

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 **10-01-2018**, and ending **09-30-2019**

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

C Name of organization
Southcoast Hospitals Group Inc
% WADE BROUGHMAN
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
101 Page Street
City or town, state or province, country, and ZIP or foreign postal code
New Bedford, MA 02740

D Employer identification number
22-2592333
E Telephone number
(508) 961-5000
G Gross receipts \$ 1,019,866,573

F Name and address of principal officer
KEITH HOVAN
101 PAGE STREET
New Bedford, MA 02740

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 ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ www.southcoast.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1986

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROMOTE THE OPTIMAL HEALTH AND WELL- BEING OF THE INDIVIDUALS AND FAMILIES IN THE COMMUNITIES SERVED BY SOUTHCOAST HOSPITALS GROUP (SHG) (SEE SCHEDULE O)

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)	16
4 Number of independent voting members of the governing body (Part VI, line 1b)	11
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6,698
6 Total number of volunteers (estimate if necessary)	553
7a Total unrelated business revenue from Part VIII, column (C), line 12	584,000
7b Net unrelated business taxable income from Form 990-T, line 34	505,844

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	4,036,570	1,840,686
9 Program service revenue (Part VIII, line 2g)	825,701,857	879,351,128
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,415,998	15,939,874
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	795,646	210,473
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	851,950,071	897,342,161
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	311,505	196,750
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	422,165,335	429,289,873
16a Professional fundraising fees (Part IX, column (A), line 11e)	100,000	100,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,770,103		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	354,998,585	393,109,637
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	777,575,425	822,696,260
19 Revenue less expenses Subtract line 18 from line 12	74,374,646	74,645,901
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	958,188,756	965,442,251
21 Total liabilities (Part X, line 26)	401,744,211	390,128,567
22 Net assets or fund balances Subtract line 21 from line 20	556,444,545	575,313,684

Part II Signature Block

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

Sign Here
Signature of officer
Date 2020-08-17
WADE BROUGHMAN EXEC VP FIN & CFO
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name
Preparer's signature
Date 2020-08-17
Check if self-employed
PTIN P01441612
Firm's name ▶ PricewaterhouseCoopers LLP
Firm's EIN ▶
Firm's address ▶ 101 SEAPORT BLVD SUITE 500
BOSTON, MA 02210
Phone no (617) 530-5000

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

TO PROMOTE THE OPTIMAL HEALTH AND WELL-BEING OF THE INDIVIDUALS AND FAMILIES IN THE COMMUNITIES SERVED BY SOUTHCOAST HOSPITALS GROUP (SHG) (SEE SCHEDULE O)

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 621,299,681 including grants of \$ 196,750) (Revenue \$ 879,351,128)
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 ▶ 621,299,681

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, and organizational transactions.

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 []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	2a	6,698			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>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)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			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		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>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</p>					
			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>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</p>			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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included in line 1a, above, who are independent (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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MA); 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 (checked), 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 (WADE BROUGHMAN 101 PAGE STREET New Bedford, MA 02740 (508) 973-2905).

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			
	b Membership dues	1b			
	c Fundraising events	1c	215,483		
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,625,203		
	g Noncash contributions included in lines 1a - 1f \$ _____		100,392		
h Total. Add lines 1a-1f		1,840,686			

Program Service Revenue			Business Code				
	2a PATIENT SVC REVENUE		621500	819,176,538	819,112,937	63,601	
b HEALTHCARE SVC REVENUE		446110	49,101,208	49,100,220	988		
c PARTNERSHIP INCOME		525990	4,232,283	3,712,872	519,411		
d GIFT SHOP INCOME		621400	315,187				315,187
e CAFETERIA		722210	4,524,013	4,524,013			
f All other program service revenue			2,001,899				2,001,899
g Total. Add lines 2a-2f			879,351,128				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			5,616,126			5,616,126
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			0			
	6a Gross rents	(i) Real	(ii) Personal				
		479,087					
	b Less rental expenses	203,019					
	c Rental income or (loss)	276,068	0				
	d Net rental income or (loss)			276,068			276,068
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		132,300,956	212,360				
	b Less cost or other basis and sales expenses	122,189,568	0				
	c Gain or (loss)	10,111,388	212,360				
	d Net gain or (loss)			10,323,748			10,323,748
	8a Gross income from fundraising events (not including \$ 215,483 of contributions reported on line 1c) See Part IV, line 18	a	66,230				
	b Less direct expenses	b	131,825				
c Net income or (loss) from fundraising events			-65,595			-65,595	
9a Gross income from gaming activities See Part IV, line 19	a	0					
b Less direct expenses	b	0					
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							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			0				
12 Total revenue. See Instructions			897,342,161	876,450,042	584,000	18,467,433	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	196,750	196,750		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,638,526	3,604,976	1,022,290	11,260
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	263,667	205,416	58,251	
7 Other salaries and wages	338,941,562	263,418,568	74,699,554	823,440
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,309,886	11,898,558	3,374,162	37,166
9 Other employee benefits	45,412,038	35,293,390	10,008,408	110,240
10 Payroll taxes	24,724,194	19,215,183	5,448,992	60,019
11 Fees for services (non-employees)				
a Management	0			
b Legal	3,624,673	33,182	3,591,491	
c Accounting	695,752	5,000	690,752	
d Lobbying	584,114	584,114		
e Professional fundraising services. See Part IV, line 17	100,000			100,000
f Investment management fees	1,193,089		1,193,089	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	76,895,684	60,970,288	15,923,636	1,760
12 Advertising and promotion	3,474,381	65,139	3,407,244	1,998
13 Office expenses	7,958,738	3,486,828	4,376,671	95,239
14 Information technology	12,153,452	1,785,328	10,340,825	27,299
15 Royalties	0			
16 Occupancy	15,973,487	4,289,389	11,684,098	0
17 Travel	1,074,632	693,257	371,534	9,841
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	147,139	36,312	100,818	10,009
20 Interest	7,792,649	7,640,014	152,635	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	53,413,468	16,152,231	37,238,713	22,524
23 Insurance	2,460,171	0	2,460,171	0
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 PHARMACEUTICALS	44,840,436	44,840,436	0	0
b HEALTH SAFETY NET ASSESSMENT	8,832,695	8,832,695	0	0
c PARTS, REPAIRS, MAINT	14,282,159	3,178,491	11,103,668	0
d MEDICAL SUPPLIES/LINENS	120,729,462	120,658,404	61,204	9,854
e All other expenses	16,983,456	14,215,732	2,318,270	449,454
25 Total functional expenses. Add lines 1 through 24e	822,696,260	621,299,681	199,626,476	1,770,103
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	28,859,306	2	43,221,048
	3 Pledges and grants receivable, net	4,246,528	3	2,666,656
	4 Accounts receivable, net	92,474,572	4	94,997,684
	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	0	7	0
	8 Inventories for sale or use	12,556,773	8	14,533,382
	9 Prepaid expenses and deferred charges	10,219,172	9	11,556,297
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	980,521,957		
	b Less accumulated depreciation	628,280,441		
	11 Investments—publicly traded securities	339,118,545	11	337,651,657
	12 Investments—other securities See Part IV, line 11	70,901,309	12	64,863,106
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	41,044,967	15	43,710,905
16 Total assets. Add lines 1 through 15 (must equal line 34)	958,188,756	16	965,442,251	
Liabilities	17 Accounts payable and accrued expenses	142,763,385	17	137,854,816
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	173,334,529	20	166,518,353
	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	55,357,940	23	51,487,266
	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	30,288,357	25	34,268,132
	26 Total liabilities. Add lines 17 through 25	401,744,211	26	390,128,567
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	475,003,091	27	496,506,079
	28 Temporarily restricted net assets	27,777,426	28	25,426,641
	29 Permanently restricted net assets	53,664,028	29	53,380,964
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	556,444,545	33	575,313,684	
34 Total liabilities and net assets/fund balances	958,188,756	34	965,442,251	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	897,342,161
2	Total expenses (must equal Part IX, column (A), line 25)	2	822,696,260
3	Revenue less expenses Subtract line 2 from line 1	3	74,645,901
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	556,444,545
5	Net unrealized gains (losses) on investments	5	-2,976,528
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	-52,800,234
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	575,313,684

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
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	

Additional Data

Software ID:

Software Version:

EIN: 22-2592333

Name: Southcoast Hospitals Group Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

SOUTHCOAST PROVIDES INPATIENT AND OUTPATIENT HEALTH CARE SERVICES TO IMPROVE THE HEALTH AND WELLNESS OF INDIVIDUALS IN ITS COMMUNITIES SOUTHCOAST RECORDED 193,776 INPATIENT DAYS, PERFORMED 17,994 SURGERIES AND 10,856 ENDOSCOPIES, PROVIDED 3,140,319 LABORATORY TESTS, PERFORMED 426,088 RADIOLOGICAL PROCEDURES, 194,003 PHYSICAL MEDICINE VISITS, 912 PCI CORONARY INTERVENTIONS, 2,479 DIAGNOSTIC CATHERIZATIONS, 320 OPEN HEART SURGERIES, 1,188 ELECTROPHYSIOLOGY CASES, 624 CORONARY DEVICE IMPLANTS, 3,135 NEWBORN ADMISSIONS, PERFORMED 30,760 RADIATION AND MEDICAL CHEMOTHERAPY TREATMENTS AND CARED FOR 189,239 EMERGENCY ROOM PATIENTS 24 HOURS A DAY 7 DAYS A WEEK REGARDLESS OF THEIR ABILITY TO PAY FOR SUCH SERVICES

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			
KEITH HOVAN PRESIDENT & CEO/ Ex-Officio	60 0 12 5	X		X				2,382,050	0	302,501
CHRISTOPHER CHENEYMD TRUSTEE	1 5 44 5	X						0	508,460	26,564
PAMELA MCNAMARA TRUSTEE	1 5 4 5	X						0	0	0
CARL RIBEIRO TRUSTEE (UNTIL 12/2018)	1 5 6 0	X						0	0	0
ROBERT TRIPP JR DO TRUSTEE	1 5 4 5	X						0	0	0
MAUREEN SYLVIA ARMSTRONG TRUSTEE (UNTIL 12/2018)	1 5 4 5	X						0	0	0
JASON RUA CHAIR	2 5 10 0	X		X				0	0	0
LOUIS CABRAL VICE CHAIR	2 5 10 0	X		X				0	0	0
JAMES JEROME COOGAN Clerk	2 5 7 5	X		X				0	0	0
W HUGH M MORTON Trustee	1 5 4 5	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			
WADE BROUGHMAN EVP FIN/CFO & Treasurer	60 0 12 5			X				758,015	0	100,260
PAUL IANNINI PHYS IN CHIEF, MED	60 0 0 0				X			178,378	0	0
DAVID DEJESUS JR SVP & CHRO (UNTIL 6/2018)	60 0 0 0				X			541,324	0	24,220
ROBERT CALDAS MD Senior VP & CMO	60 0 0 0				X			627,731	0	126,226
MICHAEL COFONE SVP FINANCE	60 0 0 0					X		490,550	0	100,733
JAMES FEEN SVP/CIO	60 0 0 0					X		432,275	0	31,897
STEPHEN CANESSA SVP CHIEF BRAND STRATEGY OFFCR	60 0 0 0					X		349,345	0	85,486
TIMOTHY EIXENBERGER CNO (UNTIL 03/2019)	60 0 0 0					X		332,305	0	34,260
JACK DRESSER SVP/ CPO (UNTIL 10/2019)	60 0 0 0					X		313,864	0	34,260
LINDA BODENMANN FORMER EVP/COO/ASST CLERK	0 0 0 0						X	831,928	0	9,133

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			
KRISTOFER LINDEMAN FORMER Treasurer	60 0 1 5						X	234,598	0	33,065

SCHEDULE A
(Form 990 or 990-EZ)

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.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Southcoast Hospitals Group Inc

Employer identification number
22-2592333

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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:

Software Version:

EIN: 22-2592333

Name: Southcoast Hospitals Group Inc

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶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 Southcoast Hospitals Group Inc	Employer identification number 22-2592333
--	--

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		75
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		584,539
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			584,614
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1, LOBBYING ACTIVITIES	DURING FISCAL YEAR 2019, SOUTHCOAST RETAINED SEPARATE CONSULTANTS AT THE STATE AND FEDERAL LEVEL TO MONITOR HEALTH CARE RELATED ISSUES AND ADVOCATE ON BEHALF OF SOUTHCOAST HEALTH AT THE STATE LEVEL, OUR STATE CONSULTANTS WORKED WITH OUR LEGISLATIVE DELEGATION ON THE SENATE AND HOUSE HEALTH CARE REFORM BILL, THE STATE BUDGET AND BUDGET AMENDMENTS, REGULATORY CHANGES, MEDICAID/DSH REIMBURSEMENT RATES, PRICE VARIATION EQUITY AND THE SOCIAL DETERMINANTS OF HEALTH OUR CONSULTANT FOR FEDERAL MATTERS WORKED WITH OUR FEDERAL DELEGATION ON THE OPIOID ISSUE, MEDICARE DSH FUNDING, READMISSION ADJUSTMENTS, BAD DEBT REIMBURSEMENT, THE RURAL FLOOR WAGE INDEX, CHANGES TO THE AFFORDABLE CARE ACT AND MEDICARE CUTS
PART II-B, LINE 1D	DURING FISCAL YEAR 2019, ALL MAILINGS WERE SENT ELECTRONICALLY VIA EMAIL THERE WERE NO PAPER MAILINGS SENT OUT
PART II-B, LINE 1G	DURING FISCAL YEAR 2019, OUR STATE CONSULTANTS MONITORED AND COMMUNICATED WITH OUR STATE LEGISLATIVE DELEGATION REGARDING THE SENATE AND HOUSE HEALTH CARE REFORM BILLS, AND THE STATE BUDGET AND BUDGET AMENDMENTS THEY ALSO MONITORED AND/OR SHARED SOUTHCOAST'S CONCERNS ON TOPICAL HEALTHCARE ISSUES SUCH AS THE OPIOID ISSUE, MEDICAID FUNDING/REIMBURSEMENTS, AND BEHAVIORAL HEALTH NEEDS, INCLUDING FUNDING, ACCESS AND COVERAGE IN OUR REGION

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
Southcoast Hospitals Group Inc

Employer identification number
22-2592333

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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	81,439,334	76,126,866	80,254,926	79,698,156	75,434,683
b Contributions	937,387	4,163,541	129,289	5,812,416	15,995,643
c Net investment earnings, gains, and losses	2,768,034	4,588,968	2,670,207	2,564,977	-4,030,250
d Grants or scholarships					
e Other expenditures for facilities and programs	6,339,270	3,440,041	6,927,556	7,820,623	7,701,920
f Administrative expenses					
g End of year balance	78,805,485	81,439,334	76,126,866	80,254,926	79,698,156

- 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 ▶ 68 000 %
 - c** Temporarily restricted endowment ▶ 32 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**
- 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		10,196,962		10,196,962
b Buildings		418,877,307	260,198,712	158,678,595
c Leasehold improvements		2,410,769	1,373,689	1,037,080
d Equipment		526,057,584	366,708,040	159,349,544
e Other		22,979,335	0	22,979,335
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				352,241,516

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) CASH INVESTMENTS	1,799,533	F
(B) PRIVATE EQUITY	5,244,221	F
(C) MULTISTRATEGY HEDGE FUNDS	15,822,416	F
(D) BENEFICIAL INT IN PERP TRUSTS	41,996,936	F
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	64,863,106	

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
OTHER LONG-TERM LIABILITIES	12,785,360
NON-PENSION POST RETIREMENT BE	7,209,909
DUE TO/FROM AFFILIATE	15,749,104
UNAMORTIZED BIC	-2,580,627
ACCUMULATED AMORT BIC	1,104,386
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	34,268,132

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:

Software Version:

EIN: 22-2592333

Name: Southcoast Hospitals Group Inc

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	SHG'S ENDOWMENT FUNDS ARE INTENDED TO PROVIDE A SOURCE OF INCOME TO SUPPORT SHG'S TAX EXEMPT PURPOSE OF PROVIDING QUALITY HEALTH CARE SERVICES TO PEOPLE IN SHG'S SERVICE AREA

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	SHG ADOPTED FIN48 IN FISCAL YEAR 2008 THERE IS NO FOOTNOTE DISCLOSURE IN SHS' FISCAL SEPT EMBER 30, 2019 CONSOLIDATED AUDITED FINANCIAL STATEMENTS SINCE THE ADOPTION OF FIN 48 WAS NOT MATERIAL

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Southcoast Hospitals Group Inc

Employer identification number
22-2592333

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
HANOVER RESEARCH COUNCIL 4401 WILSON BLVD ARLINGTON, VA 22203	GRANT WRITING		No	0	100,000	0
Total				0	100,000	0

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

MA

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		SPORTING EVENT (event type)	DINNER EVENT (event type)	1 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	31,450	165,100	85,163	281,713
	2 Less Contributions	0	130,320	85,163	215,483
	3 Gross income (line 1 minus line 2)	31,450	34,780		66,230
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	5,440	2,336	4,419	12,195
	6 Rent/facility costs	12,480	2,427	6,440	21,347
	7 Food and beverages	9,872	59,995	5,627	75,494
	8 Entertainment		7,836		7,836
	9 Other direct expenses	3,330	7,583	4,040	14,953
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				131,825
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-65,595

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

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

SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

OMB No 1545-0047
2018
 Open to Public Inspection

▶ **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.**

Name of the organization
 Southcoast Hospitals Group Inc

Employer identification number
 22-2592333

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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input checked="" type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input checked="" type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
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	No
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
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 Yes	

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)			9,464,410	4,271,140	5,193,270	0 800 %
b Medicaid (from Worksheet 3, column a)			176,247,623	167,434,371	8,813,252	1 360 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs			185,712,033	171,705,511	14,006,522	2 160 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			13,628,241	537,095	13,091,146	2 010 %
f Health professions education (from Worksheet 5)			5,376,289	0	5,376,289	0 830 %
g Subsidized health services (from Worksheet 6)			4,068,696	636,399	3,432,297	0 530 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			418,071	0	418,071	0 060 %
j Total. Other Benefits			23,491,297	1,173,494	22,317,803	3 430 %
k Total. Add lines 7d and 7j			209,203,330	172,879,005	36,324,325	5 590 %

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	1		2,353		2,353	
2 Economic development						
3 Community support	9		25,650		25,650	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	5		25,223		25,223	
7 Community health improvement advocacy						
8 Workforce development	2		59,380		59,380	0.010 %
9 Other						
10 Total	17		112,606		112,606	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
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	10,065,681
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	4,561,188
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	395,311,097
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	402,706,548
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-7,395,451
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: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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?

1

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)
 SOUTHCOAST HOSPITALS GROUP INC

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		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		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge 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	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		No
6b	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	Yes	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>SEE SCHEDULE H, PART V, SECTION C</u>	Yes	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		No
12b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)**

SOUTHCOAST HOSPITALS GROUP INC

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>150</u> % and FPG family income limit for eligibility for discounted care of <u>300</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SECT C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SCH H, PART V, SECT C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SCH H, PART V, SECT C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

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

SOUTHCOAST HOSPITALS GROUP INC

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	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> Other similar actions (describe in Section C)			
f	<input checked="" type="checkbox"/> 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? If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
a	<input type="checkbox"/> Reporting to credit agency(ies)			
b	<input type="checkbox"/> Selling an individual's debt to another party			
c	<input type="checkbox"/> 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	<input type="checkbox"/> Actions that require a legal or judicial process			
e	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
c	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
d	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
e	<input type="checkbox"/> Other (describe in Section C)			
f	<input type="checkbox"/> 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? If "No," indicate why	21	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b	<input type="checkbox"/> The hospital facility's policy was not in writing			
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Part V Facility Information *(continued)*

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

SOUTHCOAST HOSPITALS GROUP INC

Name of hospital facility or letter of facility reporting group _____

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
 - b** The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - c** The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
 - d** The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Part V Facility Information *(continued)***Section 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	
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
PART I, LINE 3C	DISCOUNTS ARE AFFORDED TO A "QUALIFYING PATIENT" - PATIENT WHO IS NOT ELIGIBLE FOR OTHER FINANCIAL ASSISTANCE AND WHO IS UNINSURED FOR MEDICALLY NECESSARY HOSPITAL SERVICES ELIGIBLE BALANCES ARE THOSE AMOUNTS FOR WHICH QUALIFYING PATIENTS HAVE FULL RESPONSIBILITY DUE TO LACK OF INSURANCE OBLIGATIONS DO NOT INCLUDE CO-INSURANCE, DEDUCTIBLES OR BALANCES DUE AFTER INSURANCE OR OUT-OF-NETWORK SERVICES A DISCOUNT OF 25% OF THE TOTAL CHARGES WILL BE APPLIED AT THE TIME OF INITIAL BILLING ADDITIONAL DISCOUNTS MAY BE POSSIBLE BASED ON THE SIZE OF THE BALANCE, TIMELINESS OF PAYMENT AND FINANCIAL NEED THESE ARE GIVEN INDIVIDUAL CONSIDERATION SHG WILL SEEK TO ADVISE QUALIFYING PATIENTS WITH RESPECT TO AVAILABILITY OF DISCOUNT PURSUANT TO THIS POLICY AS WELL AS THE AVAILABILITY OF LOW INCOME AND MASSHEALTH BENEFITS

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7	ACTUAL COST FOR ALL SHG PATIENT SEGMENTS WAS USED TO CALCULATE THE VALUE OF CHARITY CARE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7G	INCLUDED IN SUBSIDIZED HEALTH SERVICES AT COST ARE COSTS AND OFFSETTING REVENUES ASSOCIATED WITH SHG'S LEVEL II NURSERY AND INPATIENT REHABILITATIVE SERVICES SHG IS THE SOLE PROVIDER OF THESE SERVICES IN ITS COMMUNITIES AND PROVIDES SUCH SERVICES AS A COMMUNITY BENEFIT DESPITE THE LOSSES INCURRED

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART II	<p>Southcoast engages in a number of community building activities that promote infrastructure improvement in communities and the development of policies and programs that address social determinants of health such as housing, behavioral health, education and workforce development. Southcoast is the co-leader of the Bristol County Opioid Alliance, a regional coalition focused on increasing communication and collaboration of all entities working to address the Opioid Epidemic across the South Coast Region. We also lead collaborative groups that have helped expand housing options in the town of Wareham and the city of New Bedford and address groups that address other social conditions that influence health. Southcoast has provided leadership training and support on health advocacy issues such as regulations to limit tobacco access and has worked to increase access to healthy food through food rescue programs, supporting local initiatives led by community partners and by hosting weekly farm stands at our three Hospital sites each summer that are open to our employees and community members.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	THE COSTING METHODOLOGY USED TO CALCULATE BAD DEBT EXPENSE REPORTED IN PART III, LINE 2 WAS BASED ON A RATIO OF COST TO CHARGE METHODOLOGY DISCOUNTS AND PAYMENTS ON ACCOUNTS CONSIDERED AS BAD DEBT OFFSET THE TOTAL BAD DEBT EXPENSE RECORDED PART III, LINE 3 PER SHG'S ASSESSMENT OF THE COMMUNITY IT SERVES, A CERTAIN PERCENTAGE OF THE POPULATION WOULD QUALIFY FOR FINANCIAL ASSISTANCE BUT DO NOT APPLY DUE TO THIS SHG CONSIDERS THIS AMOUNT OF BAD DEBT AS A COMMUNITY BENEFIT EXPENSE PART III, LINE 4 FOR PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, SHG RECOGNIZES REVENUE ON THE BASIS OF ITS STANDARD RATES FOR SERVICES PROVIDED BY POLICY ON THE BASIS OF HISTORICAL EXPERIENCE, A PORTION OF SHG'S UNINSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR THE SERVICES PROVIDED THUS, SHG RECORDS A PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED FOOTNOTE 2 BEGINNING ON PAGE 14 OF THE AUDITED FINANCIAL STATEMENTS DISCUSSES BAD DEBT EXPENSE

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 8	THE COST ACCOUNTING METHODOLOGY USED IS THE SAME METHODOLOGY USED FOR THE MEDICARE SHORTFALL THE MEDICARE SHORTFALL SHOULD BE RECOGNIZED AS A COMMUNITY BENEFIT SINCE SHG IS REQUIRED TO PROVIDE SERVICES TO ALL REGARDLESS OF THE ABILITY TO PAY FOR SUCH SERVICES

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 9B	SHG'S CREDIT AND COLLECTION POLICY CONTAINS PROVISIONS REGARDING COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS KNOWN TO QUALIFY FOR CHARITY CARE OR OTHER FINANCIAL ASSISTANCE FOR INDIVIDUALS DETERMINED TO BE LOW INCOME PATIENTS ANY SERVICES PROVIDED PRIOR TO SUCH DETERMINATION DATE AND NOT COVERED UNDER THE SAFETY NET (HSN) WILL BE WRITTEN OFF AS CHARITY CARE ANY SERVICE DENIED BY THE HSN FOR MEDICALLY NECESSARY SERVICES WILL ALSO BE CONSIDERED CHARITY CARE ANY COPAYMENTS OR DEDUCTIBLES FOR MASSHEALTH AND MASSHEALTH MANAGED CARE RECIPIENTS WILL BE CONSIDERED CHARITY CARE IF UNRESOLVED AT THE CONCLUSION OF SHG'S COLLECTION PROCESS THE FOLLOWING ARE EXEMPT FROM ANY COLLECTION OR BILLING PROCEDURES BEYOND THE INITIAL BILL PURSUANT TO STATE REGULATIONS 1 PATIENTS ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM, EXCEPT SHG MAY SEEK COLLECTION ACTION AGAINST ANY PATIENT ENROLLED IN A PUBLIC HEALTH INSURANCE PROGRAM FOR THEIR REQUIRED COPAYMENTS AND DEDUCTIBLES AS SET FORTH IN EACH PLAN, 2 SHG MAY INITIATE BILLING AND COLLECTION FOR A PATIENT ALLEGING TO PARTICIPATE IN A FINANCIAL ASSISTANCE PROGRAM THAT COVERS THE COSTS OF SHG SERVICES BUT FAILS TO PROVIDE PROOF OF PARTICIPATION, 3 SHG MAY CONTINUE COLLECTION ACTION ON ANY LOW INCOME PATIENT FOR SERVICES RENDERED PRIOR TO THE LOW INCOME DETERMINATION, HOWEVER, COLLECTION ACTION WILL CEASE ONCE ELIGIBILITY IS DETERMINED, AND 4 SHG WILL NOT SEEK COLLECTION FROM AN INDIVIDUAL WHO HAS BEEN APPROVED FOR MEDICAL HARDSHIP UNDER THE MASSACHUSETTS HSN WITH RESPECT TO THE AMOUNT OF THE BILL EXCEEDING THE MEDICAL HARDSHIP CONTRIBUTION SHG WILL NOT PURSUE COLLECTION FROM A PATIENT INVOLVED IN BANKRUPTCY PROCEEDING AND WILL NOT CHARGE INTEREST IN AN OVERDUE BALANCE OF A LOW INCOME PATIENT

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 2	<p>In addition to completing a comprehensive, regional community health needs assessment every three years, Southcoast participates in and leads over 30 community coalitions and actively participates in a number of projects every year that collect and analyze information about the social and health care needs of the residents living in the South Coast Region. These activities include tracking hospital data such as the number of patients reporting homelessness, overdose data, and food insecurity, to working with coalition partners to conduct outreach/surveys and focus groups on a number of topics (aligning with our priorities). We meet regularly to discuss the success of these projects and to make sure that we are having the desired impact within the community. In 2019, Southcoast Health completed its fourth Community Benefits Impact Opportunity grant program. This is a competitive grant process focused on addressing unmet health needs on the South Coast. The grant proposals aligned with the nine priority areas, previously identified through the 2016 Community Health Needs Assessment. We received 45 applications and awarded 18 grants for a total of \$150,000 plus in-kind donations. Grantees are expected to set at least 2 SMART goals and evaluate the success of their programs, submitting data at six months and one year. Finally, through community benefits programs, such as the Mobile Health Van, we are able to document and track pressing health needs as reported by staff conducting outreach and through the patients served.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 3	Southcoast posts notifications of insurance eligibility in multiple languages throughout all of our inpatient and outpatient facilities, and provides information on our website. Southcoast also utilizes multilingual outreach brochures, displayed in our facilities and also distributed at a number of health insurance outreach events and also through regular outreach on our Mobile Health Van. In 2019, our Patient Access Department held 48 community outreach events, which is a 41% increase over FY18. The department served 15,858 patients, which is a 20% increase over FY18.

Form and Line Reference	Explanation
PART VI, LINE 4	<p>Southcoast Health system serves a diverse region along the South Coast Region of Massachusetts, including several urban centers with a number of demographic challenges, and rural and suburban towns. Overall, the South Coast's population increased by 2.8 percent since the beginning of the century and by 12.2 percent since 1970, both of which lag behind the statewide population growth rates for those periods. This gap appears to be mostly driven by long-term population declines in Fall River and New Bedford, although the population of New Bedford has increased slightly since 2010. Perhaps the most significant demographic trend in the region is its changing racial makeup. This is particularly true in the city of New Bedford, where non-White residents account for 36.6 percent of the city's population. Communities throughout the South Coast are becoming more diverse. Between the 2006-2010 and 2013-2017 periods, the minority population in the region increased by 4.7 percent (16,945 people). Fall River experienced the largest percentage increase in its minority population (7.7% or 6,895 residents), followed by New Bedford (6.7% or 6,433 residents), Fairhaven (6.6% or 1,056 residents), and Wareham (5.4% or 1,329 residents). The schools of the South Coast are often more diverse than the communities as a whole. For example, New Bedford's public schools are now majority non-white with Hispanic and Black students representing 40.5 and 12.5 percent of the total student population, respectively. The higher share of minorities in the school system compared to the community is, in part, a product of the national trend of minority births exceeding white births. As this trend continues, the student population in the region will only grow more diverse. The South Coast has long been an attractive place to settle for immigrants, as evidenced by foreign-born residents representing 14.5 percent of the region's population. As Gateway Cities, New Bedford and Fall River have been traditional destinations for new arrivals to America since the late 18th century. During the 2013-2017 period, 18.7 percent of residents in Fall River and 20.0 percent of residents in New Bedford were born outside of the country. In both cities, Portuguese immigrants make up the majority of the foreign-born residents. However, as emigration from Europe to the U.S. has slowed, Latin American and Asian immigrants make up increasing shares of the populations in New Bedford and Fall River. As major destinations for the region's newly arrived immigrants, New Bedford and Fall River have the highest shares of residents reporting limited English proficiency, 14.0 percent and 17.5 percent, respectively. The age cohorts in the South Coast generally reflect their counterparts at the state level. However, the region has a slightly higher share of residents 65 years of age or older, which is more pronounced in the region's towns. Fall River and New Bedford have larger shares of the population under the age of 35 when compared to their metro areas and the South Coast overall. As a region, the South Coast has long struggled with low levels of educational attainment. Although the regional average is primarily driven by the low levels of educational attainment in Fall River and New Bedford, many of the region's towns also lag behind the state in educational attainment of post-secondary degrees. In both cities, the majority of the population 25 years of age or older has never attended a college or university. Additionally, when compared to the adult population statewide, both Fall River and New Bedford have nearly three times the percentage of adults who have not completed high school (27.9% and 27.3%, respectively) compared to the Commonwealth (9.7%). Inflation-adjusted median household income increased in seven South Coast communities from the 2006-2010 to the 2013-2017 periods. Seven South Coast communities have median incomes that are above the state average. Median incomes are particularly low in Fall River (4th lowest in Massachusetts) and New Bedford (7th lowest in Massachusetts). Acushnet, Fairhaven, Somerset, and Wareham also have median incomes below the state average. While the South Coast has a higher share of people living in poverty than the state, the region's cities are home to disproportionate shares of people in poverty. Over 20 percent (20.2%) of all people in Fall River and 23.1 percent of people in New Bedford live in households with annual incomes below the poverty level. This translates to 39,247 individuals living in poverty in just the cities of the South Coast alone. Poverty rates decreased in five South Coast communities between the 2008-2012 and 2013-2017 periods, while rates increased in eight communities. In Fall River and New Bedford, these measures of poverty are higher than the region and the state as a whole. For example, less than 10 percent of all families statewide live in poverty (7.8%), compared with 11.9 percent of all families in the</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>South Coast and 17.5 percent of families in Fall River and 19.3 percent of families in New Bedford. In addition, the percentage of families with children living in poverty in Fall River and New Bedford is more than double the statewide percentage. The region's changing racial makeup and continued socioeconomic struggles place unique stresses on healthcare delivery, particularly in addressing health disparities based on race, income, and education. The region's health is affected by the physical conditions of the South Coast. A person's physical environment can profoundly affect health outcomes. Environmental factors that affect health outcomes include, but are not limited to, access to healthy food, air quality, water quality, and environmental contamination. In particular, exposure to contaminants through pathways from the air, water, soil, and food can lead to extreme health issues. The analysis shows that South Coast residents face environmental factors that may be a detriment to their health. For example - Bristol County, which comprises most of the Southcoast Service area, has the highest rate of food insecurity in southeastern Massachusetts, with 10.3 percent of all county residents lacking access, at times, to enough food for an active, healthy life - Walkable communities allow residents to reduce or even eliminate their use of automobiles, typically the second largest household expense in the U.S. These communities also convey immediate benefits to the environment since, unlike motorized transportation, walking produces no pollutants. Walking has the potential to confer beneficial effects for health, personal finances, the environment and more. The South Coast cities of Fall River and New Bedford scored a WalkScore of 66 and 65 out of 100. This means they are characterized as "somewhat walkable" communities. However, the more rural town of Wareham, is much less walkable and scored a 48 out of 100, characterizing the town as "car-dependent" - The South Coast is home to a number of sites that contain and/or generate contaminants that can negatively affect residents' health. The South Coast is home to 57 of the state's 1,012 brownfield sites. Twelve of these are located in Fall River and 28 are located in New Bedford. On a per square mile and per 1,000 population basis, these cities have higher ratios of brownfield sites compared to the state - of these are located in Fall River and 28 are located in New Bedford. On a per square mile and per 1,000 population basis, these cities have higher ratios of brownfield sites compared to the state.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 5	<p>Southcoast Hospitals Group invests in direct services and programs designed to address pressing health issues across our region. We collaborate with hundreds of community partners to adopt best practices in community benefits needs assessment, planning and implementation, with the shared goal of improving the health of our communities. Targeted activities included Behavioral Health Issues Expanded usage of our Behavioral Health Connect database (by over 34%), which links providers and residents with up-to-date resources for behavioral health services. A number of our staff also played a leadership role in 12 local and regional coalitions to address the opioid crisis, including supporting the availability of Narcan in our region. Smoking Cessation Continued work on smoking cessation and prevention that encompasses regulatory system and environment change along with education and clinical support for smoking cessation. The Southcoast Health Van continued work on a grant from the Thoracic Foundation to expand smoking cessation support for public housing residents throughout the region, as more municipal Housing Authorities in our region embrace smoke-free regulations and increase the age of which a person may purchase cigarettes or other tobacco products from 18 to 21 years old. Health Screenings Outreach to vulnerable residents with a range of health screenings and referrals. Over 5,000 residents visited our health van and staff provided over 20,000 screenings and vaccinations. This included screenings for cardiovascular disease, cancer, diabetes and stroke and targeted our most vulnerable and under-served populations. In FY19, in partnership with the New Bedford Health Department and New Bedford Public Schools, the Mobile Health Van assisted in 13 pediatric clinics that assisted students to receive school vaccinations. Overall, 178 students received vaccinations for a total number of 456 vaccinations given. Youth Risk Behaviors Due to unfortunate circumstances, the Youth Risk Behaviors program was canceled in June 2019. Health Insurance Targeted outreach that helped residents obtain health insurance, staff assisted 15,858 patients with applications in 2019. Our patient access team conducted over 48 outreach events that reached thousands of vulnerable residents who still lack health insurance or have difficulty renewing their health insurance. Community Health Workers Collaboration and programming to address health equity issues in our region by working to increase the capacity and training of community health workers, particularly those serving residents who face cultural, linguistic and economic barriers to health care. This past year we were able to expand CHW outreach for chronic disease management and helped organize supervisor and other CHW trainings. Collaboration Coalition building and engagement that helped make meaningful connections across communities and our region. We participated over 30 coalitions region wide to address the pressing social conditions that impact health including access to safe and affordable housing, transportation, food security, educational attainment, employment, environmental justice and mental health and substance use disorders. Grant Support This past year we offered a Community Benefits Impact grant program to provide funding which better aligns Southcoast community benefits priorities with projects undertaken by community partners. We supported 18 community partners with \$150,000 in funding for projects ranging from outreach to the homeless to providing opportunities for physical activities for inner city youth. This program has not only supported worthwhile projects in the community but also has enhanced collaboration and common goal setting with our community partners.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 6	<p>The Southcoast Health Community Benefits program works with other Southcoast affiliates including, Southcoast Behavioral Health, Southcoast Visiting Nurses Association, Southcoast Physicians Group, Southcoast Health System and Southcoast Network, to coordinate all community benefit activities designed to address pressing health issues in our region and improve access to health care. Overall approach incorporates the social determinants of health framework, and takes into account environmental, social and other demographic factors that may influence health status. Representatives from affiliated systems participate as active members of an internal Community Benefits Leadership team that meets bimonthly to share program information, discuss needs assessment, develop strategies, implementation process, evaluation and reporting of all community benefits programs. This team consists of individuals from departments that regularly engage in outreach in the community, including staff from our Southcoast Health Van, Social Services, Stroke Outreach, Diabetes Management, Behavioral Health Services, Patient Access Services, Cancer Outreach, Smoking Cessation, Youth Risk Behaviors program, Urgent Care and the Southcoast Physicians Group. The Community Benefits Manager oversees Southcoast's day-to-day community benefits activities and leads the internal Community Benefits Task Force. Southcoast also shares regular updates and presentations on community benefits activities to all Southcoast Hospital staff and affiliates through leadership meetings, employee communications and in digital media campaigns.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART VI, LINE 7	YES, AN ANNUAL REPORT IS FILED WITH THE OFFICE OF THE MASSACHUSETTS ATTORNEY GENERAL

Additional Data**Software ID:****Software Version:****EIN:** 22-2592333**Name:** Southcoast Hospitals Group Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

Section A. Hospital Facilities		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1											
Name, address, primary website address, and state license number											
1	SOUTHCOAST HOSPITALS GROUP INC 101 Page Street New Bedford, MA 02740 http://www.southcoast.org/V113	X	X					X		ACUTE CARE HOSPITAL	

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
PART V, SECTION B, LINE 3e	<p>As a community-based health delivery system, Southcoast Health System continually strives to identify the priority health needs of the community and to ensure that its services are aligned with these needs. The Community Needs Assessment assists with this goal by documenting the major demographic, socioeconomic, and health trends among Southcoast residents and by engaging the community to develop information-driven priorities and strategies that can be implemented to improve the overall health of Southcoast residents. All significant health needs are identified in the CHNA. PART V, SECTION B, LINE 5 SHG, IN 2016, CONDUCTED A MAJOR, THREE-YEAR HEALTH NEEDS ASSESSMENT WITH A PARTICULAR FOCUS ON ADDRESSING HEALTH EQUITY ISSUES IN AND AROUND THE COMMUNITIES THAT WE SERVE. AS PART OF THIS NEEDS ASSESSMENT, WE REVIEWED FOCUS GROUP, INTERVIEW AND OTHER DATA FROM VULNERABLE RESIDENTS IN OUR COMMUNITIES INCLUDING BOTH QUANTITATIVE AND QUALITATIVE DATA. WE ALSO HELPED LEAD A PARTICIPATORY RESEARCH PROJECT, IN COLLABORATION WITH THE COALITION, VOICES FOR A HEALTHY SOUTHCOAST, THAT UTILIZED NEIGHBORHOOD RESIDENTS FROM TWO VULNERABLE NEIGHBORHOODS IN OUR REGION, THE SOUTH END OF NEW BEDFORD AND THE FLINT NEIGHBORHOOD IN FALL RIVER, TO ASSESS OTHER RESIDENTS' ATTITUDES TOWARD HEALTH. OUR NEEDS ASSESSMENT WAS CONDUCTED IN COLLABORATION WITH THE UNIVERSITY OF MASSACHUSETTS DARTMOUTH PUBLIC POLICY CENTER, WHO COMPLETED A RETROSPECTIVE ANALYSIS OF LOCAL, REGIONAL AND NATIONAL HEALTH AND DEMOGRAPHIC DATA. IN ADDITION TO HEALTH DATA ANALYSIS, WE ALSO CONDUCTED OVER 30 KEY INFORMANT INTERVIEWS WITH BOTH SERVICE PROVIDERS AND CONSUMERS. INTERVIEWS INCLUDED GREATER NEW BEDFORD COMMUNITY HEALTH CENTER, COMMUNITY HEALTH WORKERS, PUBLIC HEALTH NURSE, MATTAPOISETT, PUBLIC HEALTH NURSE, MARION, STANLEY STREET RESOURCE AND TREATMENT CENTER, HEALTH FIRST COMMUNITY HEALTH CENTER, GREATER NEW BEDFORD ALLIES FOR HEALTH AND WELLNESS, SEVEN HILLS BEHAVIORAL HEALTH, POSITIVE ACTION AGAINST CHEMICAL ADDICTION, HIGH POINT TREATMENT CENTER, SOUTH SHORE MENTAL HEALTH, STEP PING STONE INC, CHILD & FAMILY SERVICES, WAREHAM SUPERINTENDENT OF SCHOOLS, ASST SUPERINTENDENT, NEW BEDFORD SCHOOLS, SCHOOL ADJUSTMENT COUNSELORS, FALL RIVER PUBLIC SCHOOLS, FAMILY RESOURCE COORDINATOR, WAREHAM SCHOOLS, SCHOOL NURSE, FALL RIVER, NORTH STAR LEARNING CENTER, INTERCHURCH COUNCIL OF GREATER NEW BEDFORD, WAREHAM AREA CLERGY COUNCIL, MAYA COMMUNITY OUTREACH, PARTNERS FOR A HEALTHIER COMMUNITY, FALL RIVER, UNITED NEIGHBORS, FALL RIVER, YWCA OF SOUTHEASTERN MASSACHUSETTS, IMMIGRANTS ASSISTANCE CENTER, SOUTHCOAST COMMUNITY HEALTH WORKER COLLABORATIVE, UNITED WAY GREATER NEW BEDFORD, COMMUNITY ECONOMIC DEVELOPMENT CORPORATION - NEW BEDFORD, CHILDREN'S ADVOCACY CENTER OF BRISTOL COUNTY, FATHER BILL'S AND MAINSPRING, NEW BEDFORD HOUSING AUTHORITY, CATHOLIC SOCIAL SERVICES, WOODS AT WAREHAM, WAREHAM HEALTH DEPARTMENT, FALL RIVER HEALTH DEPARTMENT, WAREHAM SELECTBOARD, MAYOR'S OFFICE NEW BEDFORD, DOG TAG NAVIGA</p>

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
PART V, SECTION B, LINE 3e	TORS, REGIONAL, VETERAN AGENT FALL RIVER, VETERAN AGENT NEW BEDFORD, TRIPS FOR KIDS, DARTMOUTH YOUTH SERVICES, FALL RIVER YOUTH SERVICES, COASTLINE ELDERLY SERVICES

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
PART V, SECTION B, LINE 6B	SOUTHCOAST HOSPITALS GROUP, INC COLLABORATES WITH THE UNIVERSITY OF MASSACHUSETTS DARTMOUTH PUBLIC POLICY CENTER

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

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

Form and Line Reference	Explanation
PART V, SECTION B, LINE 7A	HTTPS //WWW SOUTHCOAST ORG/WP-CONTENT/UPLOADS/2016/05/SOUTH-COAST-CHNA-201 6-FINAL PDF

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
PART V, SECTION B, LINES 7D	Our needs assessment is widely shared with community partners and is often used in grant writing and collaborative strategic planning In FY 2019, our needs assessment data was shared with and utilized by Greater New Bedford Allies for Health and Wellness (CHNA 26) Partners for a Healthier Community (CHNA 25) United Way South End Engaged Initiative Wareham Community Services Collaborative BMC Healthnet Plan Coastal Foodshed Laundry of Love Boys and Girls Club of New Bedford and Wareham New Bedford Health Department New Bedford Housing Authority Substance exposed newborn committee of SEMA Wareham Health Department Wareham Public Schools' Beyond School Time YMCA Southcoast

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
PART V, SECTION B, LINE 10A	https://www.southcoast.org/community-benefits/community-benefits-reporting/

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
PART V, SECTION B, LINE 11	<p>Southcoast's Community Benefits Strategic Action Plan was first formulated in 1998 as the result of an extensive needs assessment and since is updated annually. Our current plan is based on the community health needs assessment completed in 2016. Through the needs assessment process, Southcoast identified nine priorities for 2019 to address the most pressing health needs of the community. These priorities were:</p> <ol style="list-style-type: none"> 1 Reduction of the high rate of chronic disease (including diabetes, asthma, cancer and other diseases) in our region 2 Reducing Health Disparities including racial and ethnic disparities, income-based disparities, and education-based disparities. One other aspect of this is increasing access to health care for vulnerable populations through insurance enrollment and outreach 3 The development of programs and services that support the reduction of homelessness in our region including strategies for increased collaboration among agencies serving homeless residents 4 Innovative approaches to population health, i.e. improving health and wellness for defined populations such as specific demographic or geographic groups 5 Reduction in the incidence of youth risk behaviors such as teen violence, high rates of teen pregnancy and substance abuse 6 Behavioral health issues that include substance abuse and mental health, including improved coordination of behavioral health providers and systems 7 Development of healthy "System and Environment" change, including healthy food options, increased access to free and low-cost opportunities for active living, such as public parks, bike trails etc., and reduction in the high rate of smoking in our communities 8 Maternal and Child Health, including fetal and infant health, abuse and neglect, hospitalizations, substance abuse, healthy weight, and mortality 9 Increasing Emergency Preparedness in our cities and towns, including basic infrastructure equipment <p>All activities of Community Benefits are completed in accordance with these priorities and include conducting ongoing community health needs assessments, awarding Community Benefits Impact Opportunity Grants to community organizations working on projects aligned with CHNA priorities, coalition-building, and collaborating with community partners in the planning, implementing, monitoring and evaluating of Community Benefits programs as described below: Responsible Attitudes Towards Pregnancy, Parenting and Prevention (RAPPP) Youth Program, Smoking Cessation and Prevention Community Health Worker Projects, Maternal Child Health Education and Outreach, Cancer Screenings and Outreach, Mobile Health Van, Health Access Outreach, Emergency Preparedness, Council to End and Prevent Homelessness, Behavioral Health Connect, Substance Use Prevention Education, Health Advocates, Cardiac Prevention and Stroke Outreach, Diabetes Education and Outreach. To address needs, target populations are determined by our comprehensive health needs assessment and</p>

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
PART V, SECTION B, LINE 11	<p>d are reviewed on an annual basis Our 2019 target populations included - South Coast residents who suffer disproportionately from chronic disease such as cardiovascular disease, diabetes, cancer and respiratory disease Particular focus is given to residents who experience barriers to care due to language, culture, race, income or education - Area youth who are at high risk for problems such as teen pregnancy, violence, substance abuse, lack of educational attainment and other risky behaviors that affect health and wellbeing This includes Gay/Lesbian/Bisexual/Transgender (GLBT) youth - Residents who lack access to regular primary health care due to lack of health insurance or other barriers - Residents and their families who are impacted by mental/behavioral health issues, including substance use disorder, particularly those who experience barriers to or breaks in care and are forced to rely on the Southcoast Emergency Department for regular care - Area Boards of Health, Emergency Medical Services and other municipal agencies whose programs impact a number of aspects of health for their residents, and who have experienced severe budget cuts that have impacted these programs This may include smoking cessation and prevention, chronic disease management and emergency preparedness - Public housing residents, who suffer disproportionately from health disparities and have high rates of unhealthy risk factors including smoking, obesity and hypertension - Homeless residents on the South Coast, particularly in the town of Wareham, where the rate of unsheltered homeless exceeds other towns in the region and approaches South Coast cities that have five times the population - Those in our communities who experience health disparities due to racial, ethnic or economic factors These include residents for whom English is not a first language, especially undocumented immigrants In 2019, we focused resources on residents who are at risk for or suffer from disparities in cancer prevention and treatment - The fishing community in New Bedford, who experience higher rates of chronic health issues due to barriers to health access and care</p>

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
PART V, SECTION B, LINE 16A	HTTPS //WWW SOUTHCOAST ORG/WP-CONTENT/UPLOADS/2016/09/CREDIT-COLL-POL-2016 -FAP-FINAL PDF

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
PART V, SECTION B, LINE 16B	HTTPS //WWW SOUTHCOAST ORG/WP-CONTENT/UPLOADS/2016/09/APPLICATION-FOR-FINANCIAL-ASSISTANCE-ACA-3-ENGLISH-4 16-1 PDF

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
PART V, SECTION B, LINE 16C	HTTPS //WWW SOUTHCOAST ORG/WP-CONTENT/UPLOADS/2016/09/PLAIN-LANGUAGE-SUMMARY-FAP-OVERVIEW-2016-1 PDF

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
PART V, SECTION B, LINE 20A-D	SHG DID NOT ENGAGE IN ANY OF THE ACTIONS IN LINE 19 IN FY2019

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

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
Southcoast Hospitals Group Inc

Employer identification number
22-2592333

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed

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

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

3 Enter total number of other organizations listed in the line 1 table ▶ 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	SOUTHCOAST COMMUNITY BENEFITS DEPARTMENT REQUIRES ALL GRANTEEES TO SUBMIT SIX ANY 12 MONTH REPORTS ON PROJECT RESULTS INCLUDING RESULTS OF "SMART" GOALS THAT ARE A REQUIREMENT OF THE GRANT APPLICATION. SHG ALSO MAINTAINS COMMUNICATION WITH GRANTEEES DURING THE GRANT PERIOD TO DETERMINE OPPORTUNITIES FOR COLLABORATION WITH OTHER COMMUNITY BENEFITS PROGRAMMING

Additional Data

Software ID:
Software Version:
EIN: 22-2592333
Name: Southcoast Hospitals Group 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
Inter-Church Council of Greater New Bedford 128 UNION STREET STE 100 NEW BEDFORD, MA 02740	04-2171191	501(C)(3)	20,000				COMMUNITY OUTREACH
GREATER NEW BEDFORD COMMUNITY HEALTH CENTER 135 MARION ROAD WAREHAM, MA 02571	04-2675800	501(C)(3)	20,000				COMMUNITY OUTREACH

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
BUZZARDS BAY COALITION INC 114 FRONT STREET NEW BEDFORD, MA 02740	04-2971978	501(C)(3)	20,000				COMMUNITY OUTREACH
CHILDREN'S ADVOCACY CNTR OF BRISTOL COUNTY 58 ARCH STREET FALL RIVER, MA 02724	04-3135548	501(C)(3)	15,000				COMMUNITY OUTREACH

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
CITY OF NEW BEDFORD 133 WILLIAM STREET NEW BEDFORD, MA 02740	04-6001402	501(C)(3)	20,000				COMMUNITY OUTREACH
FATHER BILL'S & MAINSPRING INC 430 BELMONT STREET BROCKTON, MA 02301	22-2538039	501(C)(3)	20,000				COMMUNITY OUTREACH

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
IMMIGRANTS ASSISTANCE CENTER 58 CRAPO STREET NEW BEDFORD, MA 02740	04-2171191	501(C)(3)	20,000				COMMUNITY OUTREACH
UNITED NEIGHBORS OF FALL RIVER 209 BEDFORD ST STE 303 FALL RIVER, MA 02720	04-2491918	501(C)(3)	6,000				COMMUNITY OUTREACH

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
Southcoast Hospitals Group Inc

Employer identification number
22-2592333

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2				
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes			
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	Yes			
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>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</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>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</p>	7	Yes			
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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
PART I, LINE 4A	THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT FROM THE ORG DAVID DEJESUS - RECEIVED SEVERANCE OF \$184,000

Return Reference	Explanation
PART I, LINE 4B	<p>OFFICERS, DIRECTORS, AND KEY EMPLOYEES WHO ARE EMPLOYEES OF SHG PARTICIPATE IN SHG'S 457(F) SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN CONTRIBUTION CREDITS UNDER THE PLAN ARE INCLUDED IN SCHEDULE J, PART, II, COLUMN (C) ONLY UPON TERMINATIONS OF EMPLOYMENT DO FULLY VESTED PARTICIPANTS RECEIVE DISTRIBUTIONS FROM THE PLAN CONTRIBUTIONS VEST THE EARLIER OF JULY 1 OF THE 3RD CALENDAR YEAR FOLLOWING THE CALENDAR YEAR IN WHICH THE CONTRIBUTION CREDIT IS MADE, UPON REACHING AGE 62, DEATH, DISABILITY, OR INVOLUNTARY SEPARATION THE AMOUNT REFLECTED IN SCHEDULE, J, PART II, COLUMN B(III) FOR THE FOLLOWING INDIVIDUALS INCLUDES THE VESTED PORTION OF CONTRIBUTIONS MADE TO THE PLAN WHICH ARE NO LONGER SUBJECT TO THE RISK OF FORFEITURE KEITH HOVAN - \$255,587 ROBERT CALDAS - \$77,906 RENEE CLARK - \$48,128 MICHAEL COFONE - \$35,199 IN ADDITION TO THE ABOVE OUTLINED PLAN, THE FOLLOWING INDIVIDUALS ALSO HAVE SEPARATE SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLANS KEITH HOVAN - SOUTHCOAST HOSPITAL GROUP, INC ESTABLISHED AN EXECUTIVE BENEFIT PLAN FOR THE BENEFIT OF KEITH HOVAN UNDER THE TERMS OF THE PLAN, A CONTRIBUTION CREDIT, INCLUDED IN SCHEDULE J, PART I, COLUMN (C) IS CREDITED TO HIS ACCOUNT ON A YEARLY BASIS THE ACCOUNT BALANCE VESTS AS FOLLOWS JUNE 30, 2013 -50%, JUNE 30, 2016 - 75% AND JUNE 30, 2018 - 100% PURSUANT TO THE PLAN \$557,198 WAS INCLUDED IN MR HOVAN'S 2018 FORM W-2 AND SCH J, PART II, COLUMN B(III) PLUS THE FOLLOWING INDIVIDUALS RECEIVED DEFERRED COMPENSATION PLAN LIQUIDATION PAYOUTS THAT ARE INCLUDED IN SCHEDULE J, PART II, COLUMN B(III) PETER IANNINI - \$178,378 LINDA BODENMANN - \$705,718 DAVID DEJESUS, JR - \$94,249</p>

Return Reference	Explanation
PART I, LINE 7	A PORTION OF EXECUTIVE'S CASH COMPENSATION IS AT RISK AND PAID VIA AN INCENTIVE PLAN IN WHICH EXECUTIVE AND ORGANIZATIONAL PERFORMANCE IS ASSESSED BY THE BOARD OF TRUSTEES AGAINST PRE-DETERMINED MEASURES



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

**Schedule K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Southcoast Hospitals Group Inc

Employer identification number

22-2592333

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Mass Health and Educational Facilities Authority	04-2456011	57586ELV1	10-07-2009	56,122,025	Construct/renovate oncology center		X		X		X
B	Mass Development Finance Agency	04-3431814	999999999	01-31-2012	46,965,000	Refinancing		X		X		X
C	Mass Development Finance Agency	04-3431814	57583UTY4	02-14-2013	60,879,456	Construct/renovate care centers		X		X		X
D	MASS DEVELOPMENT AND FINANCE AGENCY	04-3431814	999999999	11-01-2018	38,480,000	REFINANCING		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		0		0		0	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	56,122,025		46,965,000		60,879,456		38,480,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrows	0		0		0		0	
7	Issuance costs from proceeds	1,064,650		254,694		759,501		198,723	
8	Credit enhancement from proceeds	0		0		0		0	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	55,057,375		0		60,119,955		0	
11	Other spent proceeds	0		46,710,306		0		38,281,277	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2011		2012		2014		2018	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X		X		X

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X			X	X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X	X	
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X				X	
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 030 %		0 %		0 100 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 130 %		0 %		0 060 %	
6 Total of lines 4 and 5	0 %		0 160 %		0 %		0 160 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X		X		X		X
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?		X		X		X		X
c No rebate due?	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X	X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider	0		0		0		0	
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART IV, LINE 2C	REBATE COMPUTATIONS WERE PERFORMED ON THE FOLLOWING DATES A - 09/30/2017 B - 01/31/2019 C - 09/30/2018

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization Southcoast Hospitals Group Inc	Employer identification number 22-2592333
--	--

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 22-2592333

Name: Southcoast Hospitals Group Inc

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SHEPARD GROUP INC	35% CONTROLLED ENTITY OF TRUSTEE	216,228	SERVICES		No
PATRICK HIGHAM	FAMILY MEMBER OF KEY EMPLOYEE	63,414	COMPENSATION OF EMPLOYEE		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
LAUREN CALDAS HIGHAM	FAMILY MEMBER OF KEY EMPLOYEE	67,495	COMPENSATION OF EMPLOYEE		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	175,830	SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	407,246	SUPPLIES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	21,168,874	SUPPLIES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	3,458,084	SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	38,681,262	SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,891,115	NUTRITION		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	335,633	SERVICES		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	179,660	SERVICES		No
SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	183,322	SERVICES		No

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Southcoast Hospitals Group Inc

Employer identification number

22-2592333

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	4	67,964	MARKET Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (event items)	X	29	32,428	cost/sales price
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNT REPORTED IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2018

Open to Public Inspection

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.

Department of the Treasury

Name of the organization
Southcoast Hospitals Group Inc

Employer identification number

22-2592333

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART I, LINE 1 AND PART III, LINE 1	SOUTHCOAST HOSPITALS GROUP (SHG) OWNS AND OPERATES THREE COMMUNITY BASED ACUTE CARE HOSPITALS - CHARLTON MEMORIAL HOSPITAL IN FALL RIVER, ST LUKES HOSPITAL IN NEW BEDFORD AND TOBEY HOSPITAL IN WAREHAM, MA SHG SERVES AS THE SAFETY NET PROVIDER TO A CULTURALLY DIVERSE AND ECONOMICALLY CHALLENGED REGION WITH GOVERNMENT SPONSORED PROGRAMS COVERING APPROXIMATELY 70% OF ITS PATIENTS IN SOME COMMUNITIES, SHG IS THE SOLE PROVIDER OF HOSPITAL SERVICES AND IN ITS REGION THE SOLE PROVIDER OF ADVANCED CLINICAL SERVICES SUCH AS OPEN HEART SURGERY AND OTHER ADVANCED CARDIAC SERVICES, MATERNITY AND NEONATAL INTENSIVE CARE SERVICES SOUTHCOAST PROVIDES ADVANCED EMERGENCY CARE 24 HOURS PER DAY, 7 DAYS A WEEK AT ALL THREE HOSPITALS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE SHALL, EXCEPT AS PROHIBITED BY LAW OR LIMITED BY THE BOARD, HAVE ALL THE POWERS OF THE BOARD IN CONNECTION WITH THE MANAGEMENT AND OPERATION OF SHG BETWEEN MEETINGS OF THE BOARD RELATED TO URGENT MATTERS WHICH THE COMMITTEE DETERMINES CANNOT WAIT FOR THE NEXT REGULARLY SCHEDULED BOARD MEETING, INCLUDING DELEGATION OF AUTHORITY, EXCEPT IN REMOVING ANY MEMBER OF THE MEDICAL STAFF ANY ACTION TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE FULLY REPORTED TO THE BOARD AT ITS NEXT MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 2	CERTAIN OFFICERS AND TRUSTEES OF SHG ARE OFFICERS OR TRUSTEES OF RELATED ORGANIZATIONS INDIVIDUALS WITH REPORTABLE COMPENSATION FROM RELATED ORGANIZATIONS IN PART VII, SECTION A, COLUMN (E), ARE EMPLOYEES OF RELATED ORGANIZATIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 6	THE SOLE MEMBER OF SHG IS SOUTHCOAST HEALTH SYSTEM, INC (SHS), A CHARITABLE ORGANIZATION ACTING THROUGH ITS BOARD OF TRUSTEES

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7A	TRUSTEES ARE ELECTED AND REMOVED AND SHALL OTHERWISE SERVE AS SET FORTH IN THE BYLAWS OF ITS SOLE CORPORATE MEMBER, SHS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION A, LINE 7B	THE GOVERNANCE OF SHG IS VESTED IN THE BOARD OF TRUSTEES AND IT MAY EXERCISE ALL POWERS OF THE CORPORATION EXCEPT THOSE POWERS RESERVED TO SHS BY LAW, THE ARTICLES OF ORGANIZATION, OR SHG'S BYLAWS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	THE ORGANIZATION PREPARES THE FORM 990 WITH THE ASSISTANCE OF A PAID PREPARER. A DRAFT OF THE FORM 990 IS PRESENTED TO THE MANAGEMENT FOR REVIEW AND COMMENT. A DRAFT OF THE FORM 990 IS ALSO PROVIDED TO THE ORGANIZATION'S AUDIT COMMITTEE FOR REVIEW. A FINAL COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS. AN OFFICER OF THE ORGANIZATION AND ITS PAID PREPARER, RESPECTIVELY, SIGN THE FINAL FORM 990.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 12C	<p>SHS HAS CONFLICT OF INTEREST, LEGAL COMPLIANCE AND CODE OF CONDUCT POLICIES THAT APPLY TO ALL TRUSTEES, OFFICERS, DIRECTORS AND EMPLOYEES (REFERRED TO AS "MEMBERS") ON AN ANNUAL BASIS. EACH MEMBER WILL COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE WHICH AFFIRMS THAT EACH PERSON HAS (1) RECEIVED A COPY OF THE POLICY, (2) READ AND UNDERSTOOD THE POLICY, (3) AGREED TO COMPLY WITH THE POLICY, AND (4) UNDERSTOOD THAT THE SYSTEM ENTITIES ARE CHARITABLE ORGANIZATIONS AND THAT TO MAINTAIN THEIR FEDERAL TAX EXEMPTION, SUCH ENTITIES MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES TO ENSURE THE SYSTEM OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES, DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS STATUS AS AN ORGANIZATION EXEMPT FROM FEDERAL TAXATION, AND IN CONNECTION WITH ITS COMPLIANCE PROGRAM, SYSTEM'S MANAGEMENT SHALL CONDUCT PERIODIC REVIEWS OF THE CONFLICT OF INTEREST POLICY AND THE OPERATION AND APPLICATION OF IT. MEMBERS SHALL DISCLOSE ANY INTERESTS OR ACTIVITIES IN WHICH THEY ARE INVOLVED OR BECOME INVOLVED THAT DO RESULT, OR MAY APPEAR TO RESULT IN A CONFLICT OF INTEREST OR POTENTIAL CONFLICT OF INTEREST AND SHALL COMPLY WITH, AND MAKE ALL REQUIRED DISCLOSURES UNDER THE CONFLICT OF INTEREST POLICY PRIOR TO COMMENCING, CONTINUING, OR CONSUMMATING ANY ACTIVITY OR TRANSACTION WHICH RAISES A CONFLICT OF INTEREST OR A POTENTIAL CONFLICT OF INTEREST. EACH MEMBER IS UNDER AN ONGOING DUTY TO UPDATE AND KEEP CURRENT THE INFORMATION CONTAINED IN THEIR QUESTIONNAIRE AT LEAST ANNUALLY, OR AS NECESSARY BASED ON DISCLOSURES, THE GENERAL COUNSEL WILL SUMMARIZE AND REPORT ALL DISCLOSURES TO THE PRESIDENT AND CEO AND THE CHAIRMAN OF THE BOARD OF TRUSTEES (OR HIS/HER DESIGNEE) UPON DISCLOSURE OF FINANCIAL OR NON-FINANCIAL INTERESTS ("INTERESTS") AND ALL MATERIAL FACTS RELATED THERETO BY MEMBER OR AN INTERESTED PERSON, THE CHAIR OF THE SYSTEM'S GOVERNANCE COMMITTEE SHALL DETERMINE IN CONJUNCTION WITH THE GENERAL COUNSEL WHETHER A CONFLICT OF INTERESTS EXISTS. THE GOVERNANCE COMMITTEE CAN CONTINUE TO DISCUSS THE ISSUE WITH THE MEMBER OR INTERESTED PERSON TO CLARIFY OR OBTAIN ADDITIONAL INFORMATION. HOWEVER, BEFORE THE GOVERNANCE COMMITTEE DISCUSSES OR DETERMINES WHETHER THE MEMBER OR OTHER INTERESTED PERSON'S INTERESTS CONSTITUTE A CONFLICT OF INTEREST, THE MEMBER OR INTERESTED PERSON MUST LEAVE THE MEETING. IN THE EVENT THE INTEREST INVOLVES THE CHAIR OR CEO, THE REMAINING GOVERNANCE COMMITTEE MEMBERS SHALL APPOINT ONE OR MORE DISINTERESTED TRUSTEES TO MAKE SUCH A DETERMINATION. ONCE THE DETERMINATION OF THE CONFLICT OF INTEREST IS MADE BY THE GOVERNANCE COMMITTEE, SUCH DETERMINATION, ALONG WITH APPROPRIATE MITIGATION PLANS, WILL BE SUBMITTED BY THE GOVERNANCE COMMITTEE FOR REVIEW AND APPROVAL IF ANY BOARD OR BOARD COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO DISCLOSE AN ACTUAL CONFLICT OF INTEREST OR A POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM SUCH PERSON OF THE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 12C	BASIS FOR SUCH BELIEF AND AFFORD SUCH A MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE IT IF, AFTER HEARING THE RESPONSE OF SUCH PERSON AND MAKING FURTHER INQUIRY OR INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR BOARD COMMITTEE DETERMINES THAT SUCH PERSON HAS IN FACT FAILED TO DISCLOSE AN ACTUAL CONFLICT OF INTEREST OR A POTENTIAL CONFLICT OF INTEREST, THE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION SHALL BE TAKEN

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION B, LINE 15	COMPENSATION FOR ALL VICE PRESIDENTS AND THE SENIOR LEADERSHIP TEAM (SLT) IS ESTABLISHED USING THE FOLLOWING PROCEDURES (1) REVIEW AND APPROVAL BY THE COMPENSATION COMMITTEE OF SHS WITHOUT THE INVOLVEMENT OF PERSONS WITH CONFLICT OF INTEREST IN RESPECT TO THE COMPENSATION ARRANGEMENT AT ISSUE, (2) USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED HEALTH SYSTEMS THE COMPENSATION COMMITTEE ENGAGED THE SERVICES OF AN INDEPENDENT HUMAN RESOURCE CONSULTING FIRM ("CONSULTANT") TO PROVIDE UPDATED COMPENSATION DATA AND ASSESS THE REASONABLENESS OF THE TOTAL COMPENSATION PROVIDED TO SHG EXECUTIVES THIS INCLUDED RELATIVE COMPETITIVE MARKET PRACTICE INFORMATION FOR THE NORTHEAST REGION MARKET OBTAINED FROM TWO HEALTHCARE EXECUTIVE COMPENSATION SURVEYS THAT WERE PREPARED BY INDEPENDENT FIRMS THE CONSULTANT ALSO COMPILED NATIONAL MARKET DATA FROM THREE COMMERCIALY AVAILABLE HEALTHCARE EXECUTIVE COMPENSATION SURVEYS PREPARED BY INDEPENDENT FIRMS AND (3) CONTEMPORANEOUS DOCUMENTATION AND RECORD KEEPING WITH RESPECT TO DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI, SECTION C, LINE 19	SHG MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VII, SECTION A, LINE 1	TRUSTEES AND OFFICERS ARE COMPENSATED FOR THEIR ROLES OUTSIDE OF THEIR CAPACITY AS TRUSTEES AND OFFICERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI, LINE 9	TRANSFERS AMONG AFFILIATES (\$53,951,913) OTHER CHANGES IN NET ASSETS \$1,464,743 CHANGE IN VALUE OF PERPETUAL TRUSTS (\$313,064) _____ TOTAL (\$52,800,234)

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2A & 2B	FINANCIAL RESULTS FOR SHG ARE INCLUDED IN THE SOUTHCOAST HEALTH SYSTEM, INC AND AFFILIATES CONSOLIDATED FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED SEPTEMBER 30, 2019 AND 2018 WHICH WERE ISSUED WITH AN INDEPENDENT AUDITOR'S REPORT WITH AN UNQUALIFIED AUDIT OPINION INCLUDED IN THESE AUDITED FINANCIAL STATEMENTS IS SUPPLEMENTAL CONSOLIDATED INFORMATION FOR THE YEAR ENDED SEPTEMBER 30, 2019 NO STAND ALONE AUDITED FINANCIAL STATEMENTS WERE ISSUED FOR SHG FOR THE YEAR ENDED SEPTEMBER 30, 2019

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Southcoast Hospitals Group Inc

Employer identification number

22-2592333

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

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SOUTHCOAST HEALTH SYSTEM INC 101 PAGE ST NEW BEDFORD, MA 02740 04-2794625	SUPP SHG	MA	501(c)(3)	12, Type I	NA		No
(2) SOUTHCOAST PHYSICIANS GROUP INC 200 MILL RD STE 180 FAIRHAVEN, MA 02719 22-2703314	PHYS SVCS	MA	501(c)(3)	10	SHS	Yes	
(3) SOUTHCOAST VENTURES INC 101 PAGE ST NEW BEDFORD, MA 02740 04-3003172	PHYS SVCS	MA	501(c)(3)	12, Type I	SHS	Yes	
(4) CHARLTON LONG TERM CARE SVCS INC 363 HIGHLAND AVE FALL RIVER, MA 02720 04-3109579	SUPP SHG	MA	501(c)(3)	12, Type I	SHS	Yes	
(5) SOUTHCOAST VISITING NURSE ASSN INC 200 MILL RD FAIRHAVEN, MA 02719 04-2105745	HOME CARE	MA	501(c)(3)	10	SHS	Yes	
(6) Saint Luke's Nursing Home Inc 101 Page St NEW BEDFORD, MA 02740 04-2984542	Inactive	MA	501(c)(3)	12, Type I	SHS	Yes	

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) COASTLINE PROFESSIONAL ASSURANCE CO PO Box Grand Cayman GRAND CAYMAN CJ 98-0445031	INSURANCE	CJ	SHS	Corp				Yes	
(2) SOUTHCOAST PHYSICIANS NETWORK INC 101 PAGE ST NEW BEDFORD, MA 02740 45-0568782	IPA	MA	SHS	Corp				Yes	
(3) HEALTH MANAGEMENT INITIATIVES INC 363 HIGHLAND AVE FALL RIVER, MA 02720 04-2998712	COMM RENTAL	MA	SHS	Corp				Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
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	Yes
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
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	Yes

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

See Additional Data Table

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

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		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:
Software Version:
EIN: 22-2592333
Name: Southcoast Hospitals Group Inc

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)	Southcoast Physicians Group Inc	J	2,001,899	CASH
(1)	Southcoast Physicians Group Inc	O	1,962,685	CASH
(2)	Southcoast Physicians Group Inc	P	30,734,972	CASH
(3)	Southcoast Physicians Group Inc	Q	5,009,032	CASH
(4)	Southcoast Visiting Nurse Assoc Inc	O	338,128	CASH
(5)	Southcoast Visiting Nurse Assoc Inc	Q	863,242	CASH
(6)	Coastline Professional Assurance Corp	P	1,830,315	CASH