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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 09-01-2008 and ending 08-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
Bon Secours Health System Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1505 Marriottsville Road

City or town, state or country, and ZIP + 4
Marriottsville, MD 21104

D Employer identification number
52-1301088

E Telephone number
(410) 442-5511

G Gross receipts $ 124,385,632

F Name and address of Principal Officer
Katherine Arbuckle
1505 Marriottsville Rd
Marriottsville, MD 211041301

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

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

H(c) Group Exemption Number ▶ 0928

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

J Web site: ▶ www bshsi com

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1983

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provides admin/mgmt services to hospitals,nursing homes,& other related healthcare organizations

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	630
6	Total number of volunteers (estimate if necessary)	6	31
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-41,029
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-41,029

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)		45,329
9	Program service revenue (Part VIII, line 2g)	49,866,022	96,256,611
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	71,147,398	-36,420,485
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	66,716,510	14,684,324
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	187,729,930	74,565,779
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,288,210	1,117,850
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	64,436,194	85,057,546
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	70,206,788	70,790,274
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	135,931,192	156,965,670
19	Revenue less expenses Subtract line 18 from line 12	51,798,738	-82,399,891

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,222,676,615	1,095,616,615
21	Total liabilities (Part X, line 26)	1,103,052,991	1,160,036,366
22	Net assets or fund balances Subtract line 21 from line 20	119,623,624	-64,419,751

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

Please Sign Here

Signature of officer — Date: 2010-07-14

KATHERINE ARBUCKLE Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: John W Sadoff Jr	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4: DELOITTE TAX LLP, 1750 TYSONS BLVD, MCLEAN, VA 221024219			EIN ▶
			Phone no ▶ (703) 251-1000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

The mission is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 $ 141,402,828 including grants of $ 117,850) (Revenue $ 106,767,336)

The Bon Secours Health System provides a wide range of corporate support services to the facilities it owns or has affiliations The system's mission services ensure that all Bon Secours facilities support the ministry of the Sisters of Bon Secours and the Catholic Church, and are driven by the system's mission and values The system's financial, operational and business development services provide essential centralized support to improve operations, financial performance, and the delivery of patient care With expertise in all areas of acute, long-term care and assisted living facility and home care management and operations, the corporate staff also serves as an invaluable corporate consulting resource Mission Services -Direction, support and consultation for the local and corporate staff and boards of directors-Policy development in areas such as sponsorship, business relationships, moral investments, bioethics, organizational ethics, social justice and community commitment services-Education to promote the Bon Secours mission, philosophy and values to key staff-Coordination of teams charged with addressing health care issues and ethical concernsFinancial & Treasury Services -Negotiation of access to capital-Oversight, coordination and control of external audits-Coordination of and assistance in maximizing third-party reimbursement and filing related appeals-Monitoring of federal health care policy-Monitoring of System's master pension trust encompassing the pooled investment of all definedbenefit pension plan assets of System members, including the selection of master pension trust investment advisor and managers and evaluation of their performance-Management of System members' trustee-held funds and System-wide investment program encompassing the vast majority of System members' investments, including funded depreciation accounts and centralized cash management program, in accordance with uniform System investment guidelines-Management of centralized cash management program-Maintenance of System-wide common financial data base providing status of key financial indicators and operating statistics-Long range capital and financial planning and annual operating and capital budgeting support-Preparation of monthly and year-end consolidating System-wide financial statements, including budget variation reporting and statistical analysis-Development, implementation and monitoring of standardized accounting policies and educates senior leaders on financial literacy and contemporary financial practices -Development of external financial disclosures to investors and the public at large-Primary contact with rating agencies, bond insurers and for investors questions Oversight of System consulting in the areas of tax returns, cost reporting, A-133 filings, CDM compliance and third party appeals-Organization of meetings of Chief Financial Officers to better coordinate implementation of System-wide goals, strategies, tactics and objectives and to monitor facility operations and corporate complianceOperational Services -Actuarial, accounting and investment functions for self insurance funding of System members' general and professional liability and workers compensation claims and for a System-wide self-funded plan for employee health benefits-Coordination of functions for a System-wide standard hospital information system and other systems for use throughout the System and support functions for implementing and maintaining the information system-Standardized purchasing function, material management, Lawson ERP system, and other standard IS-Knowledge Transfer of best practices and successes on revenue enhancement and cost reduction initiatives Strategic Planning, Marketing, and Business Development Services -Coordination of System strategic planning including coordination of development of the System's vision, goals, and 3-year strategic plan and annual planning processes -Market assessment and strategy development for improved local market positioning-Strategic planning support for acute, long-term and home care operations-New product/service research and development-Emerging technology research & assessment, knowledge transfer of technology and implications for system-Coordination and consultative assistance in service line planning & profitability analyses-Implementation of strategic growth initiatives in new and existing communities-Coordination of Planning & Business Development leaders, Customer Satisfaction, and Marketing & Communications leaders networksOther Corporate Services -Corporate Communications and Public Relations-Internal auditing-Corporate Responsibility-Risk management-Governance-Coordination and control of System-wide benefit testing-Administration of System-wide health benefit plans-Placement and renewal of various System-wide welfare benefit plans-Coordination and management of legal services provided to System members-Regulatory compliance and insurance functions-System-wide employee, patient, resident and physician satisfaction program

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 $ 141,402,828 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**	Yes	
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	383		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	630		
b	If at least one is reported in 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 this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country CJ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		Yes	
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI **Governance, Management, and Disclosure** ***(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)***

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 19		
b	Enter the number of voting members that are independent . .	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

Laura Ellison
1505 Marriottsville Rd
Marriottsville, MD 21104
(410) 442-3235

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

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

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(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			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
1b Total ▶								13,703,824	0	1,558,156

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 179

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Deloitte Consulting LLP PO Box 40291 Atlanta, GA 303842901	Consulting	10,799,897
Medassets Inc 200 N Point Center East STE 600 Alpharetta, GA 30022	Collections	2,529,547
Mercer Human Resource Consulting PO Box 730351 Dallas, TX 753730351	Consulting	1,285,656
Jones Day PO Box 165017 Columbus, OH 432165017	Legal and Consulting	1,270,486
Spinella Owings & Shaia 8550 Mayland Drive Richmond, VA 232944704	Collections	1,231,550

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 158

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 45,329				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total (Add lines 1a-1f)**	45,329			
Program Service Revenue		Business Code				
	2a	Corp Mgmt/Central Fees 900,099	96,256,611	96,256,611		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total. Add lines 2a-2f** ▶ $ 96,256,611				
	3	Investment income (including dividends, interest other similar amounts)	8,650,781			8,650,781
	4	Income from investment of tax-exempt bond proceeds	2,307,888			2,307,888
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents 182,604 /				
	b	Less rental expenses /				
	c	Rental income or (loss) 182,604 /				
	d	Net rental income or (loss)	182,604			182,604
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory / 2,440,699				
	b	Less cost or other basis and sales expenses 49,819,853 /				
	c	Gain or (loss) -49,819,853 / 2,440,699				
	d	Net gain or (loss)	-47,379,154			-47,379,154
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a	Investment in Partners 900,099	5,709,571	5,750,600	-41,029	
	b	Altoona Dues, Rebates, 900,099	4,782,026	750,002		4,032,024
	c	BSAC Insurance Premium 900,099	3,323,198	3,323,198		
	d	All other revenue _____	686,925	686,925		
	e	**Total. Add lines 11a-11d** $ 14,501,720				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	74,565,779	106,767,336	-41,029	-32,205,857

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,102,850	1,102,850		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	15,000	15,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,339,006	6,605,105	733,901	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	60,925,201	54,832,681		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,278,778	2,050,900	227,878	
9 Other employee benefits	11,303,428	10,173,086	1,130,342	
10 Payroll taxes	3,211,133	2,890,020	321,113	
11 Fees for services (non-employees)				
a Management				
b Legal	657,000	591,300	65,700	
c Accounting	241,878	217,690	24,188	
d Lobbying				
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	6,831,247	6,148,122	683,125	
12 Advertising and promotion	408,763	367,887	40,876	
13 Office expenses	897,032	807,329	89,703	
14 Information technology	19,461,999	17,515,799	1,946,200	
15 Royalties				
16 Occupancy	6,358,443	5,722,599	635,844	
17 Travel	2,510,306	2,259,275	251,031	
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	1,506,157	1,355,541	150,616	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,677,677	11,409,909	1,267,768	
23 Insurance	219,405	219,405		
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Loss of Defeas of Debt	14,113,400	12,702,060	1,411,340	
b Recruitment/Relocation	1,860,213	1,674,192	186,021	
c Dues & Subscriptions	258,787	232,908	25,879	
f All other expenses	2,787,967	2,509,170	278,797	
25 **Total functional expenses.** Add lines 1 through 24f	156,965,670	141,402,828	15,562,842	0
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		27,558,873	2	13,268,620
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		2,801,084	4	629,912
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		4,082,532	9	14,419,113
	10a	Land, buildings, and equipment cost basis	10a 183,088,313			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 30,844,157	127,432,987	10c	152,244,156
	11	Investments—publicly traded securities			11	235,980,798
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		382,398,377	12	66,185,513
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		678,402,762	15	612,888,503
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		1,222,676,615	16	1,095,616,615
Liabilities	17	Accounts payable and accrued expenses		40,116,863	17	48,670,012
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		864,251,561	20	856,134,592
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		12,429,872	23	10,185,693
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		186,254,695	25	245,046,069
	26	**Total liabilities.** *Add lines 17 through 25*		1,103,052,991	26	1,160,036,366
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		119,623,624	27	-64,419,751
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		119,623,624	33	-64,419,751
	34	Total liabilities and net assets/fund balances		1,222,676,615	34	1,095,616,615

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b		No
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
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?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

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

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

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

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I **b** ☑ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☑ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
United States Province of the Sisters of Bon Secours of Paris	520715237	170(b)(1)(A)(i)	Yes		Yes			No	6386159
See Part IV	521301088	509(A)(1) & (2)	Yes		Yes		Yes		0
Total									6,386,159

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** 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% Test - 2007.** If the organization did not check the 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 - 2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** 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 IV 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 30 June, 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 IV)						
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 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

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

a Revenues included in 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 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 XIV

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 Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		6,446,081		6,446,081
b Buildings		7,244,972	2,449,445	4,795,527
c Leasehold improvements		1,024,366	1,002,176	22,190
d Equipment		1,382,237	722,241	659,996
e Other		166,990,657	26,670,295	140,320,362
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				152,244,156

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Collateral Investments	3,991,056	F
Other Bond Investments	43,869,331	F
Other BD Investments	16,325,572	F
Other Premier Purchasing Investment	1,999,554	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	66,185,513	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Other Assets (Misc and Exec Assets - Cap Accum, Insurance Policies)	3,661,509
Due from Affiliates	495,101,801
Investment in Joint Ventures	114,125,193
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	612,888,503

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Other Liabilities	9,011,813
Worker's Comp Liability	26,220,675
Health Plan Liability	13,934,146
Pension Liability	105,446,325
Swaps	74,655,559
Discontinued Operations Liability	15,777,551
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	245,046,069

In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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 on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Central America and the Carribbean	0	1	Program Services	Offshore Captive Management	10,985,103
South America	0	0	Grants to recipients located in the region		15,000
Europe	0	0	Exec team immersion journey to Paris		7,034
Totals . . . . ▶		1			11,007,137

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☑
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Greenhouse School Support	15,000	Wire disbursement			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 1

3 Enter total number of other organizations or entities . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Grantees submit progress reports on the anniversary date on which the grant was received Includes status of goals and objectives and progress towards acheivement of desired outcomes An accurate accounting of revenues and expenses must be submitted

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1301088
Name: Bon Secours Health System Inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		South America	Greenhouse School Support	15,000	Wire disbursement			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 24

3 Enter total number of other organizations . . . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Grantees submit progress reports on the anniversary date on which the grant was received The evaluation report includes 1) progress toward the deployment of the stated goals and objectives, 2) progress towards the acheivement of desired outcome as demonstrated by Project Work Plan, 3) an accurate accounting of the revenue and expenses and the amount of the mission fund award expensed, and 4) a summary past, current and future funding sources and efforts to secure sustaining sources of funding
Other Information	Part IV	Description of the Bon Secours Health System Mission Fund The Bon Secours Health System Mission Fund ("Mission Fund") exists to promote the Catholic Health Ministry and the BSHSI Mission This purpose is realized through the funding of initiatives that improve the health and well being of communities, particularly for disenfranchised and marginalized people, served by BSHSI Local Systems ("Local Systems"), Cosponsors and the Congregation of the Sisters of Bon Secours The scope of its purpose and use of funds would be to -promote healthy community coalition initiatives in conjunction with local system efforts, -develop local system and community excellence for a specific health condition and preventive need, and -improve access for uninsured populations and reduce health disparities among populations in the community The Strategic Quality Plan of the health system calls for focused efforts to Build Healthier Communities The health system understands "health" to include social and communal dimensions and has adopted the following articulation of a healthy community The conditions of communities and individuals served by BSHSI reflect the interaction of significant factors and complex behaviors at the individual, communal, and societal level It is not likely that interventions by any one organization will result in substantial improvement or benefit to the community Rather, increased participation by stakeholders and greater cooperation among entities with appropriate skills and resources is necessary for systemic change and improved outcomes Mission Fund grants place emphasis on increased collaboration among community based members (Healthy Community Initiative), public health officials and other providers of services The Mission Fund anticipates that most endeavors that seek to bring meaningful improvement require time and commitment Consequently, local system grant recipients may expect continuity of support (several years) to establish and track outcomes At the same time, grant applicants need to cultivate and achieve a wide array of financial resources necessary to sustain promising projects and service programs

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1301088
Name: Bon Secours Health System Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sister of Charity of St ElizabethJosephine's Place 622 Elizabeth Avenue Elizabeth, NJ 07206	22-1487343	501(c)(3)	7,150				Josephine's Place Support
Catholic Relief ServicesHurricane Relief Haiti 228 West Lexington Street Baltimore, MD 21201	13-5563422	501(c)(3)	5,000				Hurricane Relief Haiti
Haiti Health Care Foundation IncHurricane ReliefPO Box 681 Richmond, VA 23218	43-1970961	501(c)(3)	5,000				Hurricane Relief Haiti
Catholic Medical Mission BoardHurricane Relief Haiti10 West 17 Street New York, NY 10011	13-5602319	501(c)(3)	25,000				Hurricane Relief Haiti
The Health Wagon IncLung Clinic119 Number Ten Streeet Clincho, VA 24226	04-3739083	501(c)(3)	25,000				Lung Clinic Support
BS Charity Health SystemMedication for the Underinsured26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501(c)(3)	55,000				Open Space Management Support
Bon Secours of MD FoundationYth Employ & Entrepr26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501(c)(3)	80,000				Youth Employment and Entrep
BS St Francis Health SystemFaith Comm Nursing ProjectOne St Francis Drive Greenville, SC 29601	58-2504530	501(c)(3)	130,000				Faith Community Nursing Project
ARHS - Family Services Inc 2022 Broad Avenue Altoona, PA 16601	75-0144502	501(c)(3)	49,000				Family Services Support
ARHS - Nehemiah Project620 Howard Avenue Altoona, PA 16602	23-1352155	501(c)(3)	95,300				Nehemiah Project

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BSHRHS - Senior Health Van Services150 Kingsley Lane Norfolk, VA 23505	54-1820093	501(c)(3)	20,000				Senior Health Van Services
BSHRHS - Pretty Lake Neighborhood150 Kingsley Lane Norfolk, VA 23505	54-1843876	501(c)(3)	45,000				Pretty Lake Neighborhood Project
BSHRHS - Life Coach Model STOP Org150 Kingsley Lane Norfolk, VA 23505	54-1820093	501(c)(3)	90,000				Life Coach Model
Bon Secours of MD Foundation - Family Support Ctr26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501(c)(3)	50,000				Family Support Center Project
Bon Secours of MD Foundation - Community Engagement26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501(c)(3)	50,000				Community Engagement
Bon Secours Richmond HS - Haiti HC Foundation 5875 Bremo Road Richmond, VA 23226	54-1201346	501(c)(3)	44,000				Haiti Healthcare Foundation
Bon Secours St Peterburg - Healthy Community 10300 4th Street North St Petersburg, FL 33716	65-0051820	501(c)(3)	25,000				Healthy Community Support
Bon Secours St Peterburg - Project Healing & Hope 10300 4th Street North St Petersburg, FL 33716	65-0051820	501(c)(3)	25,000				Project Healing and Hope
BS NY HS - Promoting Active Community2975 Independence Avenue Riverdale, NY 10463	13-1740397	501(c)(3)	36,350				Promoting Active Community Support
BS NY HS - Gardens and Green Markets2975 Independence Avenue Riverdale, NY 10463	13-1740397	501(c)(3)	80,000				Gardens and Green Markets

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS OLBH Foundation - School Nurse Carter County1000 Ashland Drive Ashland, KY 41101	61-1381952	501(c)(3)	47,350				School Nurse Carter County Support
Roper - St Francis Health System - Facility Renov - Crisis Ministries125 Doughty Street Suite 790 Charleston, SC 29403	57-1068509	501(c)(3)	50,000				Facility Renovations for Crisis Ministries
BS Charity Health SystemMedication for the Underinsured255 Lafayette Avenue Suffern, NY 10901	13-1740104	501(c)(3)	25,000				Medication for the Underinsured
BS OLBH FoundationHealthy Comm Initiative1000 Ashland Drive Ashland, KY 41101	61-1381952	501(c)(3)	38,700				Health Community Initiative

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard Statuto	(i) (ii)	1,024,606	285,000	452,025	205,732	21,341	1,988,704	
Katherine Arbuckle	(i) (ii)	481,969	112,500	151,934	89,455	14,390	850,248	
Martha Riva	(i) (ii)	304,505	73,350	66,384	69,568	25,341	539,148	
Timothy Davis	(i) (ii)	536,769	175,000	139,197	93,737	13,590	958,293	
Lawrence Hubbard	(i) (ii)	359,569	85,000	131,430	75,228	14,650	665,877	
Peter Bernard	(i) (ii)	679,002	225,000	674,596	166,356	22,341	1,767,295	
Richard Hanson	(i) (ii)	408,492	87,941	577,806	99,543	20,841	1,194,623	
John Shea	(i) (ii)	426,407	98,400	532,912	116,787	14,504	1,189,010	
Dominick Stanzione	(i) (ii)	266,803	71,272	725,528	47,472	20,341	1,131,416	
Valinda Rutledge	(i) (ii)	545,752	206,250	216,073	113,027	20,193	1,101,295	
Michael Cottrell	(i) (ii)	226,065	43,917	1,083,045		11,734	1,364,761	
Donald Strange	(i) (ii)	680,597	155,000	503,939	147,832	6,715	1,494,083	
Edward Boyer	(i) (ii)	502,689	126,850	260,250	112,848	14,590	1,017,227	
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Line 1a	Select executives receive country club memberships primarily for business use and certain business related expenses are reimbursed Receipts are required to substantiate the amounts eligible for reimbursement Those expenses that are personal are taxed to the individual
	Part I, Line 4a	Michael Cottrell, former CFO, received severance in 2008 equal to $194,580 in accordance with the BSHSI severance policy Part I, Line 4b The plan was amended effective 1/1/09 As part of the redesign the new plan document gave each participant of the predecessor plan the choice to receive either a lump sum distribution of their 457(f) account or continue to defer with new vesting requirements The vast majority chose to cash out The distributions were taxed in Calendar Year 2008 Rich Statuto - $266,785 Kathy Arbuckle - $119,241 Martha Riva - $52,630 Don Strange - $237,902 Tim Davis - $90,780 Lawrence Hubbard - $63,754 Peter Bernard - $321,930 Richard Hanson - $479,391 John Shea - $528,562 Valinda Rutledge - $136,768 Mike Cottrell - $887,287 Ed Boyer - $211,554
Supplemental Information	Part III	BSHSI participates in a BSHSI sponsored executive retirement program that allows for deposits into additional retirements plans and available only to key employees The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits are made into this plan Individuals did not receive a distribution in 2008 These distributions were taxed in 2008 and paid in 2009

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1301088
Name: Bon Secours Health System Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard Statuto	(I) (II)	1,024,606	285,000	452,025	205,732	21,341	1,988,704	
Katherine Arbuckle	(I) (II)	481,969	112,500	151,934	89,455	14,390	850,248	
Martha Riva	(I) (II)	304,505	73,350	66,384	69,568	25,341	539,148	
Timothy Davis	(I) (II)	536,769	175,000	139,197	93,737	13,590	958,293	
Lawrence Hubbard	(I) (II)	359,569	85,000	131,430	75,228	14,650	665,877	
Peter Bernard	(I) (II)	679,002	225,000	674,596	166,356	22,341	1,767,295	
Richard Hanson	(I) (II)	408,492	87,941	577,806	99,543	20,841	1,194,623	
John Shea	(I) (II)	426,407	98,400	532,912	116,787	14,504	1,189,010	
Dominick Stanzione	(I) (II)	266,803	71,272	725,528	47,472	20,341	1,131,416	
Valinda Rutledge	(I) (II)	545,752	206,250	216,073	113,027	20,193	1,101,295	
Michael Cottrell	(I) (II)	226,065	43,917	1,083,045		11,734	1,364,761	
Donald Strange	(I) (II)	680,597	155,000	503,939	147,832	6,715	1,494,083	
Edward Boyer	(I) (II)	502,689	126,850	260,250	112,848	14,590	1,017,227	

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Bond Issues *(Required for 2008)*

	(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	
							Yes	No	Yes	No
A	South Carolina Jobs-Economic Development Authority	57-6000286	837031QH9	01-15-2008	69,925,000	Capital Funding		X		X
B	Economic Development Authority of Henrico County Virginia	54-1197472	42605PBH7	01-15-2008	80,695,000	Capital Funding		X		X
C	Economic Development Authority of the County of Chesterfield	52-1279622	16639EAB0	01-15-2008	92,660,000	Capital Funding		X		X
D	South Carolina Jobs-Economic Development Authority	57-0960018	8370131RA	10-17-2008	30,365,000	Capital Funding		X		X
E	Economic Development Authority of Henrico County Virginia	54-1197472	42605PBK0	10-17-2008	53,890,000	Capital Funding		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Bond Issues *(Required for 2008)*

	(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	
							Yes	No	Yes	No
A	Economic Development Authority of Hanover County	54-1228097	41077RAC6	10-17-2008	124,715,000	Capital Funding		X		X
B	Economic Development Authority of the City of Norfolk	52-1375010	65588QAE5	10-17-2008	84,610,000	Capital Funding		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	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?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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 501(c)(3) organization or a state or local government										
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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		Effective January 1, 2009, the organization amended its governing documents with the addition of a new reserved power Bon Secours Health System, Inc has the reserved power to review and approve compensation arrangements for Key Employees of it's related organizations

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Bon Secours, Inc is the sole member of Bon Secours Health System, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The governing body of Bon Secours Health System, Inc is appointed by its member Bon Secours, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Certain authorities of Bon Secours Health System, Inc are reserved to its Member, Bon Secours, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		The process the organization uses to review the Form 990 consists of a review by BSHSI's audit and compliance board committee and providing the form to the BSHSI board of directors to allow for a thorough review by both before the filing date of July 15, 2010 BSHSI's audit and compliance and governance board committee and BSHSI's board of directors have reviewed the Form 990, scheduled time on meeting agendas, and asked questions regarding the Form 990 before the return is filed July 15, 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		BSHSI regularly and consistently monitors compliance with the conflict of interest policy On an annual basis all persons subject to the policy, including all officers, directors and key employees are required to make certain disclosures These include disclosures related to certain personal, financial and organizational relationships that may present a conflict, or the appearance of a conflict of interest, with BSHSI All disclosures go through a three-part review process (1) disclosures are reviewed first by the corporate responsibility officer (CRO), (2) a governance team comprised of the CEO, board president, board chair, and the CRO participates in a second review of all disclosures during which recommendations are made as to the resolution of any conflicts or potential conflicts Depending on the facts and circumstances, resolutions may include ongoing disclosure, recusal or removal of the conflict, and (3) all disclosures and recommendations are reviewed by a board committee (audit and compliance committee reviews the disclosures of management and the governance committee reviews the disclosures of the board and board committee members)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		The compensation committee of the board of Bon Secours Health System, Inc engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of BSHSI The compensation committee consists of a group of independent board members and engages an independent external compensation consultant to ensure they receive appropriate analysis of market and follow the practices necessary to obtain full compliance with the IRS's rebuttable presumption of reasonableness The committee establishes and maintains a compensation philosophy, reviews pay practices against local, regional and national healthcare organizations and approves all remunerative decisions for this group of individuals The committee reviews and receives assurances that all levels of pay within the organization are reasonable based on performance and validates incentives are met These decisions are documented in the BSHSI board of directors and compensation committee minutes Form 990, Part VI, Section B, Line 15b - Compensation for other employees includes a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision In the review, the other officers or key employees of BSHSI were compared to other hospitals' employees in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in human resources

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		BSHSI provides any documents open to public inspection upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 3a and 3b	Description of why the financial statements were not audited	The financial statements of BSHSI were audited on a consolidated basis at August 31, 2009 The BSHSI audit and compliance committee has been delegated powers to oversee the audited financial statements BSHSI undergoes an annual single audit under OMB Circular A-133 on a consolidated basis with all entities of Bon Secours Health System, Inc This consolidated single audit is issued annually prior to May 31, 2010

Identifier	Return Reference	Explanation
Schedule A, Part IV	Supplemental Information	Part I, Line 11 H (i) - Supported Organizations Bon Secours Health System, Inc is formed exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the United States Province of the Congregation of Sisters of Bon Secours of Paris and all other publicly supported organizations (within the meaning of Section 509(a)(1) or 509(a)(2) of the Internal Revenue Code of 1986 in, or operating for the benefit of, the Bon Secours Health System, Inc

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a (continued)	Community Benefit Report	As a member of the Catholic health ministry, Bon Secours Health System, Inc (BSHSI) is called to live the teachings and promises of Jesus The community benefit services provided by BSHSI include programs and partnerships working to improve access to health care and the quality of life and holistic health of the communities served 1 Description of Communities Served BSHSI serves thirteen communities in states predominantly along the East Coast of the United States in New York, Pennsylvania, Maryland, Virginia, Kentucky, South Carolina and Florida 2 Description of Organization and Services Provided Founded in 1983 by the Sisters of Bon Secours, BSHSI includes 18 acute-care hospitals with over 4,000 licensed acute beds, one 54-bed psychiatric hospital, six independent living facilities, five assisted living facilities, numerous ambulatory and community health services, and five long-term care facilities with over 1,000 licensed beds To fulfill its commitment to providing compassionate healing and hope within the communities it serves, BSHSI also includes fourteen community-based home care and hospice services, and physician practice management and strategic support services, all dedicated to the mission of providing "Good Help to Those in Need" BSHSI is comprised of more than 21,000 health care professionals, volunteers, management and support staff "The Mission of BSHSI is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church " The long range Vision of BSHSI is "Inspired by the healing ministry of Jesus Christ and the charism of Bon Secours, BSHSI will be recognized for its leadership in justice, transforming the communities in which we serve and work into places of health and hope, and being a prophetic voice for systemic US health reform and a more humane world " 3 Charity Care and Patient Financial Assistance Policy BSHSI is committed to ensuring access to health care services for all As a health care provider, BSHSI treats all patients, whether insured, underinsured or uninsured, with dignity, respect and compassion throughout admission, delivery of services, discharge and billing and collection processes BSHSI addresses the needs of the uninsured by providing free or reduced fees on hospital services, community outreach efforts to assist with Medicaid and SCHIP enrollment, and free community-based preventive and primary care services BSHSI proactively screens to identify individuals and their families who may qualify for federal, state or local health insurance programs or the Bon Secours Patient Financial Assistance Program ("FAP") Potentially eligible patients are referred to the Patient Financial Assistance Department for assistance in completing the documentation required to establish eligibility in, and apply for, government insurance programs or the FAP Patients are responsible for providing the information necessary to complete the documentation The FAP aids uninsured and underinsured patients who do not qualify for government-sponsored health insurance and who communicate their inability to pay for their medical care The FAP provides 100% financial assistance to uninsured patients with annual family incomes at or below 200% of the Federal Poverty Guidelines ("FPG"), as adjusted by the Medicare geographic wage index for each community served to reflect that community's relative cost of living ("Adjusted FPG") For uninsured and underinsured patients with annual family incomes greater than 200% of the Adjusted FPG, the FAP offers a reduction to the amount of the full charges for medically necessary services through a community service adjustment ("CSA") The CSA is market adjusted and based on the payment discount received by other health care payers doing business in the community For these patients, the FAP also sets a maximum annual family payment liability to ensure that no family suffers a catastrophic financial burden to receive necessary health care services Based on research conducted by the Tax Foundation, a non partisan tax research group based in Washington DC, the maximum annual family liability is based on a sliding scale determined by the family income and size The standard sliding scale is adjusted by the Medicare geographic wage index of each community served to reflect that community's relative cost of living All patients are eligible for a Prompt Pay Discount In addition, a variety of other potential payment options are available This patient financial assistance policy is communicated to patients verbally upon registration, visible postings of the policy in common areas throughout the hospital, brochures and on the websites 4 Collection Policy Any collection attorneys or agencies used by BSHSI commit to follow BSHSI's value-based procedures, including without limitation, the BSHSI Code of Conduct, in pursuit of estates, garnishments and judgments for non-payment 5 Description of Community Benefit Services (except Community Building Activities) Our call to live the teachings and promises of Jesus requires that we nurture the growth of individual and community capacities and create opportunities for each individual to assume a meaningful role in defining and pursuing holistic well being, peace, and hope The following provides illustrative examples of the community health partnerships in which BSHSI participates Suffern, Warwick and Port Jervis, New York Bon Secours Charity Health System serves three very different communities located in southern New York State along the borders of New Jersey and Pennsylvania Bon Secours Charity provides education to parents, teachers and children about the symptoms and treatment of asthma as well as medical supplies for asthma treatment and supplies and education to families to help reduce dust and other respiratory irritants Riverdale, New York Bon Secours New York Health System located on the east bank of the Hudson River in the Bronx, provides a continuum of long-term care services The purpose of the Schervier Community Garden is to provide a means to foster relationships among diverse members of the community in a setting that has physical, mental and social benefits The community garden is a collaborative project that includes local senior centers, faith communities, community agencies and disadvantaged teens Baltimore, Maryland Bon Secours Baltimore Health System is located in an urban area with a high incidence of poverty, crime and disease Founded over 10 years ago, the purpose of Operation ReachOut South West (OROSW) is to revitalize the community The partnership is a broad-based coalition comprised of over 65 organizations Committees are addressing six issues (economic development, education, health, physical planning, public safety and special needs) Newport News, Norfolk and Portsmouth, VA Bon Secours Hampton Roads Health System serves three very different communities located in the Hampton Roads area of eastern Virginia Mary Immaculate Hospital, a joint venture between BSHSI and the Bernardine Sisters of the Third Order of St Francis, is a founding partner of Family Focus Serving over 900 families, Family Focus is a broad coalition of private and public organizations that provides education, prevention and support programming to encourage healthy child development Richmond, Virginia Bon Secours Richmond Health System participates in several partnerships that are addressing health and well being throughout the metropolitan area The Care-A-Vans are mobile health care clinics, which travel throughout the Richmond Metro area to provide free primary, urgent and preventive care to uninsured patients Patients who need specialty health care are referred to volunteer physicians within the community including BSRHS physicians The vans make regular stops six days a week at sites such as churches, apartments and schools In FY 09, 7,858 patients were served Ashland, Kentucky Bon Secours Kentucky Health System is located on the Ohio River where Kentucky, Ohio and West Virginia meet In collaboration with the Greenup County School system and Weight Watchers Family, Bon Secours Kentucky developed a childhood obesity intervention that focuses on preventing Type II diabetes to students with an 85th percentile for their Body Mass Index

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a (continued)		Greenville, South Carolina Bon Secours St Francis Health System serves the Greenville-Spartanburg area of nearly one million people The Access to Oral Health Care Program is a collaboration of Bon Secours St Francis Health System, the Community Health Alliance, Greenville Technical College and New Horizon Family Health Services, Inc (NHFHS) The program provides improved access to comprehensive and sustainable oral health services through a community-based dental clinic and a mobile dental unit that travels to churches, schools, shelters, and other sites for low income, uninsured and Medicaid-covered children and adults St Petersburg, Florida Bon Secours St Petersburg Health System provides skilled and long-term nursing and assisted living to the Tampa Bay area Support groups that are open to the public were held at both Bon Secours Place and Bon Secours Maria Manor At Bon Secours Place a caregiver's support group is held twice a month in the evening for those with loved ones with dementia At Maria Manor support groups were held weekly for Overeaters Anonymous and impaired nurses Economic Development BSHSI has a mission-based, socially responsible financial investment strategy Long-term reserves are invested in the securities of corporations based on human, social and financial performance A portion of the reserves is contributed to needed improvements in the communities BSHSI serves through the following funding vehicles Over the past several years through the Affordable Housing Fund, BSHSI has granted $1,850,000 to Mercy Housing Inc , a Catholic-sponsored organization developing reasonably priced housing with support services in targeted low-income communities In FY09, BSHSI made a $500,000 low interest loan to the Mercy Loan Fund to further increase the availability of affordable housing In FY09, BSHSI initiated its Community Investment Program to assist economically stressed communities with availability of capital through low interest loans to non-profit community development financial institutions (CDFIs) BSHSI placed $3,100,000 with five institutions serving six BSHSI communities and micro-financing efforts in Peru and Haiti The Bon Secours Health System Mission Fund provides funding to innovative and collaborative initiatives that support the development of holistic health and well-being In FY 09, $1,210,710 was awarded to 22 applicants bringing the total awards since inception of the Fund to $14,130,000 BSHSI refrains from investing in companies whose products, services, or actions are contrary to its Mission and participates in community investments and shareholder activism to promote the health of the communities we serve and society at large With an increasing understanding of the global connectedness of the social/economic conditions, BSHSI has developed a structured, comprehensive global ministry design to coordinate efforts for delivery of health care and social services in marginalized communities in developing nations with a focus on Peru, Haiti and South Africa Legislative Advocacy and Public Policy BSHSI continues to advocate for legislation and public policy that promotes human flourishing on the national, state and local levels Acting as a voice for poor and marginalized individuals, BSHSI works to improve access to quality health and human services BSHSI collaborated with other Catholic health systems and other faith based organizations in communication to constituents and legislators that reform of the national health system should reflect and be rooted in the values and principles associated with human dignity and social responsibility for one another 6 Description of Community Building Activities Community Building is a strategic initiative of BSHSI This initiative encompasses long term, collaborative relationships in which service organizations engage and empower the members of a defined geographic community to support them in improving their quality of life and holistic health In each community served, a full-time healthy community leader is working to unite the people who live and work in a selected neighborhood and to provide help in health and social issues The healthy community leaders are focused on listening and developing an understanding of the unique social, economical, political and cultural aspects of the community They are working diligently to develop trusting relationships with the formal and informal community leaders and to identify potential organizational partners The healthy community leaders are helping to assess the needs and assets of the community by conducting resident interviews, community forums, focus groups and community summits With this data, the community members will choose the priority improvement initiatives that they and supporting organizations want to begin to address 7 Organizational Description for Tax Exemption The BSHSI Board of Directors is comprised of thirty-one members Four of the members are Sisters of Bon Secours, the BSHSI CEO is an ex-officio member The expertise of the remaining board members, who come from across the country, includes finance, audit, clinical quality, sponsorship, human resources, management and administration, business ethics, education and nursing Members of the BSHSI Board of Directors are appointed by Bon Secours, Inc (BSI), which is the sole corporate member of BSHSI 8 Annual Report to the Community BSHSI annually develops a report to the community, explaining the various community benefit services and programs that exist This reported is published to the public each year on or around January 24, commemorating Foundation Day of the Sisters of Bon Secours The annual report is distributed to the Health System's senior leaders and Board of Directors and is posted on the web at http //www bshsi org 9 Quantified Community Benefit and Community Building Activities The financial information was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines and IRS instructions As a tax-exempt entity, BSHSI is exempt from federal and state taxation However BSHSI contributes value to the community that consistently exceeds the benefit of this tax exemption Over the years, BSHSI periodically has an independent analysis performed by outside consultants knowledgeable of tax law The consultants help it quantify the value of its tax exemption including income, unemployment, real estate, property and excise taxes, and the benefit of being able to borrow at tax-exempt interest rates This independent analysis provides BSHSI with a baseline methodology to compare its cost of community benefit services and the taxes that it would pay if it were a taxable entity For the fiscal year ending August 31, 2009, BSHSI provided over $244 million in community benefit services and over $9 million in community building activities for a total of over $253 million at a cost well in excess of the value of its potential tax obligation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, Line 14	Document Retention and Destruction Policy	While BSHSI does not have a written organization-wide document retention and destruction policy, individual department policies and practices are in place to ensure that each department of the organization maintains their documentation in compliance with state and federal requirements In addition, any areas responsible for medical records have department policies in compliance with Medicare and HIPAA requirements An organization-wide policy is currently being drafted

Identifier	Return Reference	Explanation
Form 990, Part VII, Section A	Explanation of hours and related compensation	Sister Patricia Eck does not receive payroll distributions as she has taken a vow of poverty through the Sisters of Bon Secours Congregation, USA Hours worked are based on hours spent across multiple entities Hours worked are not tracked on an entity by entity basis Therefore, all officers and directors hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Richard Statuto's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his role as the CEO of the consolidated Bon Secours Health System, Inc which includes oversight and monitoring responsibility for all the BSHSI related organizations He is not compensated for his role as a Board Member of Bon Secours Health System Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Katherine Arbuckle's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation she receives is for her role as the CFO/Executive Vice President of the consolidated Bon Secours Health System, Inc which includes oversight and monitoring responsibility for all the BSHSI related organizations She is not compensated for her role as Treasurer of the Board and she is not a board member Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Martha Riva's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation she receives is for her role as the Senior Vice President of Governance of the consolidated Bon Secours Health System, Inc which includes oversight and monitoring responsibility for all the BSHSI related organizations She is not compensated for her role as Secretary of the Board and she is not a board member Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Tim Davis's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his role as the Executive Vice President of Organization Effectiveness of the consolidated Bon Secours Health System, Inc which includes oversight and monitoring responsibility for all the BSHSI related organizations Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Lawrence Hubbard's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his role as the Senior Vice President of Information Systems of the consolidated Bon Secours Health System, Inc which includes responsibility for the shared information systems of all the BSHSI related organizations Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Peter J Bernard's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his role as the CEO of Bon Secours Virginia Health System which includes oversight and responsibility for all the BSHSI Virginia subsidiaries and affiliates Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Richard Hanson's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his role as the CEO of Bon Secours Hampton Roads Health System which includes oversight and responsibility for all the BSHSI Hampton Roads subsidiaries and affiliates Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week John Shea's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his role as the Senior Vice President of Business Development of the consolidated Bon Secours Health System, Inc which includes oversight and monitoring responsibility for all the BSHSI related organizations Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Dominick Stanzione's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his role as the CEO of Bon Secours Charity Health System which includes oversight and responsibility for all the BSHSI Charity subsidiaries and affiliates Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Valinda Rutledge's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation she receives is for her role as the CEO of Bon Secours St Francis Health System which includes oversight and responsibility for all the BSHSI St Francis subsidiaries and affiliates Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Mike Cottrell's current year compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he received is for his former role as CFO of Bon Secours Health System, Inc Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Don Strange's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his former role as the Chief Operating Officer of the consolidated Bon Secours Health System, Inc which includes oversight and monitoring responsibility for all the BSHSI related organizations Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Ed Boyer's compensation is paid by Bon Secours Health System, Inc (BSHSI) The compensation he receives is for his former role as the Senior Vice President of Corporate Services of the consolidated Bon Secours Health System, Inc which includes oversight and responsibility for all shared services provided to the BSHSI related organizations Hours worked are not tracked on an entity by entity basis Therefore, all hours reported on Form 990, Part VII, Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors represent aggregate hours worked per week Executive Descriptions Board members and board officers are volunteers Average hours worked are estimated based on the number of board meetings, length of time and pre-read material Hours will vary by the additional committees and calls required and are only considered estimates of time

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**
▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Identification of Disregarded Entities

(A) Name, address, and EIN 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
Bon Secours Associates Services LLC 1505 Marriottsville Road Marriottsville, MD 211041301 52-2321591	Healthcare	MD	268,591	1,441,232	Bon Secours Health Systems Inc
Chesapeake Housing LLC 26 N Fulton Ave Baltimore, MD 21223 52-1857768	Low Income Housing	MD	0	0	Unity Properties Inc
Bon Secours Shiloh LLC 26 N Fulton Ave Baltimore, MD 21223 76-0785344	Low Income Housing	MD	0	0	Bon Secours Baltimore Development Inc
Community Ambulatory Surgery Center LLC 8580 Magellan Parkway Richmond, VA 23227	Ambulatory Surgery Center	VA	0	0	St Mary's Hospital

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
See Additional Data Table											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Additional Data Table							

Part V Transactions with Related Organizations

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

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

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

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) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 52-1301088
Name: Bon Secours Health System Inc

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Bon Secours St Petersburg Home Care Services Inc 10300 Fourth Street North St Petersburg, FL33716 13-4334363	Home Care Services	FL	501(c)3	Line 9	Maria Manor Nursing Care Center
Bon Secours Maria Manor Nursing Care Center 10300 Fourth Street North St Petersburg, FL33716 13-4334363	Nursing Home	FL	501(c)3	Line 9	Bon Secours Health System Inc
Our Lady of Bellefonte Hospital Inc 1000 St Christopher Dr Ashland, KY41101 61-1356023	Acute Care Hospital	KY	501(c)3	Line 3	Bon Secours Kentucky Health System
Bon Secours Kentucky Health System Inc St Christopher Dr Ashland, KY41101 61-1356024	Local System Parent Org	KY	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc
Our Lady of Bellefonte Hospital Foundation St Christopher Dr Ashland, KY41101 61-1381952	Grant Making Foundation	KY	501(c)3	Line 9	Bon Secours Kentucky Health System
Bellefonte Physician Services Inc St Christopher Dr Ashland, KY41101 35-2320780	Physician Practices	KY	501(c)3	Line 3	Bon Secours Kentucky Health System
Bon Secours Baltimore Hospital 2000 West Baltimore Street Baltimore, MD21223 52-1909599	Health Care	MD	501(c)3	Line 3	Bon Secours Baltimore Health System
Washington Village Community Medical Center Inc 2600 Liberty Heights Avenue Baltimore, MD21223 52-1138191	Health Care	MD	501(c)3	Line 9	Community Health Services
Bon Secours Inc 1505 Marriottsville Road Marriottsville, MD21104 52-1301091	Supporting Org to Bon Secours Health System, Inc	MD	501(c)3	Line 11a, Type 1	N/A
Liberty Medical Center Inc 2600 Liberty Heights Avenue Baltimore, MD21215 52-1466304	Health Care	MD	501(c)3	Line 3	Bon Secours Baltimore Health System
Urban Medical Institute Inc 2600 Liberty Heights Avenue Baltimore, MD21215 52-1905869	Health Care	MD	501(c)3	Line 3	Liberty Medical Center
Bon Secours Baltimore Development 26 North Fulton Avenue Baltimore, MD21223 76-0785344	Community Housing	MD	501(c)3	Line 7	Unity Properties Inc
Bon Secours Community Health Services Inc 2600 Liberty Heights Avenue Baltimore, MD21215 52-1909599	Health Care	MD	501(c)3	Line 9	Bon Secours Baltimore Health System
The Bon Secours of Maryland Foundation Inc 26 North Fulton Avenue Baltimore, MD21223 52-1732800	Grant Making Foundation	MD	501(c)3	Line 11b, Type 3	Bon Secours Baltimore Health System
Unity Properties Inc 26 North Fulton Avenue Baltimore, MD21223 52-1857768	Low Income Housing	MD	501(c)3	Line 7	Bon Secours of Maryland Foundation
Bon Secours Housing 26 North Fulton Avenue Baltimore, MD21223 52-1442707	Low Income Housing	MD	501(c)3	Line 9	Bon Secours of Maryland Foundation
Bon Secours Housing II 26 North Fulton Avenue Baltimore, MD21223 52-1543174	Low Income Housing	MD	501(c)3	Line 9	Bon Secours of Maryland Foundation
Bon Secours Baltimore Health System 2000 West Baltimore Street Baltimore, MD21223	Local System Parent Org	MD	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc
St Francis Center at the Knolls Inc 20 Grand Street Warwick, NY10990 06-1370576	Long term Care	NY	501(c)3	Line 3	Bon Secours Charity Health System
Schervier Pavilion 20 Grand Street Warwick, NY10990 06-1381994	Skilled Nursing	NY	501(c)3	Line 3	Bon Secours Charity Health System
Good Samaritan Hospital 255 Lafayette Avenue Suffern, NY10901 13-1740104	Acute Care Hospital	NY	501(c)3	Line 3	Bon Secours Charity Health System
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY10463 13-1740397	Long term nursing care	NY	501(c)3	Line 3	Bon Secours NY Health System
Schervier Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY10463 13-3098867	Housing	NY	501(c)3	Line 9	Bon Secours Health System Inc
Good Samaritan Foundation for Better Health Inc 255 Lafayette Avenue Suffern, NY10901 13-3400353	Grant Making Foundation	NY	501(c)3	Line 7	Bon Secours Charity Health System
St Anthony Community Hospital 15-19 Maple Ave Warwick, NY10990 14-1340100	Hospital	NY	501(c)3	Line 3	Bon Secours Charity Health System
Bon Secours Community Hospital 160 E Main Street Port Jervis, NY12771 14-1347717	Health Care	NY	501(c)3	Line 3	Bon Secours Charity Health System
The Bon Secours Warwick Health Foundation 20 Grand Street Warwick, NY10990 14-1972807	Grant Making Foundation	NY	501(c)3	Line 7	Bon Secours Charity Health System
Bon Secours Charity Health System Inc 255 Lafayette Avenue Suffern, NY10901 91-2135195	Local System Parent Org	NY	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc
Bon Secours Community Hospital Foundation 160 E Main Street Port Jervis, NY12771 81-0667395	Grant Making Foundation	NY	501(c)3	Line 7	Bon Secours Charity Health System
St Francis Foundation One St Francis Drive Greenville, SC29601 26-0012031	Grant Making Foundation	SC	501(c)3	Line 7	St Francis Health System

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
St Francis Hospital Inc One St Francis Drive Greenville, SC29601 58-2504530	Health Care	SC	501(c)3	Line 3	St Francis Health System
Bon Secours St Francis Health System Inc 1 St Francis Drive Greenville, SC29601 58-2504528	Local System Parent Org	SC	501(c)3	Line 7	Bon Secours Health System Inc
St Francis Physician Services Inc One St Francis Drive Greenville, SC29601 13-4290167	Physician Services	SC	501(c)3	Line 11b, Type 1	St Francis Health System
Mary Immaculate Foundation 150 Kingsley Lane Norfolk, VA23505 31-1644734	Fundraising	VA	501(c)3	Line 11b, Type 3-FI	Mary Immaculate Hospital
Bon Secours Hampton Roads Health System 5818 Harbourview Blvd Portsmouth, VA23435 52-1538513	Local System Parent Org	VA	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc
Bon Secours - Maryview Nursing Care Center 4775 Bridge Road Suffolk, VA23435 52-1578169	Nursing Care Center	VA	501(c)3	Line 9	Maryview Hospital
Bon Secours Maryview Foundation 150 Kingsley Lane Norfolk, VA23505 52-1694731	Fundraising	VA	501(c)3	Line 11b, Type 3-FI	Bon Secours Hampton Roads Health System
Maryview Hospital 3636 High Street Portsmouth, VA23707 54-0506463	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System
Mary Immaculate Hospital Inc 2 Bernadine Drive Newport News, VA23602 54-0548200	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System
Bon Secours Richmond Health Care Founation 8580 Magellan Parkway Richmond, VA23227 54-1201346	Grant Making Foundation	VA	501(c)3	Line 7	Bon Secours Richmond Health Corp
Bayley Properties 150 Kingsley Lane Norfolk, VA23505 54-1424748	Rental	VA	501(c)2	N/A	Bon Secours DePaul Medical Center
Mary Immaculate Nursing Center Inc 4 Ridgewood Parkway Newport News, VA23602 54-1516476	Nursing Care Center	VA	501(c)3	Line 9	Mary Immaculate Hospital
Bon Secours Richmond Health Corporation 8580 Magellan Parkway Richmond, VA23227 54-1356155	Supporting Org to Bon Secours Richmond Health System	VA	501(c)3	Line 11, Type 2	Bon Secours Richmond Health System
Bon Secours Stuart Circle Hospital 8580 Magellan Parkway Richmond, VA23227 54-1740128	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System
Bon Secours Memorial Regional Medical Center Inc 8580 Magellan Parkway Richmond, VA23227 54-1744931	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System
Bon Secours DePaul Medical Center Inc 150 Kingsley Lane Norfolk, VA23505 54-1820093	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System
Bon Secours DePaul Health Foundation 150 Kingsley Lane Norfolk, VA23505 54-1843876	Fundraising	VA	501(c)3	Line 11b, Type 3-FI	Bon Secours Hampton Roads Health System
Mary Immaculate Hospital Auxiliary 2 Bernadine Drive Newport News, VA23602 54-6040266	Auxiliary	VA	501(c)3	Line 11b, Type 3-FI	Bon Secours Health System Inc
Bon Secours Richmond Health System 8580 Magellan Parkway Richmond, VA23227 52-1988421	Supporting Org to Bon Secours Richmond Health System	VA	501(c)3	Line 11, Type 2	Bon Secours Health System Inc
Bon Secours St Mary's Hospital 8580 Magellan Parkway Richmond, VA23227 54-0793767	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System
Bon Secours Richmond Community Hospital 8580 Magellan Parkway Richmond, VA23227 54-0647482	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System
Bon Secours St Francis Medical Center 8580 Magellan Parkway Richmond, VA23227 31-1716973	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System
Laburnum Properties 8580 Magellan Parkway Richmond, VA23227 52-1260700	Title Holding Company	VA	501(c)2	N/A	Bon Secours Richmond Health System
St Mary's Hospital Auxiliary 5801 Bremo Road Richmond, VA23226 54-0742852	Suppoting Org to St Mary's Hospital	VA	501(c)3	Line 11, Type 1	St Mary's Hospital
St Mary's Hospital Building Corporation 8580 Magellan Parkway Richmond, VA23227 52-1228667	Rental - Medical Office Building	VA	501(c)3	Line 11	St Mary's Hospital

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Disproprtionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) ($)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Bon Secours Place at St Petersburg LLP 10300 Fourth Street North St Petersburg, FL33716 59-3589729	Assisted Living/Senior Care	FL	Bon Secours Florida Integrated Services	Related				No			No
Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD21223 52-1952505	Low Income Housing	MD	Unity Housing Inc	Related				No			No
Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD21223 52-2063512	Low Income Housing	MD	Unity Housing Inc	Related				No			No
Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD21223 52-2134447	Low Income Housing	MD	Unity Housing Inc	Related				No			No
Bon Secours Apartments III LP 1800 West Baltimore St Baltimore, MD21223 52-2134444	Low Income Housing	MD	Unity Housing Inc	Related				No			No
Bon Secours Smallwood Summit 26 North Fulton Ave Baltimore, MD21223 52-2280175	Low Income Housing	MD	Unity Housing Inc	Related				No			No
Bon Secours Chesapeake Apartments LP 26 North Fulton Ave Baltimore, MD21223 20-0107034	Low Income Housing	MD	Chesapeake Housing LLC	Related				No			No
Bon Secours Shiloh LP 26 North Fulton Ave Baltimore, MD21223 20-3965243	Low Income Housing	MD	Bon Secours Baltimore Development Inc	Related				No			No
Bon Secours Wayland LP 26 North Fulton Ave Baltimore, MD21223 27-0468688	Low Income Housing	MD	Unity Properties Inc	Related				No			No
Upstate Surgery Center LLC One St Francis Drive Greenville, SC29601 56-2186977	Ambulatory Surgery Center	SC	St Francis Hospital	Related				No			No
Province Place of DePaul LLC 6403 Granby Street Norfolk, VA23505 54-1950880	Assisted Living Facilities	VA	Bon Secours Hampton Road Health System	Related				No			No
Western Tidewater Diagnostic Imaging LLC 150 Bousch St Norfolk, VA23505 38-3655545	Healthcare	VA	Maryview Hospital	Related				No			No
Province Place of Maryview LLC One Bon Secours Way Portsmouth, VA23703 54-1842697	Assisted Living	VA	Bon Secours Hampton Road Health System	Related				No			No
Broad64 Imaging LLC 8580 Magellan Parkway Richmond, VA23227 20-5886018	Imaging Services	VA	Bon Secours Virginia Health Source Inc	Related				No			No
Richmond Radiation Oncology Center I LLC 8580 Magellan Parkway Richmond, VA23227 20-8444551	Radiation Oncology Services	VA	Richmond Radiation Oncology Center Inc	Related				No			No
CCHC Ironbridge Realty LLC 8580 Magellan Parkway Richmond, VA23227 30-0181909	Rental - Land	VA	Chesterfield Community Healthcare Center Inc	Related				No			No
RI LP 8580 Magellan Parkway Richmond, VA23227 54-1708835	Imaging Services	VA	Bon Secours Virginia Health Source Inc	Related				No			No
Mental Healthsource LLC 8580 Magellan Parkway Richmond, VA23227 54-1785409	Behavorial Health Services	VA	Bon Secours Virginia Health Source Inc	Related				No			No
St Mary's MRI LP 8580 Magellan Parkway Richmond, VA23227 54-1568022	Imaging Services	VA	Bon Secours Virginia Health Source Inc	Related				No			No
Chesterfield Community Healthcare Center MOB 1 LLC 435 Southlake Blvd Richmond, VA23236 54-1745670	Rental - Medical Office Building	VA	Bon Secours Virginia Health Source Inc	Related				No			No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income ($)	(G) Share of end-of-year assets ($)	(H) Percentage ownership
Franciscan Health System Insurance Company LTD PO Box 69 KY1-1102 CJ 98-0522620	Offshore Captive Management	CJ	Bon Secours Health System Inc	C	41,541	1,776,105	100 000 %
Bon Secours Assurance Company LTD PO Box 69 KY1-1102 CJ 98-0152147	Offshore Captive Management	CJ	Bon Secours Health System Inc	C	10,943,562	59,503,009	100 000 %
Bon Secours-Florida Integrated Health Services Inc 10300 Fourth Street North St Petersburg, FL33716 65-0779777	Holding Company/Assisted Living	FL	Bon Secours Maria Manor Nursing Care	C	207,147	1,498,880	80 000 %
Tri-State Quality Health Network Inc 0 St Christopher Dr Ashland, KY41101 61-1263174	Physician Hospital Organization	KY	Our Lady of Bellefonte Hospital	C	20,291	92,099	50 000 %
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD21223 52-1952507	Low Income Housing	MD	Unity Properties Inc	C		350,000	100 000 %
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD21223 27-0468561	Low Income Housing	MD	Unity Properties Inc	C			100 000 %
HealthCare Enterprises Inc & Subs One St Francis Drive Greenville, SC29601 57-1012852	Holding Company	SC	St Francis Hospital	C	-140,697	319,729	100 000 %
Professional Health Care Management Inc 150 Kingsley Lane Norfolk, VA23505 54-1241031	Administrative	VA	Bon Secours Hampton Roads Health System inc	C	5,270,340	5,096,468	100 000 %
OSF Inc 2 Bernadine Drive Newport News, VA23602 54-1369919	Rental	VA	Mary Immaculate Hospital	C	48,447	958,058	60 000 %
Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA23505 54-1431826	Pharmacy	VA	DePaul Medical Center	C	588,673	2,660,826	100 000 %
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA23227 54-1812738	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System	C	127,768	333,034	83 000 %
Bon Secours-Virginia Healthsource Inc & Subs 8580 Magellan Parkway Richmond, VA23227 54-1417686	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System	C	41,351,491	27,046,212	83 000 %
Bon Secours at Wellesley Owners Association Inc 8580 Magellan Parkway Richmond, VA23227 54-1938077	Real Estate	VA	Bon Secours Richmond Health System	C			83 000 %
Richmond MRI Inc 8580 Magellan Parkway Richmond, VA23227 54-1568452	Imaging Services	VA	Bon Secours Virginia Healthsource Inc	C	423,524	282,598	42 000 %
Chesterfield Community Taxable Sub Inc 8580 Magellan Parkway Richmond, VA23227 54-1818555	Ambulatory Healthcare Services	VA	Chesterfield Community Healthcare	C			83 000 %
RHS Management Corp 8580 Magellan Parkway Richmond, VA23227 54-1313425	Independent Living Facility	VA	Bon Secours Richmond Health System	C	529,274	157,576	83 000 %
Ironbridge Assisted Living Retirement Community 8580 Magellan Parkway Richmond, VA23227 54-1807857	Assisted Living Facility	VA	Bon Secours Virginia Healthsource Inc	C			83 000 %
Richmond Radiation Oncology Center Inc 8580 Magellan Parkway Richmond, VA23227 54-1570244	Oncology Services	VA	Bon Secours Virginia Healthsource Inc	C			83 000 %
Central Virginia Health Network Inc 2201 West Broad Street Richmond, VA23220 54-1806281	Healthcare Support Services	VA	Bon Secours Richmond Health System	C	3,617,840	4,433,343	47 000 %

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Bon Secours Community Health Services	D	335,040
(2)	Bon Secours Community Health Services	P	38,526
(3)	Bon Secours Community Hospital	K	1,606,997
(4)	Bon Secours Community Hospital	P	3,252,245
(5)	Bon Secours DePaul Medical Center	D	1,021,979
(6)	Bon Secours DePaul Medical Center	P	8,523,422
(7)	Bon Secours Hospital Baltimore	D	9,350,558
(8)	Bon Secours Hospital Baltimore	K	2,677,414
(9)	Bon Secours Hospital Baltimore	P	13,287,956
(10)	Bon Secours Maria Manor Nursing Center	K	191,327
(11)	Bon Secours Maria Manor Nursing Center	P	4,002,411
(12)	Bon Secours Maryview Nursing Care Center	P	523,657
(13)	Bon Secours Memorial Regional Medical Center	P	20,696,423
(14)	Bon Secours of MD Foundation	D	1,126,420
(15)	Bon Secours of MD Foundation	P	195,064
(16)	Bon Secours Place at St Petersburg	P	326,488
(17)	Bon Secours Richmond Community Hospital	D	1,176,802
(18)	Bon Secours Richmond Community Hospital	P	3,382,339
(19)	Bon Secours St Francis Foundation	P	1,915,995
(20)	Bon Secours St Francis Medical Center	E	18,343,024
(21)	Bon Secours St Francis Medical Center	P	12,277,121
(22)	Bon Secours St Mary's Hospital	K	16,512,340
(23)	Bon Secours St Mary's Hospital	P	40,955,852
(24)	Bon Secours St Petersburg Home Care Services	P	74,220
(25)	Broad64 Imaging	P	132,517
(26)	BSR Foundation	E	307,577
(27)	Chesterfield Community Healthcare Center	D	941,171
(28)	Chesterfield Community Healthcare Center	P	55,599
(29)	Good Samaritan Hospital of Suffern	K	5,791,304
(30)	Good Samaritan Hospital of Suffern	P	32,763,319

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(31)	Iron Bridge Alf	D	713,816
(32)	Iron Bridge Alf	P	500,797
(33)	Laburnum Properties Inc	D	352,025
(34)	Mary Immaculate Hospital	P	7,794,642
(35)	Mary Immaculate Nursing Center	P	695,636
(36)	Maryview Hospital	P	13,806,003
(37)	Mental Healthsource	D	13,068,109
(38)	Mental Healthsource	P	3,557,680
(39)	Our Lady of Bellefonte Hospital	D	6,393,019
(40)	Our Lady of Bellefonte Hospital	K	3,340,724
(41)	Our Lady of Bellefonte Hospital	P	29,335,093
(42)	Professional Health Care management Services	P	250,866
(43)	Province Place of DePaul	P	527,254
(44)	Province Place of Maryview	P	367,012
(45)	RHS Enterprises	D	210,286
(46)	RHS Enterprises	P	77,404
(47)	RI LP	P	191,748
(48)	Richmond Radiation Oncology Center	P	170,373
(49)	Schervier Housing Development	K	114,765
(50)	Schervier Housing Development	P	1,257,886
(51)	Schervier Long Term	K	436,639
(52)	Schervier Pavillion	P	754,518
(53)	Shared Services	K	10,845,803
(54)	St Anthony Community Hospital	K	1,350,920
(55)	St Anthony Community Hospital	P	11,021,514
(56)	St Francis Center at the Knoll	P	293,517
(57)	St Francis Hospital	D	54,610,727
(58)	St Francis Hospital	K	7,440,854
(59)	St Francis Hospital	P	37,251,130
(60)	St Mary's MRI Center	P	156,085

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(61)	Stuart Circle	D	870,972
(62)	Tidewater Diversified	P	13,626
(63)	Unity Properties	P	35,346
(64)	Unity Property	D	473,874
(65)	Urban Medical Institute	D	118,115
(66)	Urban Medical Institute	P	10,134

Additional Data

Software ID:
Software Version:
EIN: 52-1301088
Name: Bon Secours Health System Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Richard Statuto , CEO of Bon Secours/Pres	50 00	X		X				1,761,631	0	227,073
Chris Allen , Board Member	4 00	X						0	0	0
Richard Blair , Board Member	4 00	X						0	0	0
Michael Carey , Board Member	4 00	X						0	0	0
Sister Elaine Davia , Board Member	4 00	X						0	0	0
Marcia Dush , Board Member	4 00	X						0	0	0
Sister Patricia Eck , Chairperson	50 00	X		X				0	0	0
Roger Huang , Board Member	4 00	X						0	0	0
David Jimenez , Board Member	4 00	X						0	0	0
Laurie Lafontaine , Board Member	4 00	X						0	0	0
Lucretia McClenney , Board Member	4 00	X						0	0	0
Susan Sandlund , Board Member	4 00	X						0	0	0
Richard Serafini , Board Member	4 00	X						0	0	0
Rev Myles Sheehan , Board Member	4 00	X						0	0	0
Sr Mary Shimo , Board Member	4 00	X						0	0	0
Sr Alice Talone , Board Member	4 00	X						0	0	0
Barbara Conroy , Board Member	4 00	X						0	0	0
Rev Kevin Quinn , Board Member	4 00	X						0	0	0
Donald Seitz , Board Member	4 00	X						0	0	0
Katherine Arbuckle , CFO Bon Secours/Treas	50 00			X				746,403	0	103,845
Martha Riva , SVP Governance/Secretary	50 00			X				444,239	0	94,909
Timothy Davis , EVP Org Effectiveness	50 00				X			850,966	0	107,327
Lawrence Hubbard , SVP Information Systems	50 00				X			575,999	0	89,878
Peter Bernard , CEO Richmond	50 00					X		1,578,598	0	188,697
Richard Hanson , CEO Hampton Roads	50 00					X		1,074,239	0	120,384
John Shea , SVP Business Development	50 00					X		1,057,719	0	131,291
Dominick Stanzione , CEO Charity	50 00					X		1,063,603	0	67,813
Valinda Rutledge , CEO Greenville	50 00					X		968,075	0	133,220
Michael Cottrell , CFO Bon Secours	50 00						X	1,353,027	0	11,734
Donald Strange , COO Bon Secours	50 00						X	1,339,536	0	154,547

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(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			
Edward Boyer , SVP Corp Services	50 00						X	889,789	0	127,438