIFF'S OFFICE - WALTON OKALOOSA COUNCIL ON AGING

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL GULF Ascension Sacred Heart Hospital Pensacola, Ascension Sacred Heart Hospital Emerald Coast, Ascension Sacred Heart Hospital Bay

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL GULF Florida Department of Health

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL GULF 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL GULF THE PRIOR COMMUNITY HEALTH NEEDS ASSE SSMENT WAS ISSUED IN TAX YEAR 2015 THE CHNA PROCESS SHOULD BE VIEWED AS A THREE-YEAR CYCL E AN IMPORTANT PIECE OF THAT CYCLE IS REVISITING THE PROGRESS MADE ON PRIORITY HEALTH TOP ICS SET FORTH IN THE PRECEDING CHNA BY REVIEWING THE ACTIONS TAKEN TO ADDRESS A PRIORITY HEALTH ISSUE AND EVALUATING THE IMPACT THOSE ACTIONS HAVE MADE IN THE COMMUNITY, IT IS POS SIBLE TO BETTER TARGET RESOURCES AND EFFORTS DURING THE NEXT ROUND OF THE CHNA CYCLE IDEN TIFIED PRIORITY HEALTH NEEDS FROM TAX YEAR 2015 CHNA WERE MENTAL HEALTH, HEALTHY WEIGHT AN D ACCESS TO CARE THE FOLLOWING ARE THE ACTIONS TAKEN DURING TAX YEARS 2016 - 2018 FOR THE TAX YEAR 2015 CHNA MENTAL HEALTH - CREATED A MENTAL HEALTH SERVICES RESOURCE GUIDE - HOS TED GUEST SPEAKERS/EDUCATORS TO TEACH ABOUT MENTAL HEALTH RESOURCES AVAILABLE - HOSTED/PAR TICIPATED IN MENTAL HEALTH FIRST AID TRAINING FOR ADULTS AND/OR YOUTH - PRODUCED A MEDIA C AMPAIGN ABOUT MENTAL HEALTH ILLNESS, INCLUDING THE USE OF 2-1-1 TO FIND MENTAL HEALTH RESO URCES HEALTHY WEIGHT - DEVELOPED A 4-HOUR COMMUNITY EDUCATION CLASS ON DIABETIC SELF-MANAG EMENT TRAINING - DISTRIBUTED EDUCATION BROCHURES/CLASS INFO AT LOCAL HEALTH FAIRS/EVENTS - PROVIDED NO-COST BLOOD GLUCOSE SCREENINGS AT LOCAL HEALTH FAIRS/EVENTS - REFERRED RESIDEN TS TO MY GULF CARE PHARMACY ACCESS PROGRAM FOR INDIVIDUALS REQUIRING ASSISTANCE OBTAINING DIABETES MANAGEMENT MEDICATIONS - DISTRIBUTED INFORMATION ON NUTRITION AND COUNTY HEALTHY WEIGHT INITIATIVES TO CONNECT CLIENTS WITH AREA RESOURCES ACCESS TO CARE - PERFORMED COMMU NITY OUTREACH ABOUT DISEASE SPECIFIC CONDITIONS AT VARIOUS LOCATIONS, INCLUDING PHARMACIES , GROCERY STORES, THE EMERGENCY DEPARTMENT, AND PHYSICIAN OFFICES - DEVELOPED SELF-EVALUAT ION TOOLS FOR USE SELF-MANAGEMENT OF DIABETES, HEART FAILURE, AND CHRONIC OBSTRUCTIVE PULM ONARY DISEASE - DEVELOPED NEW OUTREACH MATERIALS THE MOST RECENT CHNAS CONDUCTED DURING TA X YEAR 2018 WERE CONDUCTED TO IDENTIFY PRIORITY HEALTH NEEDS WITHIN EACH COMMUNITY SERVED BY EACH HOSPITAL, FOR ASCENSION SACRED HEART HOSPITAL GULF (ASHG), THE COMMUNITY IS DEFINE D AS GULF AND FRANKLIN COUNTIES THE IDENTIFIED HEALTH NEEDS FOR GULF AND FRANKLIN COUNTIE S ARE ACCESS TO CARE, HEALTHY LIFESTYLES, CANCER, BEHAVIORAL HEALTH, SOCIAL DETERMINANTS, MATERNAL, INFANT, AND CHILD HEALTH, AND BASIC NEEDS THE NEEDS THAT ASCENSION SACRED HEART HOSPITAL GULF WILL ADDRESS ARE ACCESS TO CARE, HEALTHY LIFESTYLES, AND CANCER SACRED HEA RT HEALTH SYSTEM, INC IS COMMITTED TO OUR MISSION AND TO THE COMMUNITY HOWEVER, NO ENTIT Y CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENTED BY THE TAX YEAR 2018 CHNA ADDRESSING A SM ALL NUMBER OF HEALTH ISSUES IN A COORDINATED, RIGOROUS MANNER IS MORE EFFECTIVE THAN UNCOO RDINATED EFFORTS AIMED AT MULTIPLE PROBLEMS IDENTIFYING A FEW PRIORITIES ALLOWS OUR COMMU NITY TO CONCENTRATE LIMITED RESOURCES TO ACHIEVE THE GREATEST IMPACT ON WHAT IS MOST IMPOR TANT BEHAVIORAL HEALTH, SOCIA

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 , 1	L DETERMINANTS, MATERNAL, INFANT, AND CHILD HEALTH, AND BASIC NEEDS ARE THOSE WE BELIEVE D O NOT HAVE ENOUGH COMMUNITY SUPPORT OR ORGANIZATION TO ADEQUATELY ADDRESS HOWEVER, WE WIL L CONTINUE TO ADVOCATE FOR THE POOR AND VULNERABLE WITHIN OUR COMMUNITY THE FOLLOWING ARE THE IDENTIFIED NEEDS TO BE ADDRESSED FROM THE TAX YEAR 2018 CHNA ACCESS TO CARE - PERFOR M OUTREACH IN GULF AND FRANKLIN COUNTIES, ED, AMGSH, DOH, AND PHARMACIES FOR DISEASE SPECI FIC CONDITIONS - PROMOTE PATIENT ENGAGEMENT FOR CHRONIC DISEASES AND INCREASE SELF-MANAGEM ENT FOR CHRONIC DISEASE TO INCREASE ENROLLMENT IN MY GULF CARE - SHOW IMPROVEMENT IN ONE B IOMETRIC (HEMOGLOBIN A1C, BLOOD PRESSURE, AND/OR BODY MASS INDEX) FOR PATIENT ACTIVELY ENR OLLED IN MY GULF CARE HEALTHY LIFESTYLES - INCREASE DIABETES RISK ASSESSMENT SCREENINGS FO R VULNERABLE POPULATIONS WITH INCREASED RISK OF DIABETES USING CDC RISK ASSESSMENT - OUTRE ACH TO ENGAGE COMMUNITY ABOUT CLASSES AND OPPORTUNITIES FOR PATIENTS WITH PRE-DIABETES - P ROMOTE AND MARKET DIABETES AWARENESS IN ASCENSION MEDICAL GROUP SACRED HEART OFFICES UTILI ZING OUTCOME HEALTH BOARDS AND BROCHURES CANCER - INVITATION TO ELIGIBLE ASCENSION MEDICAL GROUP SACRED HEART (AMGSH) PATIENTS FOR CANCER SCREENING UTILIZING PHONE AND TEXT REMINDE RS VIA SCHEDULED PATIENT OUTREACH CAMPAIGNS - PROVIDER ASSESSMENT AND FEEDBACK INTERVENTIO NS WHICH BOTH EVALUATE PROVIDER PERFORMANCE IN DELIVERING OR OFFERING SCREENING TO CLIENTS AND PRESENT PROVIDERS WITH INFORMATION ABOUT THEIR PERFORMANCE IN PROVIDING SCREENING SER VICES - EDUCATION FOCUSED ON COLORECTAL CANCER SCREENING TO AMGSH PRIMARY CARE CLINICIANS WITH CONTINUING MEDICAL EDUCATION CREDITS PROVIDED - HOST EDUCATION FAIRS BY AMGSH QUALITY TEAM TO EDUCATE CLINICAL AND NON-CLINICAL ASSOCIATES OF THE IMPORTANCE OF COLORECTAL CANC ER SCREENING AND HOW THEY CAN IMPACT SCREENING RATES - CONDUCT AND MEASURE CANCER SCREENIN GS IN ALIGNMENT WITH AMGSH'S FY2021 DISEASE SPECIFIC FOCUS THE TAX YEAR 2018 CHNA IDENTIFI ED NEEDS WILL BEGIN TO BE ADDRESSED IN TAX YEAR 2019

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 name ASCENSION SACRED HEART HOSPITAL BAY 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL BAY THE COMMUNITY HEALTH NEEDS ASSESSMENT WAS CONDUCTED BY ASCENSION SACRED HEART HOSPITAL BAY (ASHB) BETWEEN SEPTEMBER 2018 TO MARC H 2019 ASCENSION SACRED HEART HOSPITAL BAY COLLABORATED WITH ASCENSION SACRED HEART HOSPI TAL PENSACOLA (ASHP) AND THE FLORIDA DEPARTMENT OF HEALTH ASCENSION SACRED HEART HOSPITAL BAY ALSO COLLABORATED WITH ASCENSION SACRED HEART HOSPITAL EMERALD COAST (ASHEC), AND ASC ENSION SACRED HEART HOSPITAL GULF (ASHG), AND THE CHNA'S FOR THESE HOSPITALS WERE DEVELOPE D ALONGSIDE THE ASCENSION SACRED HEART HOSPITAL BAY CHNA THE CHNA WAS BOARD REVIEWED AND APPROVED IN TAX YEAR 2018 THE CHNA WAS CONDUCTED USING WIDELY ACCEPTED METHODOLOGIES TO I DENTIFY THE SIGNIFICANT NEEDS OF A SPECIFIC COMMUNITY FOR THE PURPOSE OF THIS REPORT, ASC ENSION SACRED HEART HOSPITAL BAY'S COMMUNITY IS DEFINED AS BAY COUNTY PRIMARY DATA WERE G ATHERED BY CONDUCTING INTERVIEWS WITH KEY STAKEHOLDERS KEY INFORMANT INTERVIEWS WERE COND UCTED FACE-TO-FACE AND BY TELEPHONE BY VERITE' HEALTHCARE CONSULTING BETWEEN NOVEMBER 2018 AND JANUARY 2019 THE INTERVIEWS WERE DESIGNED TO OBTAIN INPUT ON HEALTH NEEDS FROM PERSO NS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY ASCENSION SACRED HEART HOS PITAL BAY TWENTY-FIVE INTERVIEW SESSIONS WERE HELD WITH 85 INDIVIDUALS REPRESENTING NUMER OUS COMMUNITY ORGANIZATIONS INTERVIEWEES INCLUDED INDIVIDUALS WITH SPECIAL KNOWLEDGE OF O R EXPERTISE IN PUBLIC HEALTH, LOCAL PUBLIC HEALTH DEPARTMENT REPRESENTATIVES WITH INFORMAT ION AND EXPERTISE RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY, AND INDIVIDUALS SERVING O R REPRESENTING MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS INTERVIEWS WER E CONDUCTED USING A STRUCTURED DISCUSSION GUIDE INFORMANTS WERE ASKED TO DISCUSS COMMUNIT Y HEALTH ISSUES AND ENCOURAGED TO THINK BROADLY ABOUT SOCIAL, BEHAVIORAL, AND OTHER DETERM INANTS OF HEALTH BELOW IS A FULL LIST OF PARTNERS WHO PROVIDED INPUT - BAY COUNTY COUNCI L ON AGING - BAY DISTRICT SCHOOLS - BIG BEND COMMUNITY BASED CARE - CHAUTAUQUA HEALTHCARE SERVICES - CHAUTAUQUA HEALTHCARE SERVICES - HEALTHY FAMILIES - CHAUTAUQUA HEALTHCARE SERVI CES - PANHANDLE 2-1-1 - CHILDREN'S HOME SOCIETY - CITY OF PANAMA CITY BEACH - COVENANT CAR E - CRESTVIEW AREA SHELTER FOR THE HOMELESS - EARLY LEARNING COALITION - FLORIDA DEPARTMEN T OF CHILDREN AND FAMILIES - FLORIDA DEPARTMENT OF HEALTH - BAY COUNTY - FLORIDA DEPARTMEN T OF HEALTH - FRANKLIN COUNTY - FLORIDA DEPARTMENT OF HEALTH - GULF COUNTY - FLORIDA DEPAR TMENT OF HEALTH - OKALOOSA COUNTY - FLORIDA DEPARTMENT OF HEALTH - WALTON COUNTY - GLENWOO D WORKING PARTNERSHIP - GULF COAST CHILDREN'S ADVOCACY CENTER - GULF COAST REGIONAL MEDICA L CENTER - GULF COAST STATE COLLEGE - HEALTHY START - OKALOOSA AND WALTON COUNTY - HEALTHY START COALITION OF BAY, FRANKLIN, & GULF COUNTIES - HOMELESSNESS AND HOUSING ALLIANCE - L IFE MANAGEMENT CENTER - LIGHTHOUSE HEALTH PLAN - NEW VISION - NORTHWEST FLORIDA AREA AGENC Y ON AGING, INC - NORTHWEST F

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 , 1	LORIDA HEALTH COUNCIL - OPPORTUNITY PLACE, INC - PANCARE OF FLORIDA - RONDA COON WOMEN'S HOME - ASCENSION SACRED HEART HOSPITAL EMERALD COAST - ASCENSION SACRED HEART HOSPITAL GUL F - SHELTER HOUSE, INC - THE UNIVERSITY OF FLORIDA'S INSTITUTE OF FOOD AND AGRICULTURAL S CIENCES - OKALOOSA COUNTY EXTENSION - THE UNIVERSITY OF FLORIDA'S INSTITUTE OF FOOD AND AG RICULTURAL SCIENCES - WALTON COUNTY EXTENSION - THE WALTON COUNTY HOUSING AGENCY - UNITED WAY OF OKALOOSA - WALTON - WALTON COUNTY PREVENTION COALITION - WALTON COUNTY SHERIFF'S OF FICE - WALTON OKALOOSA COUNCIL ON AGING

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL BAY Ascension Sacred Heart Hospital Pensacola, Ascension Sacred Heart Hospital Emerald Coast, Ascension Sacred Health Hospital Gulf

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL BAY Florida Department of Health

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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL BAY AT 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 , 1	Facility , 1 - ASCENSION SACRED HEART HOSPITAL BAY THE PRIOR COMMUNITY HEALTH NEEDS ASSES SMENT WAS ISSUED IN TAX YEAR 2015 THE CHNA PROCESS SHOULD BE VIEWED AS A THREE-YEAR CYCLE AN IMPORTANT PIECE OF THAT CYCLE IS REVISITING THE PROGRESS MADE ON PRIORITY HEALTH TOPI CS SET FORTH IN THE PRECEDING CHNA BY REVIEWING THE ACTIONS TAKEN TO ADDRESS A PRIORITY H EALTH ISSUE AND EVALUATING THE IMPACT THOSE ACTIONS HAVE MADE IN THE COMMUNITY, IT IS POSS IBLE TO BETTER TARGET RESOURCES AND EFFORTS DURING THE NEXT ROUND OF THE CHNA CYCLE IDENT IFIED PRIORITY HEALTH NEEDS FROM TAX YEAR 2015 CHNA WERE MENTAL HEALTH, HEALTHY WEIGHT, AN D CHRONIC DISEASE MANAGEMENT THE FOLLOWING ARE THE ACTIONS TAKEN DURING TAX YEARS 2016 - 2018 FOR THE TAX YEAR 2015 CHNA MENTAL HEALTH - PARTICIPATED IN LOCAL PARTNERSHIPS WITH C OUNTY RESOURCES - PROVIDED RESOURCES AT DISCHARGE FOR PATIENTS IDENTIFIED AT RISK - DEVELO PED FOLLOW-UP PROCESS FOR POST DISCHARGE HEALTHY WEIGHT - PARTICIPATED IN LOCAL PARTNERSHI P WITH COUNTY RESOURCES - INCREASED BREASTFEEDING INITIATION RATE WITHIN ONE HOUR OF BIRTH - COORDINATED STAFFING TO HAVE KNOWLEDGEABLE HEALTHCARE PERSONNEL AS RESOURCE FOR BREASTF EEDING MOMS CHRONIC DISEASE MANAGEMENT - DEVELOPED PARTNERSHIPS WITH COMMUNITY ORGANIZATIO NS THAT WILL FOCUS ON CHRONIC DISEASE MANAGEMENT - PROVIDED EDUCATIONAL RESOURCES AND TOOL S TO CHF PATIENTS TO ASSIST IN RECOGNIZING RECURRING SYMPTOMS - EDUCATED PHYSICIANS ON HHC RESOURCES FOR THEIR CHF DISCHARGES THE MOST RECENT CHNAS CONDUCTED DURING TAX YEAR 2018 W ERE CONDUCTED TO IDENTIFY PRIORITY HEALTH NEEDS WITHIN EACH COMMUNITY SERVED BY EACH HOSPI TAL, FOR ASCENSION SACRED HEART HOSPITAL BAY (ASHB), THE COMMUNITY IS DEFINED AS BAY COUNT Y THE IDENTIFIED HEALTH NEEDS FOR BAY COUNTY ARE ACCESS TO CARE, HEALTHY LIFESTYLES, CANC ER, BEHAVIORAL HEALTH, SOCIAL DETERMINANTS, MATERNAL, INFANT, AND CHILD HEALTH, AND BASIC NEEDS THE NEEDS THAT ASCENSION SACRED HEART HOSPITAL BAY WILL ADDRESS ARE ACCESS TO CARE, BEHAVIORAL HEALTH, AND CANCER SACRED HEART HEALTH SYSTEM, INC IS COMMITTED TO OUR MISSI ON AND TO THE COMMUNITY HOWEVER, NO ENTITY CAN ADDRESS ALL OF THE HEALTH NEEDS PRESENTED BY THE TAX YEAR 2018 CHNA ADDRESSING A SMALL NUMBER OF HEALTH ISSUES IN A COORDINATED, RI GOROUS MANNER IS MORE EFFECTIVE THAN UNCOORDINATED EFFORTS AIMED AT MULTIPLE PROBLEMS IDE NTIFYING A FEW PRIORITIES ALLOWS OUR COMMUNITY TO CONCENTRATE LIMITED RESOURCES TO ACHIEVE THE GREATEST IMPACT ON WHAT IS MOST IMPORTANT BEHAVIORAL HEALTH, SOCIAL DETERMINANTS, MA TERNAL, INFANT, AND CHILD HEALTH, AND BASIC NEEDS ARE THOSE WE BELIEVE DO NOT HAVE ENOUGH COMMUNITY SUPPORT OR ORGANIZATION TO ADEQUATELY ADDRESS HOWEVER, WE WILL CONTINUE TO ADVO CATE FOR THE POOR AND VULNERABLE WITHIN OUR COMMUNITY THE FOLLOWING ARE THE IDENTIFIED NE EDS TO BE ADDRESSED FROM THE TAX YEAR 2018 CHNA BEHAVIORAL HEALTH - IMPLEMENTATION OF TEL EPSYCH EXPANSION TO AMGSH OFFICES IN BAY COUNTY - TELEPSYCH COUNSELING OF PATIENTS IN BAY COUNTY AMGSH OFFICES - EXPLORE

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 , 1	POSSIBILITY OF MISSION IN MOTION TO SCREEN FOR BEHAVIORAL HEALTH ISSUES AND COORDINATE WI TH COMMUNITY PARTNERS IN BAY COUNTY ACCESS TO CARE - IMPLEMENT MISSION IN MOTION AND FAITH COMMUNITY NURSING AND IDENTIFY PARTNERSHIP OPPORTUNITIES IN BAY COUNTY - HOST MISSION IN MOTION EVENTS AT COMMUNITY SITES, CHURCHES AND HEALTH FAIRS TO PROVIDE HEALTH SCREENINGS T O UNDERINSURED, UNINSURED, POOR AND ELDERLY - IMPLEMENT SCREENING TOOL FOR SOCIAL DETERMIN ANTS OF HEALTH - PROVIDE MEDICAL HOME REFERRALS AND ASSISTANCE WITH NAVIGATION OF RESOURCE S TO CLIENTS NEEDING MORE DIRECTED CARE CANCER - INVITATION TO ELIGIBLE ASCENSION MEDICAL GROUP SACRED HEART (AMGSH) PATIENTS FOR CANCER SCREENING UTILIZING PHONE AND TEXT REMINDER S VIA SCHEDULED PATIENT OUTREACH CAMPAIGNS - PROVIDER ASSESSMENT AND FEEDBACK INTERVENTION S WHICH BOTH EVALUATE PROVIDER PERFORMANCE IN DELIVERING OR OFFERING SCREENING TO CLIENTS AND PRESENT PROVIDERS WITH INFORMATION ABOUT THEIR PERFORMANCE IN PROVIDING SCREENING SERV ICES - EDUCATION FOCUSED ON COLORECTAL CANCER SCREENING TO AMGSH PRIMARY CARE CLINICIANS W ITH CONTINUING MEDICAL EDUCATION CREDITS PROVIDED - HOST EDUCATION FAIRS BY AMGSH QUALITY TEAM TO EDUCATE CLINICAL AND NON-CLINICAL ASSOCIATES OF THE IMPORTANCE OF COLORECTAL CANCE R SCREENING AND HOW THEY CAN IMPACT SCREENING RATES - CONDUCT AND MEASURE CANCER SCREENING S IN ALIGNMENT WITH AMGSH'S FY2021 DISEASE SPECIFIC FOCUS THE TAX YEAR 2018 CHNA IDENTIFIE D NEEDS WILL BEGIN TO BE ADDRESSED IN TAX YEAR 2019

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
1	Ascension Sacred Heart Occupational Health and Rehabilitation 4412 N Davis Hwy Pensacola, FL 32503	Occupational Health
1	Sacred Heart Cardiac Rehab Center 1601 Airport Blvd Pensacola, FL 32501	Cardio Pulmonary Services
2	Sacred Heart Pulmonary Rehab Center 1601 Airport Blvd Pensacola, FL 32501	Cardio Pulmonary Services
3	Outpatient Laboratories 1549 Airport Blvd Pensacola, FL 32504	Diagnostic and Physician Services
4	Outpatient Laboratories 5151N Davis Hwy Pensacola, FL 32503	Laboratory Services
5	Outpatient Laboratories 13137 SORRENTO RD Pensacola, FL 32507	Laboratory Services
6	Outpatient Laboratories 4929 MOBILE HWY Pensacola, FL 32506	Laboratory Services
7	Rehab Center 3754 Hwy 90 Pace, FL 32571	Rehabilitation Center
8	Rehab Center 3408 Santa Rosa Dr Gulf Breeze, FL 32563	Rehabilitation Center
9	Outpatient Rehabilitation 4406 N David Hwy Pensacola, FL 32503	Rehabilitation Center
10	SACRED HEART Rehab Center 13137 Sorrento Road Pensacola, FL 32507	Rehabilitation Center
11	Ann L Baroco Center for Breast Health and Mammography 5147 North 9th Ave G03 Pensacola, FL 32504	Women's Health Center
12	Ascension Sacred Heart Surgical Weight Loss Center 5149 N 9th Avenue G 32 Pensacola, FL 32504	Weight Loss Center
13	SHMG Destin Surgery Ctr 36500 Emerald Coast Pkwy Destin, FL 32541	Diagnostic and Physician Services
14	Ascension Medical Group Sacred Heart Pediatrics I 23 Mack Bayou Loop Santa Rosa Beach, FL 32549	Diagnostic and Physician Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
16	Sacred Heart Apalachicola Rehab 76 Market Street Unit CD Apalachicola, FL 32320	Diagnostic and Physician Services
1	Sacred Heart Pediatric Specialists - Trinity Drive 1675 Trinity Drive Pensacola, FL 32504	Pediatric Care
2	Ascension Sacred Heart Women's Care Center 5045 Carpenters Creek Dr Pensacola, FL 32503	Diagnostic and Physician Services
3	Ascension Medical Group Sacred Heart at Pace 3754 Hwy 90 Pace, FL 32571	Diagnostic and Physician Services
4	Ascension Sacred Heart Medical Park at Airport Boulevard 1549 Airport Blvd Pensacola, FL 32504	Diagnostic and Physician Services
5	Ascension Sacred Heart Urgent Care Center at Pensacola 6665 Pensacola Blvd Pensacola, FL 32505	Diagnostic and Physician Services
6	Ascension Sacred Heart Regional Perinatal Center at Pensacola 5153 N 9TH AVE Suite 200 Pensacola, FL 32504	Perinatal Center
7	Ascension Sacred Heart Cancer Center 1545 Airport Blvd Pensacola, FL 32504	Cancer Care
8	Ascension Sacred Heart Urgent Care Center at Pace 4435 Hwy 90 Pace, FL 32571	Diagnostic and Physician Services
9	Ascension Medical Group Sacred Heart Rheumatology at Pensacola 2441 North 9th Ave Pensacola, FL 32503	Diagnostic and Physician Services
10	Ascension Medical Group Sacred Heart - Primary Care at Port St Joe 3871 E Hwy 98 Port St Joe, FL 32456	Diagnostic and Physician Services
11	Ascension Medical Group Sacred Heart at Bluewater Bay 4586 Hwy 20 Niceville, FL 32578	Diagnostic and Physician Services
12	Ascension Medical Group Sacred Heart at Gulf Breeze 2569 Gulf Breeze Pkwy Gulf Breeze, FL 32563	Diagnostic and Physician Services
13	Ascension Medical Group Sacred Heart at Freeport 271 St Hwy 20 East Freeport, FL 32563	Diagnostic and Physician Services
14	Ascension Medical Group Sacred Heart Pediatrics at Crestview 332 Medcrest Dr Crestview, FL 32536	Diagnostic and Physician Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
31	Ascension Medical Group Sacred Heart at Five Points 5607 Woodbine Rd Pace, FL 32571	Diagnostic and Physician Services
1	Ascension Sacred Heart Health Center at Tiger Point 4033 Gulf Breeze Pkwy Gulf Breeze, FL 32563	Diagnostic and Physician Services
2	Ascension Medical Group Sacred Heart Cardiology at Milton 5992 Berryhill Road Ste 302 Milton, FL 32570	Diagnostic and Physician Services
3	Ascension Medical Group Sacred Heart Sports Medicine 4521 N Davis Hwy Pensacola, FL 32503	Diagnostic and Physician Services
4	Ascension Sacred Heart Orthopedics 4541 N Davis Hwy Pensacola, FL 32503	Diagnostic and Physician Services
5	Ascension Medical Group Sacred Heart Hand Center 4551 N Davis Hwy Pensacola, FL 32503	Diagnostic and Physician Services
6	Ascension Medical Group Sacred Heart Pediatrics at Pace 5565 Woodbine Road Pace, FL 32571	Diagnostic and Physician Services
7	Ascension Medical Group Sacred Heart at Panama City Beach 120 Richard Jackson Blvd Suite 100 120 and 180 Panama City, FL 32407	Diagnostic and Physician Services
8	Ascension Medical Group Sacred Heart at Davis Hwy 4501 N Davis Hwy Ste A Pensacola, FL 32503	Diagnostic and Physician Services
9	Ascension Medical Group Sacred Heart at Downtown Pensacola 151 Main Street Pensacola, FL 32502	Diagnostic and Physician Services
10	Ascension Medical Group Sacred Heart Pediatrics at Milestone 185 Crossville St Cantonment, FL 32533	Diagnostic and Physician Services
11	Autism Pensacola 5164 Bayou Blvd Pensacola, FL 32503	Diagnostic and Physician Services
12	Ascension Sacred Heart Pediatric Center at Gulf Breeze 15 Daniel Drive Gulf Breeze, FL 32561	Diagnostic and Physician Services
13	Ascension Sacred Heart Cancer Center at Santa Rosa Beach 27 Mack Bayou loop Santa Rosa Beach, FL 32549	Diagnostic and Physician Services
14	Ascension Sacred Heart Rehabilitation at Somerby 164 W HEWITT ROAD Santa Rosa Beach, FL 32549	Diagnostic and Physician Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
46	Ascension Medical Group Sacred Heart at Fort Walton Beach 1025 Beal Pkwy Northwest Ft Walton Beach, FL 32547	Diagnostic and Physician Services
1	ASCENSION SACRED HEART CLINIC AT WALGREENS 2237 W Nine Mile road Cantonment, FL 32533	Clinic Services
2	ASCENSION SACRED HEART CLINIC AT WALGREENS 8220 Navarre Parkway Navarre, FL 32566	Clinic Services
3	ASCENSION SACRED HEART CLINIC AT WALGREENS 6314 N 9th Avenue Pensacola, FL 32504	Clinic Services
4	Ascension Medical Group Sacred Heart-Neurosurgery 5153 N 9TH AVE Suite 302 Pensacola, FL 32504	Diagnostic and Physician Services
5	Ascension Medical Group Sacred Heart at Apalachicola 55 AVENUE EAST Apalachicola, FL 32320	Diagnostic and Physician Services
6	Ascension Medical Group Sacred Heart at Wewahitchka 805 E HWY 22 Wewahitchka, FL 32465	Diagnostic and Physician Services
7	SHMG SubSpecialist Trauma 13137 SORRENTO RD Pensacola, FL 32507	Diagnostic and Physician Services
8	Ascension Medical Group Sacred Heart at Miramar Beach 7720 US Hwy 98 West Miramar Beach, FL 32550	Diagnostic and Physician Services
9	SHMG Renal Transplant 5149 N 9th Ave Pensacola, FL 32504	Renal Services
10	SHMG ENT Pensacola 5147 N 9th Ave Pensacola, FL 32504	Diagnostic and Physician Services
11	SHMG Cardiology Pensacola 5151 N 9th Ave Pensacola, FL 32504	Diagnostic and Physician Services
12	Ascension Medical Group Sacred Heart at Crestview 550 W Redstone Ave Crestview, FL 32536	Diagnostic and Physician Services
13	Ascension Medical Group Sacred Heart at Market Shops 9375 Emerald Coast Pkwy West 1 Miramar Beach, FL 32550	Diagnostic and Physician Services
14	Ascension Sacred Heart Medical Park at Destin 36500 Emerald Coast Pkwy Destin, FL 32541	Diagnostic and Physician Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
61	SHMG Primary Care Milestone 400 Milestone Blvd Cantonment, FL 32533	Diagnostic and Physician Services
1	Ascension Medical Group Sacred Heart at Spanish Trail 4313 Old Spanish Trail Pensacola, FL 32504	Diagnostic and Physician Services
2	Ascension Medical Group Sacred Heart at 30A 12805 US Hwy 98 East Inlet Beach, FL 32461	Diagnostic and Physician Services
3	SHMG Pediatric Cardiology SHMG Pediatric Endocrinology 5375 N 9th Ave Pensacola, FL 32504	Diagnostic and Physician Services
4	Ascension Medical Group Sacred Heart at Mack Bayou-Pediatrics II 23 Mack Bayou Loop 200 Santa Rosa Beach, FL 32549	Diagnostic and Physician Services
5	Ascension Medical Group Sacred Heart at Mobile Highway 4929 Mobile Hwy Pensacola, FL 32506	Diagnostic and Physician Services
6	Primary Care Wahoos Downtown 151 Main Street Pensacola, FL 32502	Diagnostic and Physician Services
7	Emergency Department - Ascension Sacred Heart Bay at Panama City Beach 11111 Panama City Beach Pkwy Suite 3 Panama City, FL 32407	Diagnostic and Physician Services
8	Ascension Medical Group Sacred Heart Bay at Cove Boulevard 619 N Cove Blvd Panama City, FL 32401	Diagnostic and Physician Services
9	Ascension Medical Group Sacred Heart Bay Orthopedics 4121 W HWY 98 Panama City, FL 32401	Diagnostic and Physician Services
10	Bay Cardiovasular Surgery 619 N Cove Blvd Panama City, FL 32401	Diagnostic and Physician Services
11	Ascension Medical Group Sacred Heart Bay Family Medicine at Ocean Park 23040 Panama City Beach Pkwy Panama City, FL 32413	Diagnostic and Physician Services
12	Bay Trauma 619 N Cove Blvd Panama City, FL 32401	Diagnostic and Physician Services
13	Ascension Medical Group Sacred Heart Bay Family Medicine at Magnolia Plaza 2421 Thomas Drive Panama City, FL 32408	Diagnostic and Physician Services
14	Ascension Medical Group Sacred Heart Bay Family Medicine at Norcross 2420 Jenks Ave Unit 5 Panama City, FL 32405	Diagnostic and Physician Services

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

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

	Name and address	Type of Facility (describe)
76	BAY OB GYN PC 25 Doctors Drive Panama City, FL 32405	Diagnostic and Physician Services
1	Ascension Medical Group Sacred Heart Bay Family Medicine at Northside 2101 Northside Dr Ste 5 Panama City, FL 32405	Diagnostic and Physician Services
2	Ascension Medical Group Sacred Heart Bay at Harrison Avenue 2507 Harrison Ave Panama City, FL 32405	Diagnostic and Physician Services
3	OCCUPATIONAL HEALTH STRATEGIES 4412 N DAVIS HWY PENSACOLA, FL 32503	OCCUPATIONAL HEALTH

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Sacred Heart Health System Inc

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 . . . . . ▶ 7

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(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 BY 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 INCLUDING ENSURING CORRECT ELIGIBILITY (SUCH AS ECONOMIC QUALIFIERS, AGE, SEX, ILLNESS, ETC) REQUIREMENTS THESE FILES ARE MAINTAINED AT EACH GRANT LOCATION AND ARE SUBJECT TO PERIODIC AUDIT SELECTION FOR REVIEW UNDER THE UNIFORM GUIDANCE CODES A DETAILED RISK IS ALSO MAINTAINED BY EACH GRANT OWNER MONITORING OF THESE GRANTS REQUIRES A QUARTERLY SUBMISSION OF A REPRESENTATION LETTER TO THE ASCENSION PARENT COMPANY ASSERTING CONTROLS ARE FUNCTIONING PROPERLY THIS REPRESENTATION LETTER IS SIGNED BY OPERATIONS MANAGEMENT FOR EACH GRANT AND IS SUBJECT TO AUDIT AT ANY TIME BY THE PARENT COMPANY

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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
NAVAL AVIATION MUSEUM FOUNDATION INC 1750 RADFORD RD STE B PENSACOLA, FL 32508	59-6178237	501(C)(3)	96,145				OPERATING SUPPORT
ESCAMBIA COMMUNITY CLINICS INC 2315 W JACKSON STREET PENSACOLA, FL 32505	59-3105246	501(C)(3)	648,951				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)	16,250				OPERATING SUPPORT
HOPE MEDICAL CLINIC 150 BEACH DRIVE DESTIN, FL 32541	26-3811078	501(C)(3)	50,650				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
UNITED WAY OF ESCAMBIA COUNTY INC 1301 W GOVERNMENT ST PENSACOLA, FL 32502	59-0651076	501(C)(3)	15,000				OPERATING SUPPORT
PENSACOLA HABITAT FOR HUMANITY INC 300 W LEONARD STREET PENSACOLA, FL 32501	59-2186044	501(C)(3)	104,500				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
SACRED HEART FOUNDATION INC 5151 N 9TH AVE PENSACOLA, FL 32504	59-2436597	501(C)(3)	1,757,725				OPERATING SUPPORT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Sacred Heart Health System Inc

Employer identification number
59-0634434

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification 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			
	☐ 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 accured 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**		

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

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

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

(A) Name and Title	**(B)** Breakdown of W-2 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				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	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

Return Reference	Explanation
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 2018 Susan L Davis - $487,821 Karen O Emmanuel - $304,555 Michelle C Williams Adamolekun - $203,019 John L Halstead - $133,848 Roger A Poitras, Jr - $152,308 Nina B Jeffords - $53,846 Robert Murphy - $147,692

Return Reference	Explanation
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 NO PAYMENTS WERE MADE TO LISTED PERSONS IN PART VII UNDER THE NON-QUALIFIED RETIREMENT PLAN DURING calendar YEAR 2018

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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				
THOMAS J VANOSDOL	(I)	0	0	0	0	0	0	0
EX-OFFICIO/CEO/MINISTRY MARKET EXECUTIVE	(II)	640,991	129,310	102,595	17,875	26,602	917,374	0
J HENRY STOVALL III	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 6/2018)	(II)	431,511	44,000	48,618	15,125	19,490	558,744	0
CAROL C WHITTINGTON	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 6/2015)	(II)	383,593	335,000	86,758	17,875	23,582	846,808	0
KAREN O EMMANUEL	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 12/2017)	(II)	0	0	306,149	0	0	306,149	0
SUSAN L DAVIS RN	(I)	0	0	0	0	0	0	0
FORMER OFFICER (END 4/2018)	(II)	279,550	0	566,353	14,411	7,281	867,594	0
C SUSAN CORNEJO	(I)	0	0	0	0	0	0	0
CFO, MINISTRY MARKET (END 1/2019)/COO, MINISTRY MARKET (START 1/2019)	(II)	467,360	63,269	49,084	16,500	23,149	619,362	0
KIMBERLY P SHREWSBURY	(I)	0	0	0	0	0	0	0
CFO, MINISTRY MARKET (START 1/2019)	(II)	278,435	0	19,618	17,875	25,589	341,518	0
MICHELLE C WILLIAMS ADAMOLEKUN	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(II)	56,954	0	216,562	1,226	4,308	279,050	0
ROGER L HALL	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(II)	336,598	17,250	62,677	17,875	17,424	451,823	0
JOHN L HALSTEAD	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(II)	152,831	24,538	154,070	5,019	15,841	352,299	0
JULES KARIHER	(I)	182,508	0	9,538	9,250	10,250	211,546	0
FORMER KEY EMPLOYEE (12/2017)	(II)	0	0	0	0	0	0	0
STEPHEN R MAYFIELD	(I)	209,632	0	50,213	10,700	14,448	284,993	0
FORMER KEY EMPLOYEE (12/2017)	(II)	0	0	0	0	0	0	0
ROGER A POITRAS JR	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(II)	175,310	42,775	174,871	5,331	11,407	409,695	0
DAVID G POWELL	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(II)	288,446	101,730	2,852	17,875	17,734	428,637	0
DOUGLAS A ROSS	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (12/2017)	(II)	513,259	91,875	55,878	16,500	25,945	703,457	0
AMY D WILSON	(I)	0	0	0	0	0	0	0
FORMER KEY EMPLOYEE (1/2017)	(II)	321,776	0	18,363	15,125	18,188	373,452	0
GARY PABLO MD	(I)	409,260	4,812	38,599	17,875	17,876	488,422	0
CMO (SHHEC/SHHG)	(II)	0	0	0	0	0	0	0
MORRIS N SIMHACHALAM DO	(I)	412,372	0	32,652	17,875	23,245	486,143	0
CMO (SHMG)	(II)	0	0	0	0	0	0	0
PETER J JENNINGS MD	(I)	372,983	0	27,103	13,750	22,401	436,237	0
CMO (SHH)	(II)	0	0	0	0	0	0	0
ROBERT MURPHY	(I)	172,601	0	166,183	8,615	14,739	362,138	0
COO (END 6/2018)	(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				
NINA B JEFFORDS RN	(I)	224,113	0	104,528	14,700	7,544	350,885	0
CNO (END 10/2018)	(II)	0	0	0	0	0	0	0
TERESA D SMITH	(I)	259,254	0	20,900	15,900	9,249	305,304	0
COO (SHH)	(II)	0	0	0	0	0	0	0
TERRIE L FONTENOT RN	(I)	145,248	0	9,074	6,192	14,306	174,820	0
CNO (START 10/2018)	(II)	92,198	0	4,059	4,442	8,768	109,467	0
MARIA M TOLEDO GONZALEZ MD	(I)	874,779	285,803	1,140	13,750	31,749	1,207,221	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
DAVID L SMITH MD	(I)	484,374	531,594	68,674	13,354	32,912	1,130,909	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
KURT L MORRISON DO	(I)	478,127	550,011	2,581	15,125	41,261	1,087,105	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
VISHAL GUJRAL MD	(I)	832,143	158,959	1,140	15,125	36,875	1,044,243	0
PHYSICIAN	(II)	0	0	0	0	0	0	0
RAHUL CHAVAN MD	(I)	444,682	518,607	1,738	13,750	21,615	1,000,393	0
PHYSICIAN	(II)	0	0	0	0	0	0	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ **Attach to Form 990 or 990-EZ.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

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 IV, Line 20b 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 Syste m, Inc is completed Therefore, the attached audited financial statements are of Ascensio n Health Alliance and Affiliates, which include the activity of Sacred Heart Health System , Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	The process for determining compensation of the organization's CEO, Executive Director, or Top Management Official is performed by a related organization The process includes review and approval by independent persons of the related organization's compensation committee, use of comparability data, and contemporaneous substantiation of the deliberation and decision regarding the compensation arrangement The compensation committee is charged with overseeing the process in a manner designed to assure independence, avoid conflicts of interest, ensure reasonableness and market comparability of total compensation, and to otherwise abide by pertinent laws and regulations

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	EFFECTIVE JUNE 28, 2018, THE ARTICLES OF INCORPORATION WERE AMENDED TO CHANGE THE SOLE COR PORATE MEMBER OF THE ORGANIZATION FROM GULF COAST HEALTH SYSTEM TO ST VINCENT'S HEALTH SY STEM, INC

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, St Vincent's Health System, Inc

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, ST VINCENT'S HEALTH SYSTEM, INC , 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	All decisions that have a material impact to Sacred Heart Health System, Inc financial information or corporation as a whole are subject to approval by its sole corporate member, ST VINCENT'S HEALTH SYSTEM, INC

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 AREA S WHICH MAY INCLUDE, AS NEEDED, FINANCE, ACCOUNTING, TREASURY, LEGAL, HUMAN RESOURCES, AND CORPORATE COMPLIANCE FOR ADVICE, INFORMATION AND ASSISTANCE IN ORDER TO PREPARE A COMPLET E AND ACCURATE RETURN A COMPLETE FINAL COPY OF THE RETURN IS PROVIDED TO DESIGNATED MANAG EMENT TEAM MEMBERS WITH EXPERIENCE IN TAX 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 conf lict 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, mu st disclose the existence of the financial interest and be given the opportunity to disclo se all material facts to the directors and members of the committees with governing board delegated powers considering the proposed transaction or arrangement The remaining indivi duals 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 powe rs annually signs a statement which affirms such person has received a copy of the conflic ts 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 f ederal tax exemption it must engage primarily in activities which accomplish its tax-exemp t 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 OTHER OFFICERS AND KEY EMPLOYEES, THE PR OCESS PERFORMED INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE EXECUTIVE COMPEN SATION 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 W HO 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 COMPE NSATION 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 EMPL OYER ANALYSIS IS USED TO DETERMINE WHETHER THE HOURS AND COMPENSATION/BENEFITS ARE REPORTA BLE 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 REPO RTING

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A HOURS REPORTED	TERRIE L FONTENOT WORKED FOR MULTIPLE ORGANIZATIONS DURING THE YEAR AND DEVOTED 50 HOURS P ER WEEK TO EACH DURING THE PORTIONS OF THE YEAR WORKED FOR EACH ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Contracted Services Revenue - Total Revenue 325723, Related or Exempt Function Revenue 3 25723, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Lab Services - Total Revenue -2049, Related or Exempt Function Revenue -2049, Un related Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , B illing Service Revenue - Total Revenue 381678, Related or Exempt Function Revenue 381678 , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 , Rental Income from Affiliate - Total Revenue 56509, Related or Exempt Function Revenue 56509, 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	Community Services - Total Revenue 1050, Related or Exempt Function Revenue 1050, Unrela ted Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 0, Esch eatment Revenue - Total Revenue 152823, Related or Exempt Function Revenue , Unrelated B usiness Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 152823, Hote l/Conference Revenue - Total Revenue -147, Related or Exempt Function Revenue , Unrelate d Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 -147, Lat e Penalty Fees - Total Revenue 230, Related or Exempt Function Revenue , Unrelated Busin ess Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 230, Medical Rec ords Fees - Total Revenue 12201, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 12201, Miscellaneou s Revenue - Total Revenue 962077, Related or Exempt Function Revenue , Unrelated Busines s Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 962077, Parking Re venue - Total Revenue 365, Related or Exempt Function Revenue , Unrelated Business Reven ue , Revenue Excluded from Tax Under Sections 512, 513, or 514 365, Retail Sales - Total Revenue 711, Related or Exempt Function Revenue 711, Unrelated Business Revenue , Reve nue Excluded from Tax Under Sections 512, 513, or 514 0, Medical Staff Dues - Total Reven ue 88980, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Exc luded from Tax Under Sections 512, 513, or 514 88980,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	TRANSFERS with ALPHA FUND - 70154213, FAS 98 ADJUSTMENT - -422373, TRANSFER WITH AFFILIATE S - 12331492, net asset acquisition of bay county health system, llc - 18197452,

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 A scension Health Alliance The Finance and Audit committee of Ascension Health Alliance's B oard assumes responsibility for the consolidated organization as a whole

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

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	0	0	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
(3) BAY COUNTY HEALTH SYSTEM LLC 615 N Bonita Avenue Panama City, FL 32401 90-0799724	GENERAL MEDICAL/SURGICAL HOSPITAL	TN	39,491,470	56,282,957	SACRED HEART HEALTH SYSTEM INC
(4) Bay County Sacred Heart Leasing LLC 1 Shircliff Way Jacksonville, FL 32204 84-1927796	LEASING MEDICAL SPACE	FL	0	24,747,475	BAY COUNTY HEALTH SYSTEM LLC

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	(g) 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.

See Additional Data Table

(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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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.

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? No

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

		Yes	No
1 During the tax year, did the orgranization 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	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s		No

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

See Additional Data Table

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

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
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
1506 Oneida St Appleton, WI 54915 39-1568866	HEALTH SYSTEM	IL	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
6100 NORTH 42ND STREET MILWAUKEE, WI 53209 39-1641846	COMMUNITY CENTER	WI	501(c)(3)	7	MINISTRY HEALTH CARE INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 46-2847744	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	10	GULF COAST HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 47-2360513	Joint Operating Company	IL	501(c)(3)	Type II	NA		No
2601 Navistar Drive Lisle, IL 60532 36-4336931	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1650 Moon Lake Blvd Hoffman Estates, IL 60169 36-4251848	Behavioral health hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
825 Wellington Avenue Chicago, IL 60657 36-3527899	Housing and supportive care services for persons with HIV/AIDS	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
3436 N Kennicott Avenue Arlington Heights, IL 60004 36-3045007	Outpatient community mental health services	IL	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 36-4344423	PACE- Comprehensive & Coordinated Community Based Services	IL	501(c)(3)	10	Ascension Health Senior Care	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3260495	Supports the provision of healthcare services for related corporations for which it is a member	IL	501(c)(3)	Type III-FI	Ascension Health	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3276552	Supports the provision of healthcare services for related corporations	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 43-1470362	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 47-1930457	Physician services	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
800 Biesterfield Road Elk Grove Village, IL 60007 36-2596381	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
2601 Navistar Drive Lisle, IL 60532 81-1110738	SPECIALTY PHYSICIAN PRACTICE GROUP	IL	501(c)(3)	3	ALEXIAN BROTHERS HEALTH SYSTEM	Yes	
2601 Navistar Drive Lisle, IL 60532 94-1530037	Acute care hospital (sold in 1998)	TX	501(c)(3)	Type I	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 36-4484290	Supports the provision of healthcare for related corporations	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
3040 W Salt Creek Ln Arlington Heights, IL 60005 43-1295333	HUD housing	MO	501(c)(3)	10	Alexian Brothers Health System	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 43-1592502	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2601 Navistar Drive Lisle, IL 60532 80-0710751	Specialty physician practice group	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	

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						Yes	No
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 39-1351584	CONTINUING CARE RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
12250 Weber Hill Rd Ste 200 St Louis, MO 63127 62-1136742	CONTINUING CARE RETIREMENT COMMUNITY	TN	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
2434 Interstate Plaza Drive Hammond, IN 46234 20-3238867	HEALTH CARE	IN	501(c)(3)	3	Presence Central & Suburban Hospitals Network AND PRESENCE CHICAGO HOSPITAL S NETWORK	Yes	
2660 10TH AVENUE SOUTH NO 505 BIRMINGHAM, AL 35205 63-0952490	SPORTS MEDICINE	AL	501(c)(3)	7	ST VINCENT'S BIRMINGHAM	Yes	
1190 E 2900 N ROAD CLIFTON, IL 60927 36-2841358	RETIREMENT COMMUNITY	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2601348	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
3801 SPRING STREET RACINE, WI 53405 39-1264986	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 86-0455920	HOSPITAL	AZ	501(c)(3)	3	ASCENSION HEALTH	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 23-7222558	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS HOSPITAL	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-1360526	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
420 W HIGH STREET DOWAGIAC, MI 49047 38-2860459	FUNDRAISING	MI	501(c)(3)	Type III-FI	ASCENSION BORGESS-LEE HOSPITAL	Yes	
420 WEST HIGH STREET DOWAGIAC, MI 49047 38-1490190	HEALTHCARE SERVICES	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
12851 GRAND RIVER BRIGHTON, MI 48116 38-1576680	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
614 MEMORIAL DRIVE CHILTON, WI 53014 39-0905385	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
) 101 South Hanley Ste 450 St Louis, MO 63105 46-1121862	Health care	MO	501(c)(3)	7	Ascension Health Alliance	Yes	
201 HOSPITAL ROAD EAGLE RIVER, WI 54521 39-0985690	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1958763	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3591148	FOUNDATION	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2377821	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-0808503	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	

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						Yes	No
PO BOX 45998 ST LOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
PO BOX 45998 ST LOUIS, MO 63145 65-1257719	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
PO BOX 45998 ST LOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
RUST 4600 EDMUNDSON RD ST LOUIS, MO 63134 36-7046706	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
101 SOUTH HANLEY SUITE 450 ST LOUIS, MO 63105 65-1205990	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
12250 Weber Hill Road St Louis, MO 63127 43-1227406	PARENT COMPANY	MO	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 46944 ST LOUIS, MO 63146 43-1601369	TRUST	MO	501(c)(9)		ASCENSION HEALTH	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 82-4710412	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-3322109	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
28000 Dequndre Rd WARREN, MI 48092 38-3494637	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-3193801	HEALTHCARE SERVICES	MI	501(c)(3)	10	BORGESS HEALTH ALLIANCE INC	Yes	
1570 APPLETON RD MENASHA, WI 54952 39-1127163	CLINICAL HEALTHCARE SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
824 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1965593	MEDICAL GROUP	WI	501(c)(3)	Type III-FI	MINISTRY HEALTH CARE INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1791586	MEDICAL GROUP	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2631907	HEALTH CARE	MI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
PO BOX 45998 ST LOUIS, MO 63145 27-3174701	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-0816818	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1120 PINE STREET STANLEY, WI 54768 39-0807065	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
22101 MOROSS DETROIT, MI 48236 38-3526629	FUNDRAISING	MI	501(c)(3)	Type III-FI	ST JOHN PROVIDENCE	Yes	

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						Yes	No
16001 WEST NINE MILE ROAD SOUTHFIELD, MI 48037 38-1358212	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
ENTER FOUNDATION 1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-2627336	SUPPORTING	MI	501(c)(3)	Type I	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1101 W UNIVERSITY DR ROCHESTER, MI 48307 38-1359247	GENERAL HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
4100 RIVER ROAD EAST CHINA, MI 48054 38-3160564	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
PO BOX 347 STEVENS POINT, WI 54481 39-1390638	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-0816857	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-1109643	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	3	ASCENSION TEXAS	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2262856	HEALTH CARE	MI	501(c)(3)	3	ST JOHN PROVIDENCE	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 72-1531917	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-0907740	HOSPITAL	WI	501(c)(3)	3	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
22101 MOROSS DETROIT, MI 48236 20-2961579	FUNDRAISING	MI	501(c)(3)	7	ST JOHN PROVIDENCE	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-1359063	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 01-0790428	FUNDRAISING	MI	501(c)(3)	Type I	ASCENSION ST JOSEPH'S HOSPITAL	Yes	
200 HEMLOCK ROAD TAWAS CITY, MI 48763 38-1443395	HEALTH CARE	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2246366	FUNDRAISING	MI	501(c)(3)	Type II	ASCENSION ST MARY'S HOSPITAL	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-0997730	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-0808443	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
805 WEST CEDEAR STREET STANDISH, MI 48658 38-1671120	HOSPITAL	MI	501(c)(3)	3	ASCENSION MICHIGAN	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0958974	MANAGEMENT COMPANY	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH INC	Yes	

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8200 E THORN DRIVE WICHITA, KS 67226 48-1172107	HEALTH SYSTEM PARENT	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
1823 COLLEGE AVENUE MANHATTAN, KS 66502 48-1186704	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
1 MT CARMEL WAY PITTSBURG, KS 66762 48-0543778	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
14800 W ST TERESA WICHITA, KS 67235 27-1965272	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
929 N SAINT FRANCIS WICHITA, KS 67214 48-1172106	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HEALTH INC	Yes	
8200 E THORN DRIVE WICHITA, KS 67226 48-0948571	PROPERTY MANAGEMENT	KS	501(c)(4)		ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
1151 N ROCK ROAD WICHITA, KS 67206 48-1158274	REHABILITATION HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITALS WICHITA INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-1701402	LABORATORY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
19525 WEST NORTH AVENUE BROOKFIELD, WI 53005 39-1613624	PHARMACY	WI	501(c)(3)	10	WHEATON FRANCISCAN HEALTHCARE-SOUTHEAST WISCONSIN INC	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1509251	COMMUNITY HEALTH PROMOTION	TN	501(c)(3)	Type I	SAINT THOMAS NETWORK	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 58-1861378	INACTIVE	TN	501(c)(3)	Type I	SAINT THOMAS MIDTOWN HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2468823	HOLDING COMPANY	MI	501(c)(3)	3	BORGESS HEALTH ALLIANCE INC	Yes	
1521 GULL ROAD KALAMAZOO, MI 49048 38-2335286	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 38-2555589	SKILLED NURSING FACILITY	MI	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
2202 N FORBES BLVD TUSCON, AZ 85745 86-0749574	FOUNDATION	AZ	501(c)(3)	Type I	ASCENSION ARIZONA	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1276738	HEALTH SYSTEM PARENT	MO	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 56-1943271	INACTIVE HOSPITAL	AZ	501(c)(3)	3	ASCENSION ARIZONA	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-2505427	SKILLED NURSING FACILITY	MO	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 81-4769136	MEDICAL GROUP	NY	501(c)(3)	3	ST MARY'S HEALTHCARE	Yes	

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						Yes	No
N4642 COUNTY N APPLETON, WI 54914 45-4681563	BEHAVIORAL HEALTH SERVICES	WI	501(c)(3)	3	AFFINITY HEALTH SYSTEM	Yes	
5455 ALI DRIVE DEPT200 GRAND BLANC, MI 484395195 38-2514708	ADULT DAY CARE	MI	501(c)(3)	Type I	GENESYS AMBULATORY HEALTH SERVICES	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-1869951	FREESTANDING OUTPATIENT CENTER	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	Yes	
400 W RIVER WOODS PKWY GLENDALE, WI 53212 39-1494981	FOUNDATION	WI	501(c)(3)	7	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1834639	HEALTH SYSTEM	WI	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
2622 W Central Suite 100 Wichita, KS 67203 48-1241079	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
1101 WEST UNIVERSITY DR ROCHESTER, MI 48307 38-3239057	CANCER TREATMENT	MI	501(c)(3)	10	ASCENSION PROVIDENCE ROCHESTER HOSPITAL	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PO BOX 829 WOODRUFF, WI 54568 39-1357365	NURSING/ASSISTED LIVING SERVICES	WI	501(c)(3)	10	HOWARD YOUNG HEALTH CARE INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 38-2790703	MEDICAL RESEARCH ORGANIZATION	MI	501(c)(3)	10	ASCENSION ST MARY'S HOSPITAL	Yes	
3400 MINISTRY PARKWAY WESTON, WI 54476 75-3193633	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST CLARE'S HOSPITAL INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-1684957	FOUNDATION	WI	501(c)(3)	Type I	SAINT JOSEPH'S HOSPITAL OF MARSHFIELD INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2371754	HEALTH SRVCS/STAFFING/PROP MNGT	MI	501(c)(3)	Type II	GENESYS HEALTH SYSTEM	Yes	
8481 HOLLY ROAD GRAND BLANC, MI 484391812 38-2317364	CONVALESCENT CENTER	MI	501(c)(3)	3	GENESYS AMBULATORY HEALTH SERVICES	Yes	
ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-3339703	HEALTH SYSTEM PARENT	MI	501(c)(3)	Type II	ASCENSION MICHIGAN	Yes	
101 SOUTH HANLEY SUITE 200 ST LOUIS, MO 63105 83-1078006	SUPPORTING ORGANIZATION	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE	Yes	

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601 SOUTH CENTER AVENUE MERRILL, WI 54452 39-1627755	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION GOOD SAMARITAN HOSPITAL INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0934712	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ST VINCENT'S HEALTH SYSTEM	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-3620346	NURSING HOME	FL	501(c)(3)	10	SACRED HEART HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1521169	CHARITABLE FOUNDATION	WI	501(c)(3)	7	HOWARD YOUNG HEALTH CARE INC	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-1499115	HOME OFFICE	WI	501(c)(3)	Type II	MINISTRY HEALTH CARE INC	Yes	
3500 E FRANK PHILLIPS BLVD BARTLESVILLE, OK 74006 73-0606129	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
237 SOUTH LOCUST NOWATA, OK 74048 73-1440267	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
18927 HICKORY CREEK DRIVE SUITE 300 MOKENA, IL 60448 36-3438977	LOW INCOME HOUSING FOR ELDERLY AND HANDICAPPED INDIVIDUALS	IL	501(c)(3)	10	PRESENCE LIFE CONNECTIONS	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-1528577	FUNDRAISING	WA	501(c)(3)	Type I	OUR LADY OF LOURDES HOSPITAL AT PASCO	Yes	
169 Riverside Drive Binghamton, NY 13905 22-2873637	Rental of Health Care Facilities	NY	501(c)(2)		Our Lady of Lourdes Memorial Hospital Inc	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1776546	MEDICAL OFFICE BUILDING	NY	501(c)(25)		ST MARY'S HEALTHCARE	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3495969	HEALTH CARE	IL	501(c)(3)	10	Presence Health Partners Services	Yes	
PO BOX 3370 OSHKOSH, WI 54903 23-7140261	FOUNDATION	WI	501(c)(3)	10	AFFINITY HEALTH SYSTEM	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 94-3436893	Medical Group	WI	501(c)(3)	3	ASCENSION MEDICAL GROUP-SOUTHEAST WISCONSIN INC	Yes	
10925 W LAKE PARK DR STE 100 MILWAUKEE, WI 53224 39-1490371	PARENT CORPORATION	WI	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2251 NORTH SHORE DRIVE RHINELANDER, WI 54501 39-1829015	SPECIALTY HEALTH SERVICES	WI	501(c)(3)	3	ASCENSION SACRED HEART-STMARY'S HOSPITALS INC	Yes	
520 NORTH 4TH AVENUE PASCO, WA 99301 91-0349750	HEALTHCARE	WA	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 15-0532221	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
5285 Lewiston Road Lewiston, NY 14092 16-1608735	SKILLED NURSING FACILITY	NY	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3700131	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-4286236	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
1820 SOUTH 25TH AVENUE BROADVIEW, IL 60155 36-2709982	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483587	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
200 South Wacker Drive Chicago, IL 60606 36-3366652	MGMT SUPPORT	IL	501(c)(3)	Type III-FI	Alexian Brothers Health System	Yes	
200 South Wacker Drive Chicago, IL 60606 36-4195126	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-2235165	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
200 SOUTH WACKER DRIVE CHICAGO, IL 60606 36-3330929	FUNDRAISING	IL	501(c)(3)	7	Alexian Brothers Health System	Yes	
2380 E DEMPSTER AVE STE 236 DES PLAINES, IL 60016 36-2644178	HEALTH CARE	IL	501(c)(3)	Type II	Alexian Brothers Health System	Yes	
2380 E Dempster Street DES PLAINES, IL 60016 36-3330928	HEALTH CARE	IL	501(c)(3)	3	Presence Care Transformation Corporation	Yes	
18927 HICKORY CREEK DR 300 MOKENA, IL 60448 46-0483581	HEALTH CARE	IL	501(c)(3)	10	PRESENCE CARE TRANSFORMATION CORPORATION	Yes	
18927 HICKORY CREEK DRIVE 300 MOKENA, IL 60448 37-1127787	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
100 NORTH RIVER ROAD DES PLAINES, IL 60016 23-7061646	RETIREMENT COMMUNITY	IL	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-8775914	DORMANT	IN	501(c)(3)	10	ST MARY'S HEALTH INC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0914564	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(2)		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	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF ASCENSION PROVIDENCE	TX	501(c)(3)	Type I	ASCENSION PROVIDENCE	Yes	
6901 MEDICAL PARKWAY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3)	3	ASCENSION PROVIDENCE	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275583	FUNDRAISING ORGANIZATION	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1275587	PHYSICIAN PRACTICES	DC	501(c)(3)	Type I	PROVIDENCE HOSPITAL	Yes	

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6801 AIRPORT BLVD MOBILE, AL 36608 63-0288861	HOSPITAL	AL	501(c)(3)	3	GULF COAST HEALTH SYSTEM	Yes	
1150 VARNUM STREET NE WASHINGTON, DC 20017 53-0196636	HOSPITAL	DC	501(c)(3)	3	ASCENSION HEALTH	Yes	
300 W Highway 6 Waco, TX 76712 61-1759304	SKILLED NURSING FACILITY	TX	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1550 BISHOP COURT MOUNT PROSPECT, IL 60056 36-3296367	HEALTH CARE	IL	501(c)(3)	10	Presence Care Transformation Corporation	Yes	
5151 N 9TH AVENUE PENSACOLA, FL 32504 59-2436597	FOUNDATION	FL	501(c)(3)	7	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	
4425 NORTH PORT WASHINGTON ROAD GLENDALE, WI 53212 39-0902199	REHAB SERVICES	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC	Yes	
1200 GRANT BLVD WEST WABASHA, MN 55981 41-0693877	HOSPITAL	MN	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
611 SAINT JOSEPH AVENUE MARSHFIELD, WI 54449 39-0847631	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
900 ILLINOIS AVENUE STEVENS POINT, WI 54481 39-1657410	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST MICHAEL'S HOSPITAL INC	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 58-1716804	SYSTEM PARENT	TN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
PO BOX 380 NASHVILLE, TN 37202 58-1663055	OPERATES FOUNDATION	TN	501(c)(3)	7	SAINT THOMAS NETWORK	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 58-1737573	HOSPITAL	TN	501(c)(3)	3	BAPTIST HEALTH CARE AFFILIATES INC	Yes	
135 EAST SWAN STREET CENTERVILLE, TN 37033 62-1836937	HOME HEALTH CARE	TN	501(c)(3)	10	SAINT THOMAS HICKMAN HOSPITAL	Yes	
2000 CHURCH STREET NASHVILLE, TN 37236 62-1529858	HEALTHCARE PROVIDER	TN	501(c)(3)	10	SAINT THOMAS NETWORK	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1869474	ACUTE CARE HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
4220 HARDING ROAD NASHVILLE, TN 37205 62-1284994	HEALTH INVESTMENT ENTITY	TN	501(c)(3)	10	SAINT THOMAS HEALTH	Yes	
4220 HARDING PIKE NASHVILLE, TN 37205 47-4063046	HOSPITALS	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-1167917	FOUNDATION	TN	501(c)(3)	Type I	SAINT THOMAS RUTHERFORD HOSPITAL	Yes	
1700 MEDICAL CENTER PARKWAY MURFREESBORO, TN 37219 62-0475842	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	

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						Yes	No
4220 HARDING ROAD NASHVILLE, TN 37205 62-0347580	HOSPITAL	TN	501(c)(3)	3	SAINT THOMAS HEALTH	Yes	
520 SOUTH SANTA FE AVE SALINA, KS 67401 43-1948057	MEDICAL EQUIPMENT	KS	501(c)(3)	10	ASCENSION VIA CHRISTI HEALTH PARTNERS INC	Yes	
2601 Navistar Drive Lisle, IL 60532 36-3308965	Owns or leases properties where healthcare services are delivered	IL	501(c)(2)		Alexian Brothers Health System	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
28000 DEQUINDRE WARREN, MI 48092 38-2820107	HEALTH CARE	MI	501(c)(3)	10	ST JOHN PROVIDENCE	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	ASCENSION SETON	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 23-2960726	SKILLED NURSING FACILITY	PA	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 39-2064992	PROVIDE HEALTH CARE SERVICES TO THE COMMUNITY	MD	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
6801 AIRPORT BLVD MOBILE, AL 36608 63-0937704	SUPPORT PROVIDENCE HOSPITAL	AL	501(c)(3)	Type II	GULF COAST HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 23-7326976	REAL ESTATE	AL	501(c)(2)		ST VINCENT'S HEALTH SYSTEM	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
415 6TH STREET LEWISTON, ID 83501 82-0204264	HOSPITAL	ID	501(c)(3)	3	ASCENSION HEALTH	Yes	
169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 82-1103087	HEALTHCARE	NY	501(c)(3)	3	OUR LADY OF LOURDES MEMORIAL HOSPITAL INC	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2292041	PHYSICIAN PRACTICE	FL	501(c)(3)	10	ASCENSION MEDICAL GROUP LLC	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-1415083	FUNDRAISING	MD	501(c)(3)	Type I	ST AGNES HEALTHCARE	Yes	
900 CATON AVENUE BALTIMORE, MD 21229 52-0591657	HOSPITAL	MD	501(c)(3)	3	ASCENSION HEALTH	Yes	
1555 Barrington Road Hoffman Estates, IL 60194 36-4251846	Acute care hospital	IL	501(c)(3)	3	Alexian Brothers Health System	Yes	
1750 Stockton Street Jacksonville, FL 32204 59-1878316	SKILLED NURSING FACILITY	FL	501(c)(3)	3	ASCENSION HEALTH SENIOR CARE	Yes	
1506 S ONEIDA STREET APPLETON, WI 54915 39-1256677	FOUNDATION	WI	501(c)(3)	7	AFFINITY HEALTH SYSTEM	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0999759	HEALTH CARE	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 38-3833117	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 61-1659782	REAL ESTATE	OK	501(c)(2)		ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1133139	HEALTH CARE	OK	501(c)(3)	7	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1215174	SYSTEM PARENT	OK	501(c)(3)	Type I	ASCENSION HEALTH	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0579286	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
28000 DEQUINDRE ROAD WARREN, MI 48092 38-2244034	PARENT	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-0662663	HEALTH CARE	OK	501(c)(3)	3	ST JOHN HEALTH SYSTEM INC	Yes	
1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1077367	NURSING HOME	OK	501(c)(3)	10	ST JOHN HEALTH SYSTEM INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 23-7313206	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST JOSEPH HOSPITAL & HEALTH CENTER INC	Yes	
1907 W SYCAMORE STREET KOKOMO, IN 46901 35-0992717	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1388461	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
415 6TH STREET LEWISTON, ID 83501 51-0168321	FUNDRAISING	ID	501(c)(3)	Type I	SJRMC Inc	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 52-1835288	SKILLED NURSING FACILITY	MD	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	

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						Yes	No
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 26-0479484	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
800 S WASHINGTON AVENUE SAGINAW, MI 48601 46-1084363	SUPPORTING ORGANIZATION	MI	501(c)(3)	Type III-FI	ASCENSION MICHIGAN	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899560	DME/HOME CARE	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7248362	REAL ESTATE HOLDING COMPANY	IN	501(c)(2)		ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1899562	TAX-EXEMPT AFFILIATE REIMBURSEMENTS	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 23-7045370	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-1679526	INVESTMENT SERVICES	IN	501(c)(3)	Type III-FI	ST MARY'S HEALTH INC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 35-0869065	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
427 GUY PARK AVE AMSTERDAM, NY 12010 14-1347719	HOSPITAL	NY	501(c)(3)	3	ASCENSION HEALTH	Yes	
1000 CARONDELET DRIVE KANSAS CITY, MO 64114 43-1918107	FUNDRAISING	MO	501(c)(3)	Type III-FI	CARONDELET HEALTH	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 26-1356310	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT MEDICAL GROUP INC	Yes	
901 ST MARYS DRIVE EVANSVILLE, IN 47714 27-3474697	DORMANT	IN	501(c)(3)	Type I	ST MARY'S MEDICAL GROUP LLC	Yes	
3700 WASHINGTON AVENUE EVANSVILLE, IN 47750 20-5342518	AMBULANCE SERVICES	IN	501(c)(4)		ST MARY'S HEALTH SERVICES INC	Yes	
1116 MILLIS AVENUE BOONVILLE, IN 47601 35-1343019	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 35-2053693	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT ANDERSON REGIONAL HOSPITAL INC	Yes	
2015 JACKSON STREET ANDERSON, IN 46016 46-0877261	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13500 N MERIDIAN STREET CARMEL, IN 46032 74-3107055	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1206 E NATIONAL AVENUE BRAZIL, IN 47834 35-2112529	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1600 23RD STREET BEDFORD, IN 47421 27-2192831	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
13861 OLIO ROAD FISHERS, IN 46037 45-4243702	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	

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						Yes	No
1300 S JACKSON FRANKFORT, IN 46041 35-1531734	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT FRANKFORT HOSPITAL INC	Yes	
1300 S JACKSON FRANKFORT, IN 46041 35-2099320	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 35-2052591	PARENT COMPANY	IN	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
8333 NAAB ROAD STE 301 INDIANAPOLIS, IN 46260 46-1227327	HEALTH AND WELLNESS SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
2001 W 86TH STREET INDIANAPOLIS, IN 46260 35-0869066	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8402 Harcourt Rd Ste 210 INDIANAPOLIS, IN 46260 35-6088862	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT HOSPITAL AND HEALTH CARE CENTER INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 84-1703732	DORMANT	IN	501(c)(3)	1	ST VINCENT JENNINGS HOSPITAL INC	Yes	
301 HENRY STREET NORTH VERNON, IN 47265 35-1841606	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 35-0876389	HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8425 HARCOURT ROAD INDIANAPOLIS, IN 46260 27-2039417	PHYSICIAN PROFESSIONAL SERVICES	IN	501(c)(3)	10	ST VINCENT CARMEL HOSPITAL INC	Yes	
1331 SOUTH A STREET ELWOOD, IN 46036 31-1066871	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT MADISON COUNTY HEALTH SYSTEM INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2133006	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT RANDOLPH HOSPITAL INC	Yes	
473 GREENVILLE AVENUE WINCHESTER, IN 47394 35-2103153	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
250 W 96TH STREET INDIANAPOLIS, IN 46290 47-1289091	RETAIL AMBULATORY SERVICES	IN	501(c)(3)	10	ST VINCENT HEALTH INC	Yes	
911 N SHELBY STREET SALEM, IN 47167 27-0847538	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260 35-1712001	LONG TERM CARE HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 74-3130159	SUPPORTING ORGANIZATION	IN	501(c)(3)	Type I	ST VINCENT WILLIAMSPORT HOSPITAL INC	Yes	
412 N MONROE STREET WILLIAMSPORT, IN 47993 35-0784551	CRITICAL ACCESS HOSPITAL	IN	501(c)(3)	3	ST VINCENT HEALTH INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0288864	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
150 GILBREATH DRIVE ONEONTA, AL 35121 63-0909073	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	

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						Yes	No
2800 MAIN STREET BRIDGEPORT, CT 06606 06-1331677	COLLEGE OF HEALTH SCIENCE	CT	501(c)(3)	2	STVINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 22-2554128	REAL ESTATE HOLDINGS	CT	501(c)(25)		ST VINCENT'S HEALTH SERVICES CORP	Yes	
50 MEDICAL PARK EAST DRIVE BIRMINGHAM, AL 35235 63-0578923	HOSPITAL	AL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM	Yes	
1 Medical Park East Drive BIRMINGHAM, AL 35235 63-0868066	FUNDRAISING	AL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-2219923	FUND RAISING	FL	501(c)(3)	7	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558134	HOLDING COMPANY	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0931008	HEALTH SYSTEM	AL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-3650609	PARENT ENTITY	FL	501(c)(3)	Type II	ASCENSION HEALTH	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 06-0646886	HOSPITAL AND SYSTEM PARENT	CT	501(c)(3)	3	ASCENSION HEALTH	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 46-1523194	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 22-2558132	FUNDRAISING	CT	501(c)(3)	7	ST VINCENT'S HEALTH SERVICES CORP	Yes	
4205 BELFORT ROAD SUITE 4020 JACKSONVILLE, FL 32216 59-0624449	HOSPITAL	FL	501(c)(3)	3	ST VINCENT'S HEALTH SYSTEM INC	Yes	
2800 MAIN STREET BRIDGEPORT, CT 06606 80-0458769	PHYSICIAN PRACTICES	CT	501(c)(3)	Type I	ST VINCENT'S MEDICAL CENTER	Yes	
95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-0702617	PROGRAMS FOR SPECIAL NEEDS INDIVIDUALS	CT	501(c)(3)	10	ST VINCENT'S HEALTH SERVICES CORP	Yes	
10330 N MERIDIAN STREET STE 430N INDIANAPOLIS, IN 46290 20-5002285	REAL ESTATE HOLDING COMPANY	IN	501(c)(3)	Type III-FI	ST VINCENT HEALTH INC	Yes	
2202 N FORBES BLVD TUCSON, AZ 85745 85-4088322	FOUNDATION	AZ	501(c)(3)	Type I	CARONDELET FOUNDATION INC	Yes	
5455 ALI DR DEPT 200 GRAND BLANC, MI 484395195 38-2427678	PRG RELATED INVESTMENTS	MI	501(c)(3)	Type I	GENESYS HEALTH SYSTEM	Yes	
240 MAPLE STREET WOODRUFF, WI 54568 39-0873606	HOSPITAL	WI	501(c)(3)	3	MINISTRY HEALTH CARE INC	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS	Yes	
1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	10	SETON CLINICAL ENTERPRISE CORPORATION	Yes	

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						Yes	No
1345 PHILOMENA STREET AUSTIN, TX 78723 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0932323	PHYSICIAN GROUP	AL	501(c)(3)	Type II	ST VINCENT'S HEALTH SYSTEM	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1236589	PACE (SNF)	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1129325	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 20-2828680	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1078862	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-1247723	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 74-3070971	RETIREMENT COMMUNITY	KS	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 73-1153337	RETIREMENT COMMUNITY	OK	501(c)(3)	10	VIA CHRISTI VILLAGES INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 48-0559086	MANAGEMENT COMPANY	KS	501(c)(3)	Type III-FI	ASCENSION HEALTH SENIOR CARE	Yes	
3807 SPRING STREET RACINE, WI 53405 93-0838390	FOUNDATION	WI	501(c)(3)	10	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
711 Genn Drive Wamego, KS 66547 72-1526400	HOSPITAL	KS	501(c)(3)	3	ASCENSION VIA CHRISTI HOSPITAL MANHATTAN INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 39-2028808	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
5000 WEST CHAMBERS STREET MILWAUKEE, WI 53210 39-1636804	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3805B SPRING STREET RACINE, WI 53405 39-1570877	FOUNDATION	WI	501(c)(3)	7	ASCENSION ALL SAINTS HOSPITAL INC	Yes	
19333 WEST NORTH AVENUE BROOKFIELD, WI 53045 39-6068950	AUXILIARY	WI	501(c)(3)	Type III-FI	ASCENSION SE WISCONSIN HOSPITAL INC	Yes	
3237 SOUTH 16TH STREET MILWAUKEE, WI 53215 32-0135258	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION ST FRANCIS HOSPITAL INC	Yes	
12250 Weber Hill Rd Ste 200 ST LOUIS, MO 63127 39-1486775	RETIREMENT COMMUNITY	WI	501(c)(3)	10	ASCENSION HEALTH SENIOR CARE	Yes	
4300 BROWN DEER ROAD SUITE 250 BROWN DEER, WI 53223 56-2426294	FOUNDATION	WI	501(c)(3)	Type I	ASCENSION WISCONSIN PHARMACY INC	Yes	
400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1568865	PARENT CORPORATION	IL	501(c)(3)	Type III-FI	ASCENSION HEALTH	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate 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) Alexian Rehabilitation Services LLC 935 Beisner Elk Grove Village, IL 60007 30-0221481	Rehabilitation hospital	IL	NA	N/A								
(1) ALVERNO CLINICAL LABORATORIES LLC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 20-3240648	MEDICAL SERVICE	IN	NA	N/A								
(2) AMBROSE PARKWOOD WEST II LLC 55 MONUMENT CIRCLE STE 450 INDIANAPOLIS, IN 46204 27-0532924	LAND HOLDINGS	IN	NA	N/A								
(3) AMBULATORY SURGERY CENTER LP 818 N Emporia Ste 108 WICHITA, KS 67214 48-1114690	SURGERY CENTER	KS	NA	N/A								
(4) ASCENSION ALPHA FUND LLC 101 SOUTH HANLEY ROAD SUITE 200 ST LOUIS, MO 63105 90-0786464	INVESTMENTS	MO	NA	N/A								
(5) ASCENSION VIA CHRISTI IMAGING MANHATTAN LLC 1823 College Avenue MANHATTAN, KS 66502 48-1251984	RADIOLOGY SERVICES	KS	NA	N/A								
(6) ASCENSION WISCONSIN EMERUS JV LLC 8040 EXCELSIOR DRIVE SUITE 400 MADISON, WI 53717 38-4118568	ACUTE CARE HOSPITALS	WI	NA	N/A								
(7) BAPTIST WOMENS HEALTH CENTER LLC 1900 CHURCH STREET SUITE 300 NASHVILLE, TN 37203 62-1772195	OWNS AND OPERATES SPECIALTY HOSPITAL	TN	NA	N/A								
(8) BELMONTHARLEM SURGERY CENTER LLC 3101 NORTH HARLEM CHICAGO, IL 60634 41-2237162	MEDICAL SERVICE	IL	NA	N/A								
(9) BONAVENTURE MEDICAL FOUNDATION LLC 2601 Navistar Drive Lisle, IL 60532 36-3978153	Manages managed care contracts	DE	NA	N/A								
(10) Borgess Health Partners LLC 28000 DeQuindre Warren, MI 48092 38-2648846	MANAGED CARE	MI	NA	N/A								
(11) CARMEL AMBULATORY SURGERY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0014795	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(12) CENTRAL TEXAS LAUNDRY LLC 4255 PROFIT STREET SAN ANTONIO, TX 78219 74-2613749	LAUNDRY SERVICES	TX	NA	N/A								
(13) CHV III LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 45-4486925	INVESTMENTS	MO	NA	N/A								
(14) CHV IV LP 101 SOUTH HANLEY ROAD ST LOUIS, MO 63105 81-3953953	INVESTMENTS	DE	NA	N/A								

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							Yes	No		Yes	No	
(16) ENDOSCOPY CENTER LLC 13421 OLD MERIDIAN STREET STE 150 CARMEL, IN 46032 32-0029881	ENDOSCOPY CENTER	IN	NA	N/A								
(1) ENDOSCOPY GROUP LLC 4810 NORTH DAVIS HIGHWAY PENSACOLA, FL 32503 59-3519881	MEDICAL SERVICES	FL	NA	N/A								
(2) Hospital Consolidated Laboratories LLC 39595 W 10 Mile Rd Novi, MI 48375 38-3318428	LAB SERVICES	MI	NA	N/A								
(3) INTERVENTIONAL REHABILITATION CENTER LLC 1549 AIRPORT BOULEVARD STE 420 PENSACOLA, FL 32503 59-3673361	MEDICAL SERVICES	FL	NA	N/A								
(4) KANSAS SURGERY AND RECOVERY CENTER LLC 2770 North Webb Road WICHITA, KS 67226 48-1148580	SURGERY CENTER	KS	NA	N/A								
(5) KENOSHA DIGESTIVE HEALTH CENTER 1033 N MAYFAIR ROAD SUITE 101 WAUWATUSA, WI 53226 84-2167873	DIGESTIVE HEALTH	WI	NA	N/A								
(6) Lourdes Health Support LLC 333 Butternut Drive Suite 100 Dewitt, NY 13214 16-1611707	Medical Equipment Provider	NY	NA	N/A								
(7) MIDDLE TENNESSEE IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 01-0570490	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(8) MURFREESBORO DIAGNOSTIC IMAGING LLC 400 N HIGHLAND AVENUE MURFREESBORO, TN 37219 20-0291952	DIAGNOSTIC IMAGING CENTER	TN	NA	N/A								
(9) NAAB ROAD SURGERY CENTER LLC 8260 NAAB ROAD STE 100 INDIANAPOLIS, IN 46260 35-1991390	AMBULATORY SURGERY CENTER	IN	NA	N/A								
(10) Oklahoma Cancer Specialists Real Estate Company LLC 12697 E 51st St South TULSA, OK 74146 61-1774455	REAL ESTATE HOLDING	OK	NA	N/A								
(11) Open MRI of Michigan 411 W 13 MILE ROAD MADISON HEIGHTS, MI 48071 38-3544539	MRI Center	MI	NA	N/A								
(12) ORTHOPEDIC SURGERY CENTER OF THE FOX VALLEY LLC 2223 LIME KILN ROAD SUITE 101 GREEN BAY, WI 54311 84-2016212	SURGERY CENTER	WI	NA	N/A								
(13) PET LLC 5149 NORTH 9TH AVENUE SUITE 124 PENSACOLA, FL 32504 59-3788701	MEDICAL SERVICES	FL	NA	N/A								
(14) PREMIER RADIOLOGY WISCONSIN LLC 500 W BROWN DEER ROAD SUITE 202 BAYSIDE, WI 53217 83-3180104	RADIOLOGY	WI	NA	N/A								

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							Yes	No		Yes	No	
(31) Presence Lakeshore Gastroenterology LLC 150 N River Road Suite 210 Des Plaines, IL 60016 81-1750563	Medical Service	IL	NA	N/A								
(1) PROFESSIONAL CLINICAL LABORATORIES LLC 113 E 4TH ST MICHIGAN CITY, IN 46360 30-0711211	MEDICAL SERVICES	IN	NA	N/A								
(2) RADS OF AMERICA LLC PO BOX 249 GOODLETTSVILLE, TN 370700249 20-0597581	AMBULATORY SURGERY CENTER	TN	NA	N/A								
(3) SAINT THOMAS HOME RECOVERY CARE LLC 49 MUSIC SQUARE WEST SUITE 401 NASHVILLE, TN 37203 84-2100096	MEDICAL AND REHABILITATION SERVICES	TN	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								
(5) ST VINCENT'S OUTPATIENT SURGERY SERVICES LLC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 20-0708162	OUTPATIENT SURGERY	AL	NA	N/A								
(6) ST VINCENT'S SLEEP DISORDER CENTER 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1282288	SLEEP DISORDER CENTER	AL	NA	N/A								
(7) STVINCENT HEART CENTER OF INDIANA LLC 10580 N MERIDIAN STREET INDIANAPOLIS, IN 46290 36-4492612	HEART HOSPITAL	IN	NA	N/A								
(8) STHS SLEEP CENTER LLC 102 WOODMONT BOULEVARD SUITE 800 NASHVILLE, TN 37205 20-3664894	OPERATES A SLEEP CENTER	TN	NA	N/A								
(9) The Michigan Institute for Advanced Surgery LLC 1375 S Lapeer Rd 109 Lake Orion, MI 48360 03-0444972	OUTPATIENT SERVICES	MI	NA	N/A								
(10) TOWNE CENTRE SURGERY CENTER LLC 4599 TOWNE CENTRE SAGINAW, MI 48604 20-4943843	OUTPATIENT SERVICES	MI	NA	N/A								
(11) TRI-STATE COMMUNITY CLINICS LLC 8601 N KENTUCKY AVENUE STE J EVANSVILLE, IN 47711 27-0885968	PRIMARY CARE PHYSICIAN PRACTICES	IN	NA	N/A								
(12) VIA CHRISTI MERCY CLINIC LLC 1 Mt Carmel Place Pittsburg, KS 66762 81-2927645	MEDICAL SERVICES	KS	NA	N/A								
(13) THP - ST VINCENT VENTURE LLC 1415 LOUISIANA STREET 27TH FLOOR HOUSTON, TX 77002 81-3184703	FREESTANDING ED'S	TX	NA	N/A								

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(1) ADVENT INC 28000 DEQUINDRE WARREN, MI 48092 38-2971743	RENTAL REAL ESTATE	MI	NA	C Corporation				Yes	
(2) AFFILIATED HEALTH SERVICES INC 28000 DEQUINDRE WARREN, MI 48092 38-2292922	MEDICAL SERVICES	MI	NA	C Corporation				Yes	
(3) AFFILIATED MEDICAL SERVICES LABORATORY INC 2916 E CENTRAL WICHITA, KS 67214 48-1239522	MEDICAL LABORATORY	KS	NA	C Corporation				Yes	
(4) AH INCUBATIONS ACCELERATOR INC 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 45-5078523	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
(5) ALEXIAN BROTHERS CORPUS CHRISTI HOUSING PROJECT LLC 3900 SOUTH GRAND ST LOUIS, MO 63118 94-3465394	HOUSING	MO	NA	C Corporation				Yes	
(6) Alexian Brothers Health Providers Association Inc 2601 Navistar Drive Lisle, IL 60532 36-3853286	Messenger model IPA	IL	NA	C Corporation				Yes	
(7) Alexian Village of Elk Grove 3040 W Salt Creek Arlington Heights, IL 60005 35-2211303	Tax credit financed housing	IL	NA	C Corporation				Yes	
(8) AMITA HEALTH CLINICALLY INTEGRATED NETWORK LLC 2601 NAVISTAR DRIVE LISLE, IL 60532 80-0967178	MANAGED CARE	IL	NA	C Corporation				Yes	
(9) ASCENSION CAPITAL UK LIMITED FOUNTAIN HOUSE 130 FENCHURCH STREET LONDON, ENGLAND EC3M5DJ UK	INSURANCE	UK	NA	C Corporation				Yes	
(10) Ascension Care Management Health Partners Tennessee 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 45-2958482	ACCOUTABLE CARE ORGANIZATION	TN	NA	C Corporation				Yes	
(11) ASCENSION CARE MANAGEMENT HEALTH PARTNERS INC 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-4413419	MEDICAL SERVICE	MO	NA	C Corporation				Yes	
(12) ASCENSION CARE MANAGEMENT HOLDINGS LTD AND SUBSIDIARIES 8220 IRVING STERLING HEIGHTS, MI 48312 38-3269272	INSURANCE AND TPA	MI	NA	C Corporation				Yes	
(13) ASCENSION HEALTH INSURANCE LIMITED PO BOX 1159 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(14) ASCENSION HEALTH RISK PURCHASING GROUP 101 SOUTH HANLEY ROAD SUITE 450 ST LOUIS, MO 63105 27-4176480	SUPPORTING ORGANIZATION	MO	NA	C Corporation				Yes	

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								Yes	No
(16) ASCENSION MEDICAL GROUP VIA CHRISTI PA 3311 EAST MURDOCK WICHITA, KS 67208 48-0993446	PROFESSIONAL ASSOCIATION	KS	NA	C Corporation				Yes	
(1) ASCENSION VENTURES CORPORATION 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-1217059	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(2) BAPTIST HEALTH CARE VENTURES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-0469214	HOLDING COMPANY	TN	NA	C Corporation				Yes	
(3) BAYLEY CONDOMINIUM ASSOCIATION 2121 HIGHLAND AVENUE SOUTH BIRMINGHAM, AL 35205 63-1209915	CONDOMINIUM ASSOCIATION	AL	NA	C Corporation				Yes	
(4) BEECHER BALLENGER SERVICES ONE GENESYS PARKWAY GRAND BLANC, MI 484398065 38-2497922	HOLDING COMPANY	MI	NA	C Corporation				Yes	
(5) CARONDELET MEDICAL GROUP PC 2202 N FORBES BLVD TUCSON, AZ 85745 86-0836126	MEDICAL GROUP	AZ	NA	C Corporation				Yes	
(6) CARONDELET SPECIALIST GROUP INC 2202 N FORBES BLVD TUCSON, AZ 85745 28-1558773	PHYSICIAN PRACTICE	AZ	NA	C Corporation				Yes	
(7) CLINICAL HOLDINGS CORP 101 SOUTH HANLEY ROAD SUITE 200 CLAYTON, MO 63105 45-3802297	HOLDING COMPANY	MO	NA	C Corporation				Yes	
(8) CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3398033	RETAIL PHARMACY & PATIENT TRANSPORT	FL	NA	C Corporation				Yes	
(9) Corbett Corporation 169 Riverside Drive Binghamton, NY 13905 16-1268267	Property Management	NY	NA	C Corporation				Yes	
(10) CRITTENTON DEVELOPMENT CORPORATION 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 38-2594115	REAL ESTATE	MI	NA	C Corporation				Yes	
(11) CRITTENTON MEDICAL PHARMACY INC 2251 N SQUIRREL RD STE 310 AUBURN HILLS, MI 48326 20-3773341	PHARMACY SERVICES	MI	NA	C Corporation				Yes	
(12) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(13) EASTSIDE VENTURES 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0846221	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(14) FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION INC 1 SHIRCLIFF WAY JACKSONVILLE, FL 32204 26-1983355	CONDOMINIUM ASSOCIATION	FL	NA	C Corporation				Yes	

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								Yes	No
(31) FRANKLIN MEDICAL OFFICE BUILDING CONDOMINIUM ASSOCIATION INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 34-1983857	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(1) GENESYS PRACTICE PARTNERS 5445 ALI DRIVE DEPT 200 GRAND BLANC, MI 48439 03-0516871	EMPLOYED PHY PRACTICE	MI	NA	C Corporation				Yes	
(2) GULF COAST DIVERSIFIED INC 5154 NORTH 9TH AVENUE PENSACOLA, FL 32507 59-2432798	INVESTMENT	FL	SACRED HEART HEALTH SYSTEM INC	C Corporation	2,781,100	21,777,436	100 %	Yes	
(3) HEALTHNET OF ALABAMA INC PO BOX 830605 BIRMINGHAM, AL 352830605 63-1027511	PREFERRED PROVIDER ORGANIZATION	AL	NA	C Corporation				Yes	
(4) HOWARD YOUNG CLINICS INC 240 MAPLE STREET WOODRUFF, WI 54568 39-1969706	HEALTHCARE	WI	NA	C Corporation				Yes	
(5) INDIAN CREEK CENTER INC 1000 CARONDELET DRIVE KANSAS CITY, MO 63145 48-0956627	MANAGEMENT	MO	NA	C Corporation				Yes	
(6) INTEGRATED HEALTHCARE SYSTEMS INC 3311 EAST MURDOCK WICHITA, KS 67208 48-0941549	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(7) MADISON MEDICAL AFFILIATES INC 4425 N PORT WASHINGTON RD GLENDALE, WI 53212 39-1855720	HEALTHCARE	WI	NA	C Corporation				Yes	
(8) MID-STATE PROPERTIES INC 2000 CHURCH STREET NASHVILLE, TN 37236 62-1232018	INACTIVE	TN	NA	C Corporation				Yes	
(9) MISSISSIPPI PROVIDENCE HEALTHCARE SERVICES INC 6801 AIRPORT BLVD MOBILE, AL 36608 46-1130426	HEALTHCARE SERVICES	MS	NA	C Corporation				Yes	
(10) OMNI MEDICAL GROUP INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1335536	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(11) PHYSICIAN SUPPORT SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1437252	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(12) PHYSICIANS OF PASCO CONDOMINIUMS ASSOC 520 NORTH 4TH AVENUE PASCO, WA 99301 45-3691641	PROPERTY MANAGEMENT	WA	NA	C Corporation				Yes	
(13) PRESENCE PROPERTIES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 36-3520630	MEDICAL	IL	NA	C Corporation				Yes	
(14) PRESENCE SERVICE CORPORATION 2380 E DEMPSTER STREET DES PLAINES, IL 60016 36-4314354	MEDICAL	IL	NA	C Corporation				Yes	

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								Yes	No
(46) PRESENCE VENTURES INC 100 NORTH RIVER ROAD DES PLAINES, IL 60016 37-1168085	MEDICAL	IL	NA	C Corporation				Yes	
(1) PROSPECT MEDICAL COMMONS CONDOMINIUM ASSOCIATION INC 4425 N Port Washington Rd GLENDALE, WI 53212 20-8042108	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(2) PROVIDENCE PARK Inc PO BOX 850429 MOBILE, AL 36685 63-0886846	REAL ESTATE	AL	NA	C Corporation				Yes	
(3) REGIONAL MEDICAL LABORATORIES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1131608	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(4) RESOURCE PHARMACIES INC 1150 VARNUM STREET NE WASHINGTON, DC 20017 52-1410076	RETAIL PHARMACY	DC	NA	C Corporation				Yes	
(5) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(6) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(7) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(8) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
(9) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(10) SETON PHARMACY INC 4205 BELFORT ROAD SUITE 4030 JACKSONVILLE, FL 32216 59-3001427	RETAIL PHARMACY	FL	NA	C Corporation				Yes	
(11) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(12) SOVA INC 102 WOODMONT BOULEVARD SUITE 700 NASHVILLE, TN 37205 26-1319638	HEALTH SERVICES	TN	NA	C Corporation				Yes	
(13) ST AGNES HEALTH VENTURES INC 900 CATON AVENUE BALTIMORE, MD 21229 52-1733632	HOLDING COMPANY	MD	NA	C Corporation				Yes	
(14) ST JOHN ANESTHESIA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-3690446	MEDICAL SERVICES	OK	NA	C Corporation				Yes	

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								Yes	No
(61) ST JOHN PHYSICIANS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1321032	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(1) ST JOHN URGENT CARE CLINICS INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 20-4990275	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(2) ST JOSEPH HEALTH ENTERPRISES 200 HEMLOCK ROAD TAWAS CITY, MI 48764 38-2686747	OTHER MEDICAL	MI	NA	C Corporation				Yes	
(3) St Mary's Health 800 S Washington Avenue Saginaw, MI 48601 38-3477017	Dormant	MI	NA	C Corporation				Yes	
(4) ST MARY'S MEDICAL GROUP INC 3700 WASHINGTON AVE EVANSVILLE, IN 47750 35-2076827	INVESTMENT	IN	NA	C Corporation				Yes	
(5) St Vincent's Strategic Ventures Inc 4205 Belfort Road Suite 4030 Jacksonville, FL 33213 59-3133073	LEASING	FL	NA	C Corporation				Yes	
(6) SUNFLOWER ASSURANCE LTD PO BOX 1085 GRAND CAYMAN, Bahamas KY11102 CJ	INSURANCE	CJ	NA	C Corporation				Yes	
(7) TEXTILE SYSTEMS INC 817 WALBRIDGE KALAMAZOO, MI 49007 38-2705047	LAUNDRY SERVICES	MI	NA	C Corporation				Yes	
(8) Thelen Corporation 2601 Navistar Drive Lisle, IL 60532 36-3266316	Owns/ leases property, joint venture partner	IL	NA	C Corporation				Yes	
(9) TRAVEL SERVICES CORPORATION PO BOX 45998 ST LOUIS, MO 631455998 26-3764978	TRAVEL SERVICES	MO	NA	C Corporation				Yes	
(10) UTICA SERVICES INC 1923 SOUTH UTICA AVENUE TULSA, OK 74104 73-1057650	MEDICAL SERVICES	OK	NA	C Corporation				Yes	
(11) VCH IOWA PC 8200 E THORN DRIVE WICHITA, KS 67226 27-3983977	PROFESSIONAL ASSOCIATION	IA	NA	C Corporation				Yes	
(12) VCH IOWA PC TRUST 8200 E THORN DRIVE WICHITA, KS 67226 27-6937322	BENEFICIARY TRUST	IA	NA	Trust				Yes	
(13) VIA CHRISTI CLINIC SERVICES INC 8200 E THORN DRIVE WICHITA, KS 67226 27-3984287	CLINIC SERVICES	KS	NA	C Corporation				Yes	
(14) VIA CHRISTI HEALTH ALLIANCE IN ACCOUNTABLE CARE INC 8200 E THORN DRIVE WICHITA, KS 67226 48-2872857	ACO	KS	NA	C Corporation				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(76) VINCENTIAN VENTURES OF NORTH ALABAMA INC 810 ST VINCENTS DRIVE BIRMINGHAM, AL 35205 63-0965456	MISC HEALTHCARE SERVICES	AL	NA	C Corporation				Yes	
(1) VINCENTURES INC 95 MERRITT BOULEVARD TRUMBULL, CT 06611 06-1211417	INACTIVE	CT	NA	C Corporation				Yes	
(2) WHEATON FRANCISCAN ENTERPRISES INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1985204	HOLDING CO	WI	NA	C Corporation				Yes	
(3) WHEATON FRANCISCAN HOLDINGS INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1836357	HOLDING CO	WI	NA	C Corporation				Yes	
(4) WHEATON FRANCISCAN MEDICAL GROUP - SUSSEX INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1361100	HEALTHCARE	WI	NA	C Corporation				Yes	
(5) WHEATON FRANCISCAN PROVIDER NETWORK INC 400 WEST RIVER WOODS PARKWAY GLENDALE, WI 53212 39-1952140	PROVIDER CONTRACT	WI	NA	C Corporation				Yes	
(6) WHEATON WAY CONDOMINIUM OWNERS ASSOCIATION INC 10101 SOUTH 27TH STREET FRANKLIN, WI 53132 30-0659830	CONDO ASSOCIATION	WI	NA	C Corporation				Yes	
(7) L GILBRAITH INSURANCE SPC LTD 68 W BAY ROAD PO BOX 1109 GRAND CAYMAN KY11120 CJ	INSURANCE	CJ	NA	C 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
(1)	ASCENSION HEALTH ALLIANCE PROFESSIONAL & GENERAL LIABILITY SELF-INSURANCE T RUST	P	7,370,340	FAIR MARKET VALUE
(1)	ASCENSION HEALTH - IS INC	P	345,089	FAIR MARKET VALUE
(2)	ASCENSION HEALTH - IS INC	Q	1,552,498	FAIR MARKET VALUE
(3)	CONSOLIDATED PHARMACY SERVICES INC AND SUBSIDIARIES	Q	3,000,000	FAIR MARKET VALUE
(4)	ALABAMA PROVIDENCE HEALTHCARE SERVICES	J	56,508	FAIR MARKET VALUE
(5)	Gulf Coast Diversified Inc	Q	118,390	FAIR MARKET VALUE
(6)	HAVEN OF OUR LADY OF PEACE INC	P	64,698	FAIR MARKET VALUE
(7)	HAVEN OF OUR LADY OF PEACE INC	Q	10,067,634	FAIR MARKET VALUE
(8)	SACRED HEART FOUNDATION INC	P	288,867	FAIR MARKET VALUE
(9)	SACRED HEART FOUNDATION INC	Q	64,003	FAIR MARKET VALUE
(10)	SACRED HEART HEALTH VENTURES INC	R	275,856	FAIR MARKET VALUE
(11)	PROVIDENCE HOSPITAL	Q	343,865	FAIR MARKET VALUE
(12)	PROVIDENCE HOSPITAL	P	79,334	FAIR MARKET VALUE
(13)	SACRED HEART FOUNDATION INC	C	24,111,315	FAIR MARKET VALUE
(14)	SACRED HEART FOUNDATION INC	B	1,757,725	FAIR MARKET VALUE
(15)	ASCENSION CARE MANAGEMENT HEALTH PARTNERS TENNESSEE	P	1,453,215	FAIR MARKET VALUE