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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

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

C Name of organization
ROPER ST FRANCIS FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
315 Calhoun Street No 107

City or town, state or country, and ZIP + 4
Charleston, SC 29401

D Employer identification number
57-1068509

E Telephone number
(843) 789-1706

G Gross receipts $ 9,272,174

F Name and address of principal officer
DAVID L DUNLPAP
315 Calhoun Street No 107
Charleston, SC 29401

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 ▶

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

J Website: ▶ www ropersaintfrancis com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1998 | **M** State of legal domicile SC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT THE MISSION OF CAREALLIANCE HEALTH SERVICES D/B/A ROPER SAINT FRANCIS HEALTHCARE

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	7
5	Total number of employees (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	33
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	6,729,444	4,661,940
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-406,195	205,937
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	61,205	69,745
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,384,454	4,937,622
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,643,657	3,891,391
	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)	612,361	627,903
	16a Professional fundraising fees (Part IX, column (A), line 11e)	337,872	218,054
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 839,968		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	639,392	492,454
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	6,233,282	5,229,802
	19 Revenue less expenses Subtract line 18 from line 12	151,172	-292,180
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	22,102,438	24,554,794
	21 Total liabilities (Part X, line 26)		0
	22 Net assets or fund balances Subtract line 21 from line 20	22,102,438	24,554,794

Part II Signature Block

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

Sign Here

****** | 2010-10-04
Signature of officer | Date

BRET D JOHNSON SVP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Amy Bibby	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DIXON HUGHES PLLC 500 Ridgefield Court Asheville, NC 28806			EIN ▶ Phone no ▶ (828) 254-2254

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

HEALING ALL PEOPLE WITH COMPASSION, FAITH, AND EXCELLENCE

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 501(c)(4) organizations and section 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 $ 4,031,036 including grants of $ 3,891,391) (Revenue $)

THE ROPER ST FRANCIS FOUNDATION SUPPORTS THE HEALTH AND WELLBEING OF OUR LOWCOUNTRY COMMUNITY THROUGH PHILANTHROPY WE ARE ABLE TO PROVIDE EQUIPMENT, FACILITIES AND EXPERIENCES FOR OUR HEALTH SYSTEM THAT OTHERWISE WOULD NOT BE POSSIBLE IN 2009, THE FOUNDATION SECURED MORE THAN $5 1 MILLION IN PHILANTHROPIC SUPPORT FROM INDIVIDUAL, CORPORATE, AND GOVERNMENT AGENCIES TO ADVANCE THE HEALTHCARE SYSTEM'S EFFORTS ON BEHALF OF OUR COMMUNITY'S RESIDENTS THE FOUR MAJOR PROJECTS THE FOUNDATION IS CURRENTLY RAISING FUNDS FOR ARE ROPER ST FRANCIS MT PLEASANT HOSPITAL, A NEW, STATE-OF-THE-ART HOSPITAL IN MOUNT PLEASANT, SOUTH CAROLINA THAT WILL OPEN FALL 2010 OUR NEW HOSPITAL WILL MEET THE GROWING HEALTHCARE NEEDS OF PEOPLE LIVING AND WORKING EAST OF THE COOPER, WHILE PROVIDING THEM A CHOICE WITH THE PROVEN, QUALITY CARE LOWCOUNTRY RESIDENTS HAVE TRUSTED FOR OVER 150 YEARS CARDIAC REHABILITATION AND WELLNESS TO BETTER PROVIDE FOR OUR CARDIAC REHABILITATION AND OTHER PATIENTS AT ROPER HOSPITAL, WE ARE EXPANDING AND SIGNIFICANTLY RENOVATING THE EXISTING FACILITY THIS PROJECT WILL BE FUNDED ENTIRELY BY FUNDS RAISED BY THE FOUNDATION THE RENOVATIONS WILL INCLUDE A 50% INCREASE IN SQUARE FOOTAGE THAT WILL CREATE SPACE FOR THE GROWING VOLUME OF NEW PATIENTS NEW MEETING SPACES WILL BE ADDED AND THE EXISTING CONVENIENT PARKING LOT WILL BE REFRESHED ALONG WITH A NEW OUTSIDE ENTRANCE NURSING SCHOLARSHIPS EXCELLENCE IN NURSING IS ONE OF THE HALLMARKS THAT MAKES ROPER ST FRANCIS HEALTHCARE THE LOWCOUNTRY'S LEADER IN PATIENT SATISFACTION BECAUSE WELL-TRAINED, COMPASSIONATE NURSES ARE VITAL TO THE HEALTH OF OUR PATIENTS AND TO THE WORK OF OUR DOCTORS AND STAFF, ROPER ST FRANCIS IS PROUD TO OFFER A NURSING SCHOLARSHIP PROGRAM TO SUPPORT THOSE PURSUING A CAREER IN NURSING, AS WELL AS THOSE PURSUING AN ADVANCED NURSING DEGREE THE SCHOLARSHIP PROGRAM, FUNDED BY THE ROPER ST FRANCIS FOUNDATION, IS OPEN TO ANYONE ENTERING THE PROFESSION WHO HAS BEEN ACCEPTED TO NURSING SCHOOL, AS WELL AS TO ANY CURRENT ROPER ST FRANCIS EMPLOYEE ROPER ST FRANCIS CANCER CENTER A NEW OUTPATIENT CANCER CENTER IS BEING PLANNED FOR THE BON SECOURS ST FRANCIS CAMPUS UNIFIED TREATMENT, CONVENIENCE, HIGHLY-TRAINED DOCTORS AND ACCESS TO UP-TO-THE-MINUTE TECHNOLOGY WILL COMBINE TO CREATE EARLIER DETECTION AND LESS INVASIVE ELIMINATION OF TUMORS THE CENTER'S UNIQUE DESIGN WILL OFFER EASY ACCESS TO SPECIALISTS, A SHOP CATERING TO THE UNIQUE NEEDS OF CANCER PATIENTS, A RESOURCE LIBRARY AND COMFORTABLE, PATIENT-FOCUSED SPACES AT ROPER HOSPITAL, CAPITAL IMPROVEMENTS TO THE CANCER TREATMENT AREA AND THE RADIATION THERAPY TECHNOLOGY WILL CREATE THE MOST PATIENT-FRIENDLY FACILITY WE CAN PROVIDE PHILANTHROPY WILL BE IMPORTANT TO ENSURING SPACES ARE COHESIVE AND CONVENIENT AND THAT PATIENTS HAVE ACCESS TO A WIDE VARIETY OF SERVICES IN A UNIFIED SPACE MANY OF ROPER ST FRANCIS HEALTHCARE'S COMMUNITY OUTREACH PROGRAMS ARE HIGHLIGHTED BELOW IN OUR 2009 COMMUNITY BENEFIT PUBLICATION "THE HEALING TIMES"

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

PLEASE SEE SCHEDULE I FOR ASSISTANCE DETAIL TO AFFILIATES PLEASE SEE SCHEDULE O FOR DETAILS ON THE SYSTEM'S PROGRAM SERVICE ACCOMPLISHMENTS PLEASE VISIT OUR WEBSITE FOR A DETAILED COMMUNITY BENEFIT REPORT AT
http //www ropersaintfrancis com/about_us/mission_and_community_activities/annualreport aspx

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** ▶ $ 4,031,036

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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**	0		
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**			
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**	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	**3a**			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	**3b**			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			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**			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	**7g**			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 13		
b	Enter the number of voting members that are independent . .	1b 7		
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	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 ▶ SC

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 ▶

The Finance Department
315 Calhoun Street 107
Charleston, SC 29401
(843) 789-1706

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former 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-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	173,443	2,566,560	477,125

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

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

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
CORPORATE DEVELOPMINT LLC 49 CALHOUN STREET SUITE C CHARLESTON, SC 29401	FUNDRAISING CONSULTANTS	244,235
WASHINGTON SPEAKERS BUREAU INC PO BOX 75021 BALTIMORE, MD 21275	PROFESSIONAL SPEAKERS	122,750

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 2

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 53,312				
	b	Membership dues 1b				
	c	Fundraising events 1c 95,650				
	d	Related organizations 1d 125,000				
	e	Government grants (contributions) 1e 1,428,452				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,959,526				
	g	Noncash contributions included in lines 1a-1f $ 42,472				
	h	**Total.** Add lines 1a-1f	4,661,940			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f				
	3	Investment income (including dividends, interest and other similar amounts)	289,456			289,456
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 4,251,033				
	b	Less cost or other basis and sales expenses: 4,334,552				
	c	Gain or (loss): -83,519				
	d	Net gain or (loss)	-83,519			-83,519
Other Revenue	8a	Gross income from fundraising events (not including $ 95,650 of contributions reported on line 1c) See Part IV, line 18 a 69,695				
	b	Less direct expenses b				
	c	Net income or (loss) from fundraising events	69,695			69,695
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a	MISCELLANEOUS REVENUE 900,099	50			50
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	50			
	12	**Total revenue.** See Instructions	4,937,622	0	0	275,682

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	3,891,391	3,891,391		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	188,418		94,209	94,209
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	34,894	34,894		
7 Other salaries and wages	331,427	44,988	103,278	183,161
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	17,644	2,541	6,281	8,822
9 Other employee benefits	55,520	7,995	19,765	27,760
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising *See Part IV, line 17*	218,054			218,054
f Investment management fees	78,858		78,858	
g Other	16,774		16,774	
12 Advertising and promotion	32,848		16,424	16,424
13 Office expenses	46,479	15,493	15,493	15,493
14 Information technology	675		675	
15 Royalties				
16 Occupancy	64,590	32,295		32,295
17 Travel	4,811		4,811	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,184		1,184	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	393	393		
23 Insurance				
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 FUNDRAISING EXPENSES	242,705			242,705
b MISCELLANEOUS EXPENSES	3,137	1,046	1,046	1,045
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	5,229,802	4,031,036	358,798	839,968
26 **Joint costs.** Check here ▶ ☐ 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		998	2	
	3	Pledges and grants receivable, net		2,714,855	3	2,897,495
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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		67,750	9	105,116
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 124,335			
	b	Less accumulated depreciation	10b 122,173	2,555	10c	2,162
	11	Investments—publicly traded securities		19,316,280	11	21,550,021
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		22,102,438	16	24,554,794
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		0	26	0
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		14,094,854	27	15,200,979
	28	Temporarily restricted net assets		4,420,618	28	5,256,907
	29	Permanently restricted net assets		3,586,966	29	4,096,908
		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		22,102,438	33	24,554,794
	34	Total liabilities and net assets/fund balances		22,102,438	34	24,554,794

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

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

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

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

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

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

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

_____

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

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

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

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

9 ☐ An organization that normally receives (1) more than 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).**

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 supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									3,614,265

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 57-1068509
Name: ROPER ST FRANCIS FOUNDATION

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES M RAVENEL MD CHAIR (UNTIL 6/09)	1 00	X		X				0	0	0
JOHN M JORDAN CHAIR/VICE CHAIR	1 00	X		X				0	247,500	19,066
W BLOUNT ELLISON VICE CHAIR	1 00	X						0	0	0
SIS PATRICIA A ECK CBS BOARD MEMBER	1 00	X						0	0	0
RICHARD STATUTO BOARD MEMBER	1 00	X						0	0	0
MICHAEL C TARWATER BOARD MEMBER	1 00	X						0	0	0
G FREDERICK WORSHAM MD BOARD MEMBER	1 00	X						0	0	0
PERRY KEITH WARING BOARD MEMBER	1 00	X						0	0	0
BRANTLEY D THOMAS PHD BOARD MEMBER	1 00	X						0	0	0
SISTER ANNE LUTZ BOARD MEMBER	1 00	X						0	0	0
DAVID M ELLISON MD BOARD MEMBER (SEE SCH O)	1 00	X						0	25,200	0
JULIUS R IVESTER MD BOARD MEMBER	1 00	X						0	0	0
SIS MARY JOSEPH RITTER BOARD MEMBER	1 00	X						0	0	0
ALISON E DILLON MD BOARD MEMBER (SEE SCH O)	1 00	X						0	12,500	0
ANGRESS WALKER BOARD MEMBER	1 00	X						0	0	0
JOHN HOLLOWAY FOUNDATION CHAIR	1 00			X				0	0	0
CHARLES COLE FND VICE CHAIR	1 00			X				0	0	0
GRANT CARWILE FND VICE CHAIR	1 00			X				0	0	0
ED PUCKHABER FOUNDATION TREASURER	1 00			X				0	0	0
DAVID DUNLAP PRESIDENT & CEO OF CAHS	50 00			X				0	892,524	179,358
BRET JOHNSON CFO & SVP / TREASURER	50 00			X				0	486,303	93,767
SUSAN SULLIVAN EXEC DIRECTOR / SECRETAR	50 00			X				173,443	0	14,973
H DOUGLAS HARRISON VP HUMAN RESOURCES	50 00				X			0	317,665	55,372
MIKE TAYLOR CIO & VP	50 00					X		0	320,068	57,454
GREGORY T EDWARDS VP & GENERAL COUNSEL	50 00					X		0	264,800	57,135

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part 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	3,506,080	4,908,890			
b Contributions	460,406	20,892			
c Investment earnings or losses	550,948	-1,261,591			
d Grants or scholarships	0	-13,485			
e Other expenditures for facilities and programs	72,076	-156,757			
f Administrative expenses	34,150	8,131			
g End of year balance	4,411,208	3,506,080			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- 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)	Yes	
(ii) related organizations	3a(ii)	Yes	
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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		124,335	122,173	2,162
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,162

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote 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	4,937,622
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,229,802
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-292,180
4	Net unrealized gains (losses) on investments	4	2,492,125
5	Donated services and use of facilities	5	241,781
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	10,630
9	Total adjustments (net) Add lines 4 - 8	9	2,744,536
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,452,356

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	7,545,779
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,492,125		
b	Donated services and use of facilities	2b	241,781		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,733,906
3	Subtract line **2e** from line **1**			3	4,811,873
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	78,858		
b	Other (Describe in Part XIV)	4b	46,891		
c	Add lines **4a** and **4b**			4c	125,749
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,937,622

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

1	Total expenses and losses per audited financial statements			1	5,093,423
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	5,093,423
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	78,858		
b	Other (Describe in Part XIV)	4b	57,521		
c	Add lines **4a** and **4b**			4c	136,379
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,229,802

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	ON AN ANNUAL BASIS, CAREALLIANCE HEALTH SERVICES DBA ROPER ST FRANCIS HEALTHCARE, A RELATED EXEMPT ORGANIZATION, REQUESTS FUNDS FROM THE ROPER ST FRANCIS FOUNDATION FOR REIMBURSEMENT OF EXPENDITURES INCURRED SPECIFICALLY RELATED TO UNRESTRICTED OR TEMPORARILY RESTRICTED PURPOSES THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED FOR EDUCATION, BUILDING AND EQUIPMENT PURCHASES, HOSPITAL SERVICES LINES, INDIGENT CARE, AND COMMUNITY HEALTH IMPROVEMENT
Part XI, Line 8 - Other Adjustments		EMPLOYEE BENEFITS ALLOCATED FROM PARENT CORP 10630
Part XII, Line 4b - Other Adjustments		LOSS RECLASSIFIED TO EXPENSES 46891
Part XIII, Line 4b - Other Adjustments		LOSS RECLASSIFIED TO EXPENSES 46891 EMPLOYEE BENEFITS ALLOCATED FROM PARENT CORP 10630

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
CORPORATE DEVELOPMINT LLC	FUNDRAISING CONSULTING		No	0	218,054	-218,054
Total . . . . . ▶					218,054	-218,054

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

SC

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 SPIRIT OF CARING (event type)	(b) Event #2 BURGER EVENT (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	96,669	45,801	22,875	165,345
	2 Less Charitable contributions	91,400	4,250		95,650
	3 Gross income (line 1 minus line 2)	5,269	41,551	22,875	69,695
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				69,695

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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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 United States

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

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" to 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 (Form 990) if additional space is needed . . . . . ▶ ☐

(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
CAREALLIANCE HEALTH SERVICES315 CALHOUN STREET 107 CHARLESTON,SC 29401	570831165	501(c)(3)	614,610	10,300	FMV	ADVERTISING SPOTS	OPERATIONAL SUPPORT
ROPER HOSPITAL INC315 CALHOUN STREET 107 CHARLESTON,SC 29401	570828733	501(c)(3)	1,965,708	256,361	FMV	MEDICAL EQUIPMENT & PHYSICIAN SERVICES	OPERATIONAL SUPPORT
BON SECOURS ST FRANCIS HOSPITAL INC 315 CALHOUN STREET 107 CHARLESTON,SC 29401	571067254	501(c)(3)	703,582	58,574	FMV	GARDEN DESIGNS & CONSTRUCTION MANAGEMENT	OPERATIONAL SUPPORT
ROPER ST FRANCIS MT PLEASANT HOSPITAL315 CALHOUN STREET 107 CHARLESTON,SC 29401	570360499	501(c)(3)	4,158	972	FMV	HOSTING	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 4

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" to 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.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 DEPARTMENTS OF THE FOUNDATION'S SUPPORTED ORGANIZATIONS APPLY FOR GRANTS FROM FOUNDATION FUNDS ONCE A GRANT IS AWARDED AND CONTRACTS ARE APPROVED AND SIGNED, THE PROGRAM MANAGER UNDER THE SUPERVISION OF HIS OR HER SERVICE LINE DIRECTOR IS RESPONSIBLE FOR ADMINISTERING THE GRANT THE PROJECT MANAGER MUST 1 IMPLEMENT THE PROJECT IN ACCORDANCE WITH THE BUDGET AND PURPOSE FOR WHICH GRANT FUNDS WERE REQUESTED 2 WORK WITH THE GRANTS DEVELOPMENT OFFICER, FINANCE OFFICE, AND PURCHASING TO FULFILL THE GRANT FINANCIAL REQUIREMENTS 3 TRACK PROJECT EXPENDITURES ON A MONTHLY BASIS 4 CODE AND AUTHORIZE EXPENDITURES FROM THE GRANT FOLLOWING STANDARD ROPER ST FRANCIS PURCHASING PROCEDURES 5 REVIEW ALL RECEIPTS AND EXPENDITURES ON A MONTHLY BASIS 6 RECORD ALL ONGOING GRANT EXPENDITURES ON A DESIGNATED SPREADSHEET SET UP SPECIFICALLY FOR THE GRANT IN THE "GRANTS REPORTING" PASSWORD-PROTECTED FILE ON THE SHARED DRIVE 7 EVALUATE PROJECT OUTCOMES BY TRACKING OBJECTIVES TO BE ACCOMPLISHED AS STATED IN GRANT 8 DEVELOP REQUIRED REPORTS ON GRANTS (REPORTING MAY BE MONTHLY, QUARTERLY, MID-YEAR AND OR FINAL REPORTS) AND PROVIDE A COPY OF ALL REPORTS TO THE FOUNDATION 9 MAINTAIN POSITIVE RELATIONSHIP WITH FUNDING AGENCY WORKING THROUGH THE FOUNDATION 10 NOTIFY THE FOUNDATION OF SITE VISITS SCHEDULED BY THE FUNDING AGENCY 11 COPY THE GRANTS DEVELOPMENT OFFICER ON ALL CORRESPONDENCE WITH FUNDING AGENCY, INCLUDING EMAILS 12 NOTIFY THE FOUNDATION OF ANTICIPATED BUDGET OR SCHEDULE VARIANCES, THE GRANTS DEVELOPMENT OFFICER WILL WORK WITH THE PROJECT MANAGER TO INFORM THE FUNDING AGENCY AND DEVELOP A MUTUALLY SATISFACTORY SOLUTION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**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**	Yes	
b	Any related organization?	**6b**	Yes	
	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**	Yes	
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use 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) Retirement and other 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 reportable compensation				
JOHN M JORDAN	(i)	0	0	0	0	0	0	0
	(ii)	247,500	0	0	6,069	12,997	266,566	0
DAVID DUNLAP	(i)	0	0	0	0	0	0	0
	(ii)	420,328	411,042	61,154	154,190	25,168	1,071,882	0
BRET JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	244,403	208,281	33,619	62,898	30,869	580,070	0
SUSAN SULLIVAN	(i)	148,877	22,502	2,064	7,291	7,682	188,416	0
	(ii)	0	0	0	0	0	0	0
H DOUGLAS HARRISON	(i)	0	0	0	0	0	0	0
	(ii)	213,390	75,558	28,717	43,610	11,762	373,037	0
MIKE TAYLOR	(i)	0	0	0	0	0	0	0
	(ii)	221,829	76,455	21,784	41,760	15,694	377,522	0
GREGORY T EDWARDS	(i)	0	0	0	0	0	0	0
	(ii)	229,932	27,872	6,996	35,528	21,607	321,935	0

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	THE ORGANIZATION PROVIDED REIMBURSEMENT FOR CLUB DUES FOR SUSAN SULLIVAN
	Part I, Line 4a	THE FOLLOWING PARTICIPANTS RECEIVED COMPENSATION THROUGH A 457 PLAN H DOUGLAS HARRISON - 7,123 (FROM A RELATED ORGANIZATION)
	Part I, Line 6	GOALS ARE DEVELOPED EACH YEAR TO SUPPORT THE ORGANIZATION'S STRATEGIC INITIATIVES FOR PEOPLE, QUALITY, FINANCIAL, GROWTH AND SERVICE THE AD HOC COMPENSATION COMMITTEE APPROVES THE SYSTEM GOALS ANNUALLY AND REPORTS TO THE FULL BOARD OF DIRECTORS PROGRESS ON EACH METRIC IS REPORTED TO THE BOARD EACH MONTH ON THE CORPORATE SCORECARD AT YEAR END, THE AD HOC COMPENSATION COMMITTEE APPROVES THE FINAL SCORECARD NUMBER AND REPORTS RESULTS TO THE FULL BOARD ANNUAL INCENTIVES FOR THE EXECUTIVES ARE BASED ON 60% ON THE CORPORATE SCORECARD AND 40% ON INDIVIDUAL PERFORMANCE EXECUTIVES MAINTAIN AN INDIVIDUAL SCORECARD ON THE LEADER EVALUATION MANAGER AND DISCUSS RESULTS MONTHLY WITH THE PRESIDENT/CEO THE PRESIDENT/CEO APPROVES THE INDIVIDUAL EXECUTIVE SCORECARD
	Part I, Line 7	SEE THE RESPONSE TO LINE 6 ABOVE
Supplemental Information	Part III	PART II, LINE 1 COMPENSATION FROM UNRELATED ORGANIZATIONS CAROLINAS HEALTHCARE SYSTEM PROVIDES THE COMPENSATION OF DAVID L DUNLAP, CEO, CAREALLIANCE HEALTH SERVICES AND BRET D JOHNSON, CFO, CAREALLIANCE HEALTH SERVICES MR DUNLAP AND MR JOHNSON ARE EMPLOYEES OF CAROLINAS HEALTHCARE SYSTEM AND THEIR COMPENSATION IS PAID BY CAREALLIANCE HEALTHCARE SERVICES, A RELATED ORGANIZATION, THROUGH A MANAGEMENT FEE TO CAROLINAS HEALTHCARE SYSTEM ADDITIONAL INFORMATION CAREALLIANCE HEALTH SERVICES HAS BOARD REPRESENTATIONS FROM THE 3 FOUNDING ORGANIZATIONS THE MEDICAL SOCIETY OF SC (6 BOARD MEMBERS), BON-SECOURS HEALTH SYSTEM, INC (6 BOARD MEMBERS), AND CAROLINAS HEALTHCARE SYSTEM (1 BOARD MEMBER) NONE OF THE 13 APPOINTED BOARD MEMBERS RECEIVE COMPENSATION FOR THEIR MEMBERSHIP ADDITIONALLY, 4 OF THE 6 CAREALLIANCE HEALTH SERVICES BOARD MEMBERS APPOINTED BY THE MEDICAL SOCIETY OF SOUTH CAROLINA ALSO SERVE ON THE BOARD OF THE MEDICAL SOCIETY NONE RECEIVE COMPENSATION FOR THEIR SERVICES AS A BOARD MEMBER IT IS THE FOUNDING MEMBERS' INTENT THAT THE MEMBERS OF THE BOARD OF DIRECTORS ARE APPOINTED TO SUCH POSITIONS BECAUSE THEY HAVE A WILLINGNESS TO SERVE THE NEEDS OF THE SYSTEM AS A WHOLE AND NOT THE NEEDS OF ANY INDIVIDUAL FOUNDING MEMBER

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
AMANDA HOLLOWAY	FAMILY RELATIONSHIP TO OFFICER JOHN HOLLOWAY	34,894	COMPENSATION AS EMPLOYEE		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (MEDICAL EQUIPMENT)	X	1	41,291	
26	Other ▶ (REFRIGERATOR)	X	1	1,181	
27	Other ▶( )				
28	Other ▶ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 3		CAROLINAS HEALTHCARE SYSTEM (CHS), AN UNRELATED ORGANIZATION, PROVIDES THE COMPENSATION OF MR DAVID L DUNLAP, CEO, CAREALLIANCE HEALTH SERVICES AND MR BRET D JOHNSON, CFO, CAREALLIANCE HEALTH SERVICES MR DUNLAP AND MR JOHNSON ARE EMPLOYEES OF CHS AND THEIR COMPENSATION IS PAID BY CAREALLIANCE HEALTHCARE SERVICES, A RELATED ORGANIZATION, THROUGH A MANAGEMENT FEE TO CHS
Form 990, Part VI, Section A, line 6		THE SOLE MEMBER OF THE CORPORATION IS CAREALLIANCE HEALTH SERVICES, A SOUTH CAROLINA NONPROFIT, NONSTOCK CORPORATION, D/B/A ROPER ST FRANCIS HEALTHCARE CAREALLIANCE HEALTH SERVICES IS IN TURN GOVERNED BY A BOARD OF DIRECTORS APPOINTED BY THE "FOUNDING MEMBERS" PLEASE SEE THE RESPONSE TO LINE 7A BELOW
Form 990, Part VI, Section A, line 7a		THE ORGANIZATION IS GOVERNED BY A THIRTEEN MEMBER BOARD OF DIRECTORS APPOINTED BY THE FOUNDING MEMBERS SUBJECT TO CERTAIN NOMINATING AND GOVERNANCE COMMITTEE APPROVALS, SIX DIRECTORS ARE APPOINTED BY THE MEDICAL SOCIETY OF SOUTH CAROLINA (MSSC), BON SECOURS HEALTH SYSTEMS, INC (BSHSI) AND ONE DIRECTOR IS APPOINTED BY CAROLINAS HEALTHCARE SYSTEMS (CHS) IT IS THE FOUNDING MEMBERS' INTENT THAT THE MEMBERS OF THE ORGANIZATION'S BOARD OF DIRECTORS ARE APPOINTED TO SUCH POSITIONS BECAUSE THEY HAVE A WILLINGNESS TO SERVE THE NEEDS OF THE SYSTEM AS A WHOLE AND NOT THE NEEDS OF ANY INDIVIDUAL FOUNDING MEMBER THE BYLAWS OF THE ORGANIZATION SPECIFY CERTAIN QUALIFICATIONS OF THE THIRTEEN MEMBER BOARD OF DIRECTORS AT LEAST NINE DIRECTORS MUST HAVE THEIR PRIMARY RESIDENCE IN A COMMUNITY SERVED BY THE SYSTEM FIVE DIRECTORS MUST BE PHYSICIANS ACTIVELY ENGAGED IN THE FULL TIME PRACTICE OF MEDICINE FIVE OF THE DIRECTORS ARE APPOINTED TO THE BOARD OF DIRECTORS BY VIRTUE OF POSITIONS HELD WITHIN MSSC, BSHSI AND CHS (EX-OFFICIO DIRECTORS) EACH OF THE FIVE EX-OFFICIO DIRECTORS SERVES AS A DIRECTOR OF THE ORGANIZATION FOR SO LONG AS SUCH PERSON HOLDS HIS OR HER RESPECTIVE ELECTED OR APPOINTED OFFICE IN HIS OR HER RESPECTIVE FOUNDING MEMBER ORGANIZATION DIRECTORS SERVE THREE-YEAR TERMS AND ARE LIMITED TO THREE CONSECUTIVE TERMS AFTER AN ABSENCE OF AT LEAST ONE YEAR, DIRECTORS ARE AGAIN ELIGIBLE FOR APPOINTMENT TO THE BOARD OF DIRECTORS FOR TWO CONSECUTIVE COMPLETE TERMS
Form 990, Part VI, Section A, line 7b		THE FOLLOWING ACTIONS SHALL REQUIRE THE UNANIMOUS AFFIRMATIVE APPROVAL OF ALL OF THE FOUNDING MEMBERS WHO ARE THE MEDICAL SOCIETY OF SOUTH CAROLINA (MSSC), THE CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY DBA CAROLINAS HEALTHCARE SYSTEM (CHS), AND BON SECOURS HEALTH SYSTEM, INC (BSHSI) (A) TO AMEND THE ARTICLES OF INCORPORATION OR THESE BY-LAWS, INCLUDING WITHOUT LIMITATION, ANY CHANGE IN THE CORPORATION'S PURPOSES, PROVIDED, HOWEVER, THAT, SUBJECT TO THE PROCEDURES AND VOTING REQUIREMENTS SET FORTH IN THESE BY-LAWS WITH RESPECT TO THE ADMISSION OF NON-FOUNDING MEMBERS, SCHEDULE 3 1 ATTACHED TO THESE BYLAWS MAY BE AMENDED WITH THE APPROVAL OF TWO (2) OF THE FOUNDING MEMBERS TO REFLECT THE ADMISSION OF A NON-FOUNDING MEMBER, (B) TO DISSOLVE OR LIQUIDATE THE CORPORATION AND TO DETERMINE THE DISTRIBUTION OF ASSETS UPON DISSOLUTION, (C) TO MERGE OR CONSOLIDATE THE CORPORATION OR TO SELL, CONVEY, TRANSFER, LEASE, OR OTHERWISE DISPOSE OF ALL OR SUBSTANTIALLY ALL OF ITS ASSETS, (D) TO APPOINT THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE CORPORATION IN A MANNER OTHER THAN THAT ESTABLISHED BY THESE BY-LAWS, (E) TO ALTER OR AMEND THE CORPORATION'S ETHICAL PERFORMANCE STANDARDS (DEFINED BELOW), OR (F) TO ENTER INTO ANY MATERIAL AGREEMENT WHEREBY A THIRD PARTY WILL (I) BECOME AN EQUITY OWNER IN ANY JOINT VENTURE WITH THE CORPORATION OR ANY SYSTEM PARTICIPANT AND WILL NOT BE LEGALLY OBLIGATED TO SUPPORT THE CORPORATION'S ETHICAL PERFORMANCE STANDARDS, OR (II) MANAGE A SUBSTANTIAL PART OF THE FACILITIES, ASSETS, OR OPERATIONS OF THE SYSTEM AND WILL NOT BE LEGALLY OBLIGATED TO COMPLY WITH AND SUPPORT THE CORPORATION'S ETHICAL PERFORMANCE STANDARDS
Form 990, Part VI, Section B, line 11		THE 2009 FORM 990 WAS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM WITH ASSISTANCE AND OVERSIGHT BY MANAGEMENT REVIEWS WERE THEN CONDUCTED BY THE ASSISTANT CONTROLLER, DIRECTOR OF FINANCE, AND CHIEF FINANCIAL OFFICER OF CAREALLIANCE HEALTH SERVICES, THE SOLE MEMBER, BEFORE PRESENTATION AND REVIEW WITH THE ORGANIZATION'S GOVERNING BODY HIGHLIGHTS OF THE 2009 FORM 990 WERE PRESENTED TO THE ORGANIZATION'S BOARD OF DIRECTORS ON AUGUST 26, 2010 IN ADDITION TO THE ORGANIZATION'S EXECUTIVE MANAGEMENT, REPRESENTATIVES OF DIXON HUGHES, PLLC PARTICIPATED IN THIS REVIEW WITH BOARD MEMBERS THE AUGUST 26 BOARD MEETING WAS HELD PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE A FINAL VERSION OF THE FORM 990 WAS SENT TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING
Form 990, Part VI, Section B, line 12c		THE DIRECTORS SHALL COMPLETE AND RETURN TO THE SECRETARY AN ANNUAL STATEMENT THAT EACH OF THEM (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY, (C) AGREES TO COMPLY WITH THIS POLICY, (D) UNDERSTANDS THAT THE POLICY APPLIES TO ALL COMMITTEES, AND (E) UNDERSTANDS THAT THE ORGANIZATION IS A CHARITABLE ORGANIZATION AND MUST CONTINUOUSLY ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES
Form 990, Part VI, Section B, line 15		AN INDEPENDENT COMPANY, TOWERS PERRIN'S PROVIDES RESEARCH, ADVICE AND GUIDANCE TO THE COMPENSATION COMMITTEE AND SENIOR LEADERSHIP TO ENSURE THE ORGANIZATION'S COMPENSATION PROGRAMS FOR EXECUTIVES COVERED BY THE "INTERMEDIATE SANCTIONS LEGISLATION" (IRC SECTION 4958) ARE ALIGNED WITH ITS STATED PHILOSOPHY BASE SALARIES ARE TARGETED AT THE 50TH PERCENTILE OF THE ESTABLISHED COMPARATOR MARKET, TOTAL CASH COMPENSATION (BASE SALARY PLUS ANNUAL INCENTIVE PAYMENTS) ARE TARGETED AT THE 75TH PERCENTILE OF THE ESTABLISHED COMPARATOR MARKET, TOTAL DIRECT COMPENSATION (TOTAL CASH COMPENSATION PLUS LONG TERM INCENTIVE PAYMENTS) WILL NOT EXCEED THE 90TH PERCENTILE OF THE ESTABLISHED COMPARATOR MARKET, BENEFITS ARE TARGETED AT MARKET MEDIAN, AND IN AGGREGATE, BASE SALARY, TOTAL CASH COMPENSATION, TOTAL DIRECT COMPENSATION AND BENEFITS COMPRISE TOTAL COMPENSATION FOR EXECUTIVES THE COMPENSATION COMMITTEE ENSURES THAT EXECUTIVE TOTAL COMPENSATION IS REFLECTIVE OF THE ORGANIZATION'S STATED COMPENSATION PHILOSOPHY THE COMMITTEE, IN THIS PROCESS, AUTHORIZES AND SUPPORTS AN ANNUAL THREE STEP PROCESS UTILIZING TOWERS PERRIN'S RESOURCES 1) SALARY LEVELS, ANNUAL BONUS TARGETS/PAYMENTS AND LONG TERM INCENTIVE GRANTS ARE COMPARED RIGOROUSLY EACH YEAR WITH MARKET DATA BASED ON COMPARABLE POSITIONS AND ORGANIZATIONS A COMPARABLE ORGANIZATIONS ARE TYPICALLY NOT-FOR-PROFIT HEALTHCARE SYSTEMS WITH SIMILAR OPERATING REVENUES PRIVATE SECTOR EMPLOYER DATA, WHEN AVAILABLE, ARE ALSO INCLUDED IN THE ANALYSIS FOR "TRANSFERABLE SKILLS POSITIONS" B HISTORICALLY, PERFORMANCE INCENTIVE PAYOUTS GENERALLY TRACK WITH A NORMAL BONUS PAYOUT DISTRIBUTION INCENTIVE GOALS ARE PRIMARILY BASED ON FORMALLY DEFINED QUANTITATIVE GOALS 2) ALL RECOMMENDED PAY DECISIONS ARE TESTED AGAINST THESE DATA AND THE ORGANIZATION'S STATED COMPENSATION PHILOSOPHY 3) A FORMAL OPINION LETTER IS PREPARED BY TOWERS PERRIN, REPRESENTING THAT SENIOR EXECUTIVES ARE COMPENSATED WITHIN THE REASONABLENESS STANDARDS MANDATED BY THE IRS THIS LETTER PROVIDES A "SAFE HARBOR" FOR THE ORGANIZATION'S "DIRECTORS" RELATIVE TO THE REASONABLENESS OF TOTAL EXECUTIVE COMPENSATION CONSISTENT WITH IRC SECTION 4958
Form 990, Part VI, Section C, line 18		PHOTOCOPIES OF THE FORM 990 ARE AVAILABLE UPON REQUEST AT THE ORGANIZATION'S ADMINISTRATIVE OFFICE IN ADDITION, RECENT FILINGS OF THE FORM 990 ARE AVAILABLE ONLINE AT WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE PUBLISHED ANNUALLY AND ARE AVAILABLE TO THE PUBLIC AT WWW DACBOND COM

Schedule G, Part I, Line 2b, Column (v) Explanation of Fundraising Payments CORPORATE DEVELOPMINT LLC IS A FUNDRAISING CONSULTANT FOR WHICH ROPER ST FRANCIS FOUNDATION CONTRACTED WITH IN 2009 FORM 990, PART VII, LINE 1 COMPENSATION OF BOARD MEMBERS THE FOLLOWING BOARD MEMBERS WERE COMPENSATED FOR SERVICES PERFORMED FOR THE ORGANIZATION (OR A RELATED ORGANIZATION) NOT IN THE CAPACITY THEIR POSITIONS ON THE BOARD NO BOARD MEMBER IS COMPENSATED FOR HIS SERVICES AS A BOARD MEMBER JOHN M JORDAN WAS COMPENSATED FOR SERVICES AS CHIEF EXECUTIVE OFFICER OF THE MEDICAL SOCIETY OF SOUTH CAROLINA, A RELATED ORGANIZATION DAVID M ELLISON WAS COMPENSATED FOR MEDICAL SERVICES RENDERED TO A RELATED ORGANIZATION ALISON E DILLON WAS COMPENSATED FOR MEDICAL SERVICES RENDERED TO A RELATED ORGANIZATION

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	THE HEALING TIMES 2009 REPORT ROPER ST FRANCIS GOOD NEWS FOR ALL PEOPLE DEAR FRIENDS, THERE IS NO DOUBT THAT THIS PAST YEAR WAS DIFFICULT FOR MANY SEVERAL OF OUR FRIENDS AND NEIGHBORS EXPERIENCED JOB LOSSES AND OTHER FINANCIAL HARDSHIPS THESE ARE THE TIMES THAT TRULY TEST OUR SPIRIT OF GIVING THAT IS WHY I AM SO PROUD TO SHARE THIS YEAR'S ISSUE OF THE HEALING TIMES WITHIN THESE PAGES YOU WILL READ HOW OUR EXCELLENT TEAM AT ROPER ST FRANCIS FACED THE CHALLENGES OF A DOWN ECONOMY BY GIVING BACK MORE THAN EVER! WE SHATTERED OUR PREVIOUS TRIDENT UNITED WAY FUNDRAISING RECORD AND RAISED NEARLY $470,000 INDIVIDUAL DEPARTMENTS SKIPPED THEIR ANNUAL HOLIDAY PARTIES AND GIFTS EXCHANGES AND INSTEAD PUT THEIR MONEY TOWARD BUYING FOOD AND GIFTS FOR THE NEEDY AS A SYSTEM WE GAVE BACK NEARLY $30 MILLION* IN COMMUNITY BENEFIT THIS BENEFIT COMES IN MANY FORMS, INCLUDING CHARITY CARE, SPONSORSHIPS AND NUMEROUS COMMUNITY OUTREACH PROGRAMS, MANY OF WHICH ARE OUTLINED IN THIS REPORT TO OUR COMMUNITY THE SPIRIT OF GIVING AND COMPASSION IS STRONG AT ROPER ST FRANCIS, AND I AM VERY HAPPY TO BE ABLE TO SHARE SO MUCH GOOD NEWS WITH YOU THIS YEAR! I HOPE YOU ENJOY READING THIS REPORT AND WILL JOIN ME IN ACKNOWLEDGING OUR TEAM MEMBERS' GENEROUS DEEDS WARM REGARDS, DAVID L DUNLAP, FACHE PRESIDENT AND CHIEF EXECUTIVE OFFICER *VOLUNTARY HOSPITAL ASSOCIATION /CATHOLIC HEALTH ASSOCIATION'S STANDARDIZED COMMUNITY BENEFIT VALUATION METHODOLOGY --MISSION H2O BRINGS CLEAN WATER KENYA-- IN 2009, ROPER ST FRANCIS LAUNCHED ITS FIRST GLOBAL SERVICE PROJECT, "MISSION H2O MAJI FOR KENYA " EMPLOYEES, DOCTORS AND VOLUNTEERS SUCCESSFULLY RAISED MORE THAN $33,000 TO BRING CLEAN, SAFE WATER, OR "MAJI SAFI" AS IT'S CALLED IN THEIR NATIVE LANGUAGE, TO THE PLATEAU MISSION HOSPITAL AND ITS SURROUNDING COMMUNITY IN KENYA, AFRICA BY RAISING THIS MONEY, RSFH WAS ABLE TO FUND A LIVING WATER TREATMENT SYSTEM AND SURFACE PUMP FOR THE PLATEAU MISSION COMMUNITY OF 6,000, INCLUDING THE 89-BED HOSPITAL AND A PRIMARY SCHOOL THAT SERVES 600 CHILDREN IN EARLY MAY 2009, RSFH EMPLOYEES SCOTT BROOME, CAROLINE PATE AND JOAN PERRY TRAVELED TO KENYA, AFRICA TO TAKE PART IN A SPECIAL COMMISSIONING CEREMONY FOR THE LIVING WATER TREATMENT SYSTEM PURCHASED WITH MONEY RAISED BY OUR EMPLOYEES, VOLUNTEERS AND PHYSICIANS FOR THE PLATEAU MISSION COMMUNITY DURING THIS INITIATIVE, RSFH FORGED BONDS WITH THE HOSPITAL'S PATIENTS AND EMPLOYEES THAT GREW INTO SEVERAL MORE OUTREACH EFFORTS RSFH DONATED A USED HANDHELD ULTRASONIC DOPPLER WITH EXTRA BATTERIES, THREE BOTTLES OF ULTRASONIC GEL, AND ASSORTED MEDICAL BANDAGES AND DRESSINGS TO THEIR FRIENDS AT PLATEAU MISSION AND IS EXPLORING WAYS TO HELP ALIGN THE HOSPITAL WITH A SUSTAINABLE SOURCE OF RESOURCES IN THE FUTURE INDIVIDUAL DEPARTMENTS ALSO STEPPED FORWARD TO HELP RSFH'S WOMEN'S, INFANTS' AND CHILDREN'S CENTER IS REACHING OUT TO THEIR COUNTERPARTS AND RAISING MONEY FOR A RENOVATION OF THE MATERNITY WARD AT PLATEAU MISSION HOSPITAL THE ROPER HOSPITAL ACCESS DEPARTMENT COLLECTED MORE THAN 1,600 PAIRS OF FLIP-FLOPS FOR PLATEAU RESIDENTS --VOLUNTEERS GIVE GIFT OF EARNING TO KENYAN SCHOOL-- WHEN THE HEADMISTRESS OF THE PLATEAU GIRL'S IN ELDORET, KENYA EXPRESSED HER DREAM FOR A LIBRARY FOR HER STUDENTS THE VOLUNTEERS AT ST FRANCIS SPRANG INTO ACTION THEY COLLECTED BOXES OF BOOKS AND LATER FUNDED A TV/DVD PLAYER AND COLLECTED DVDS FOR THE PLATEAU GIRL'S SCHOOL --NEARLY $30 MILLION DOLLARS GIVEN BY ROPER ST FRANCIS TO BENEFIT THE COMMUNITY!-- IN 2009, ROPER ST FRANCIS HEALTHCARE CONTRIBUTED $29,660,717 IN DIRECT CHARITABLE EXPENSES TO CARE FOR OUR COMMUNITY CHARITY CARE $14,750,789 UNREIMBURSED COST OF MEDICAID $8,010,630 SPONSORSHIPS $545,916 COMMUNITY OUTREACH PROGRAMS $6,353,381 (INCLUDES GRANT/DONOR CONTRIBUTIONS) TOTAL COMMUNITY BENEFIT $29,660,717 --174,602 LIVES TOUCHED BY HEALTH FAIRS AND EVENTS-- ROPER ST FRANCIS EMPLOYEES SHARED THEIR EXPERTISE WITH 174,602 OF OUR NEIGHBORS WITH FREE SCREENINGS AT AREA HEALTHFAIRS AND COMMUNITY EVENTS THIS TALENTED TEAM DEVOTED 58,015 HOURS TO SERVING OUR COMMUNITY ROPER ST FRANCIS SPONSORED 40 COMMUNITY HEALTHFAIRS AND PARTICIPATED IN OVER 85 COMMUNITY HEALTHFAIRS AND SCREENINGS SOME OF THE EVENTS INCLUDED AIDS AWARENESS DAY AMERICAN HEART ASSOCIATION'S HEART WALK BISHOP GADSDEN WELLNESS FAIR CANE BAY HIGH SCHOOL CAREER DAY CARIO MIDDLE SCHOOL CAREER DAY CHRISTIAN JEWISH COUNCIL CITADEL HEALTH AND WELLNESS FAIR CRISIS MINISTRIES DEL WEBB (CANE BAY) HEALTHFAIR HAIR ETC BEAUTY AND HEALTH EXPO HOWARD CHAPEL AME CHURCH HEALTHFAIR IN MCCLELLANVILLE JAMES ISLAND CHARTER HIGH SCHOOL CAREER DAY JAMES ISLAND SURGERY CENTER HEALTHFAIR JUMP FOR THE HEART LIFE CENTER CATHEDRAL HEALTH AND WELLNESS FAIR LOWCOUNTRY SENIOR CENTER HOLISTIC FAIR MEALS ON WHEELS (OVER 1,300 MEALS PER MONTH) MOJA HERITAGE DAY HEALTH AND WELLNESS FAIR MOUNT MORIAH MISSIONARY BAPTIST CHURCH HEALTHFAIR NAZARETH RE CHURCH HEALTH AND SAFETY FAIR PAYNE RMUE CHURCH HEALTH AND WELLNESS FAIR PINK HEALS HEALTH EVENT, CHARLESTON AIR FORCE BASE PREGNANCY CELEBRATION ROYAL BAPTIST CHURCH HEALTH AND WELLNESS FAIR RSFH AMAZING HEALTH EXPO RSFH CANCER CENTER LADIES NIGHT OUT RSFH FAMILIES FOR A HEALTHY HEART PHASE II ST JOHN'S HIGH SCHOOL CAREER FAIR ST JAMES FAMILY HEALTH CENTER 12TH ANNUAL HEALTH AND WELLNESS FAIR ST JAMES PRESBYTERIAN COMMUNITY HEALTHFAIR SUSAN G KOMEN RACE FOR THE CURE WATER MISSIONS WALK FOR WATER --OVER $545,000 DONATED TO COMMUNITY GROUPS-- IN 2009, ROPER ST FRANCIS GAVE $545,916 IN SPONSORSHIPS MONETARY DONATIONS AND DONATIONS OF SUPPLIES AND EQUIPMENT ARE JUST A FEW OF THE WAYS ROPER ST FRANCIS SUPPORTS ORGANIZATIONS THAT ARE CONSISTENT WITH ITS MISSION "PARTNERING WITH LOCAL ORGANIZATIONS HELPS US MAKE A BIGGER IMPACT ON THE OVERALL HEALTH OF OUR COMMUNITY," SAID KEWANDA THOMPSON, ROPER ST FRANCIS COMMUNITY OUTREACH COORDINATOR GROUPS SPONSORED IN 2009 INCLUDE ACHIEVING WHEELCHAIR EQUALITY AMERICAN CANCER SOCIETY RELAY FOR LIFE AMERICAN HEART ASSOCIATION AMERICAN LUNG ASSOCIATION ARTHRITIS FOUNDATION BARRIER ISLANDS FREE MEDICAL CLINIC BLACK PAGES USA 2009 EXPO CATHOLIC MEDICAL MISSION BOARD CHARLESTON BREAST CENTER CHARLESTON RIDE FOR HOPE CITY OF CHARLESTON MOJA ARTS FESTIVAL CLOSING THE GAP IN HEALTH CARE COASTAL COMMUNITY FOUNDATION COASTAL CRISIS CHAPLAINCY CRISIS MINISTRIES DRAGON BOAT CHARLESTON EAST COOPER COMMUNITY OUTREACH EAST COOPER MEALS ON WHEELS HEMANGIOMA TREATMENT FOUNDATION LEUKEMIA AND LYMPHOMA SOCIETY LOWCOUNTRY ALZHEIMER'S ASSOCIATION LOWCOUNTRY FOOD BANK MARCH OF DIMES NATIONAL KIDNEY FOUNDATION OLD SANTEE CANAL PARK OUR LADY OF MERCY OUTREACH RESPITE CARE MINISTRIES RURAL MISSION SC AGING IN PLACE COALITION SC NURSES FOUNDATION SUSAN G KOMEN RACE FOR THE CURE TRI-COUNTY CANCER SURVIVORS WELVISTA WINDWOOD FARM --TRIDENT UNITED WAY CAMPAIGN SHATTERS RECORD!-- WHILE A DOWN ECONOMY PUT A DAMPER ON PHILANTHROPIC GIVING NATIONWIDE, IT ONLY SERVED TO MOTIVATE ROPER ST FRANCIS EMPLOYEES TO DIG DEEPER AND GIVE MORE RESULTING IN OUR RECORD SHATTERING 2009 TRIDENT UNITED WAY CAMPAIGN THE FOLLOWING ARE THE IMPRESSIVE NUMBERS DOLLARS RAISED WHEN THE ORIGINAL GOAL OF $330,000 WAS QUICKLY SURPASSED, A GOAL BUSTER GOAL OF $380,000 WAS SET EVEN THIS GOAL WAS SOON SURPASSED WITH AN INCREDIBLE $468,745 RAISED LEADERSHIP GIVERS 178 GENEROUS EMPLOYEES DONATED $1,000 OR MORE, WITH 40 OF THEM BEING FIRST TIME LEADERSHIP GIVERS EMPLOYEE PARTICIPATION 62% OF ALL EMPLOYEES DONATED TO THE 2009 CAMPAIGN DAY OF CARING SEVEN HUNDRED AND FIFTY EMPLOYEES VOLUNTEERED FOR THE DAY OF CARING THESE TEAMS COMPLETED THREE PROJECTS FOR HALOS (HELPING AND LENDING OUTREACH SUPPORT), BERKELEY CITIZENS AND MT PLEASANT MEALS ON WHEELS --WE COULDN'T DO IT WITHOUT OUR VOLUNTEERS!-- THE WONDERFUL ROPER ST FRANCIS VOLUNTEERS SERVED 82,226 HOURS IN 2009 ACCORDING TO THE INDEPENDENT SECTOR, THESE VOLUNTEER HOURS EQUAL THE WORK OF 40 FULL-TIME EMPLOYEES MORE THAN 450 VOLUNTEERS TRULY MAKE ROPER ST FRANCIS A BETTER PLACE TO RECEIVE HEALTHCARE

Identifier	Return Reference	Explanation
		--HEALTH NEWS YOU CAN USE'-- ROPER ST FRANCIS PUBLICATIONS AND TELEVISION SEGMENTS PROVIDE HEALTH "NEWS YOU CAN USE " PUBLICATIONS HOUSE CALLS MAGAZINE REACHES A WIDE AUDIENCE THROUGHOUT THE LOWCOUNTRY AND FEATURES USEFUL INFORMATION ON HEALTH AND WELLNESS, PREVENTATIVE HEALTH TOPICS AND TASTY, HEALTHY RECIPES THE CONSULT, DIRECTED TOWARDS DOCTORS AND CLINICAL STAFF, EXPLORES THE LATEST IN MODERN MEDICAL TREATMENTS THE ADVANTAGE NEWSLETTER IS PACKED WITH HEALTH AND WELLNESS ARTICLES AS WELL AS CLASSES AND EVENTS FOR THOSE AGES 55 AND OLDER TELEVISION HOUSE CALLS TV IS A 90-SECOND WEEKLY SEGMENT AIRING ON ABC, CBS, FOX , NBC AND COMCAST THAT FEATURES ROPER ST FRANCIS DOCTORS DISCUSSING TIMELY MEDICAL TOPICS HEALTHBEAT IS A MEDICAL INFORMATION PROGRAM AIRING ON COMCAST CABLE HOSTED BY ANGELA MAY THAT FEATURES UP-TO-THE-MINUTE HEALTH TOPICS FROM ROPER ST FRANCIS HEALTHCARE'S EXPERT DOCTORS AND STAFF --PASSION 4 PAWS-- ROPER ST FRANCIS AND THE CHARLESTON ANIMAL SOCIETY TEAMED UP FOR THE FIRST EMPLOYER-ASPCA SPONSORED PET FAIR IN THE NATION THE AMERICAN SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS PLANS TO REPRODUCE THIS MODEL EVENT ACROSS THE U S THE OCTOBER EVENT AT ROPER HOSPITAL WAS A SUCCESS, WITH FOUR ADOPTIONS COMPLETED ON-SITE ANOTHER FOUR ANIMALS FOUND LOVING HOMES AT THE EVENT HELD AT ST FRANCIS THIS PAST MARCH --BACKPACK BUDDIES PROVIDES GOOD NUTRITION TO CHILDREN-- THE BACKPACK BUDDIES PROGRAM IS A WAY TO SEND FOOD HOME WITH SCHOOL CHILDREN WHO OTHERWISE WOULD NOT HAVE ANYTHING TO EAT OVER THE WEEKEND BON SECOURS ST FRANCIS HOSPITAL COMMITTED TO DELIVERING 50 BAGS OF FOOD EACH MONTH TO HURSEY ELEMENTARY SCHOOL IN NORTH CHARLESTON, WHERE 98% OF STUDENTS ARE AT OR BELOW THE POVERTY LEVEL ROPER ST FRANCIS IMAGING SERVICES HAS ALSO COMMITTED TO DONATE 50 BACKPACKS OF FOOD TO STALL HIGH SCHOOL IN ADDITION, THE ST FRANCIS OR HAS BEEN WORKING WITH HAUT GAP SCHOOL FOR SEVERAL YEARS AND ALONE FILLS 25 BACKPACKS EACH MONTH --CRISIS MINISTRIES CELEBRATES 25 YEARS OF OFFERING SHELTER AND HOPE-- DURING THE LAST 25 YEARS, CRISIS MINISTRIES, A DOWNTOWN HOMELESS SHELTER, HAS FED MORE THAN 1 8 MILLION PEOPLE, SHELTERED OVER 37,500 AND HELPED 6,250 PEOPLE MOVE INTO HOMES OF THEIR OWN ROPER ST FRANCIS HEALTHCARE EMPLOYEES HAVE VOLUNTEERED 5,184 HOURS AT CRISIS MINISTRIES IN 2009 ALONE, THE GENEROSITY OF ROPER ST FRANCIS HAS ALLOWED THE SHELTER TO HELP 424 HOMELESS PEOPLE IN THE CHARLESTON AREA BECOME SELF-SUFFICIENT ROPER ST FRANCIS ALSO SPONSORS AN ON-SITE NURSE PRACTITIONER AND SEVERAL OF OUR DOCTORS VOLUNTEER THERE KATHRYN HARRISON, WITH THE ROPER ST FRANCIS MEDICAID NAVIGATOR PROGRAM ALSO GOES TO THE SHELTER WEEKLY TO HELP THE RESIDENTS NAVIGATE THE COMPLEX SYSTEM FOR BECOMING ENROLLED IN MEDICAID --ROPER ST FRANCIS FILLS TEACHERS' SUPPLY CLOSET-- EMPLOYEES FROM ST FRANCIS AND ROPER HOSPITALS AND OFF-CAMPUS LOCATIONS COLLECTED MORE THAN 5,000 ITEMS FOR THE TEACHERS' SUPPLY CLOSET, WHICH PROVIDES FREE SCHOOL SUPPLIES TO TEACHERS IN THE TRI-COUNTY AREA WHO WORK AT SCHOOLS THAT HAVE AT LEAST 95% OF THEIR STUDENTS ON THE FREE OR REDUCED-PRICE MEAL PROGRAM --SCRUBS PROGRAM GIVES STUDENTS A HANDS-ON LOOK AT THE MEDICAL PROFESSION-- THE STUDENTS CAN REALLY USE BEDSIDE SKILLS "SCRUBS" PROGRAM GIVES STUDENTS AN OPPORTUNITY TO LEARN ABOUT HEALTH CAREERS FROM EXPERTS IN THE FIELD WHO LOVE THEIR WORK DURING THE ANNUAL SCRUBS SUMMER CAMP, TEENAGERS EXPLORED HEALTH CAREERS AT BOTH ROPER AND ST FRANCIS HOSPITALS STUDENTS WHO HAVE ATTENDED PAST SCRUBS PROGRAMS ARE NOW WORKING AS PROFESSIONAL HEALTH CARE EMPLOYEES AT ROPER ST FRANCIS FACILITIES --ROPER VOLUNTEER AUXILIARY CREATES PLACE OF PEACE AND TRANQUILITY-- WHEN ROPER ST FRANCIS BANNED SMOKING IN AND ON ALL OF ITS PROPERTIES THE LEADERSHIP AT THE ROPER HOSPITAL AUXILIARY SAW AN OPPORTUNITY "THE OLD SMOKING AREA WAS CONVENIENTLY LOCATED RIGHT OUTSIDE OF ROPER, WE JUST KNEW WE COULD MAKE THAT SPACE SOMETHING BEAUTIFUL," SAID ROPER HOSPITAL VOLUNTEER COORDINATOR LYNNE COLLIER TODAY, AFTER RAISING OVER $70,000 FOR CONSTRUCTION, THAT SPACE IS A REFLECTION GARDEN TO HONOR LOVED ONES, VOLUNTEERS AND FAMILIES THE GARDEN IS A PLACE OF PEACE AND TRANQUILITY FOR STAFF AND VISITORS THE BABBLING WATERFALL AND SERENE LANDSCAPE CREATE AN ATMOSPHERE OF CALM THE GARDEN ALSO FEATURES ENGRAVED BRICKS COMMEMORATING BIRTHS, SPECIAL EVENTS AND LIFE MEMORIALS --WALKS, RUNS AND EVENTS RAISE MONEY AND CREATE FELLOWSHIP-- ROPER ST FRANCIS IS SOUTH CAROLINA'S LEADER IN SUPPORTING THE LIGHT THE NIGHT FOR THE LEUKEMIA & LYMPHOMA SOCIETY THE 2009 ROPER ST FRANCIS TEAM WAS RECOGNIZED FOR THEIR GENEROSITY AND LEADERSHIP IN THE FIGHT AGAINST LEUKEMIA AND LYMPHOMA OUR TEAM RECEIVED THE FOLLOWING AWARDS FOR THE CHARLESTON AREA "LIGHT THE NIGHT" WALK TOP CORPORATE FUNDRAISER FOR CHARLESTON TOP CORPORATE FUNDRAISER FOR SOUTH CAROLINA THE INAUGURAL "PORT CITY CUP" - A TRAVELING TROPHY THAT THE LEUKEMIA & LYMPHOMA SOCIETY AWARDS TO THE TOP FUNDRAISING HOSPITAL EACH YEAR THE TEAM RAISED $13,616 BY HOLDING SEVERAL FUNDRAISERS AND EVENTS INCLUDING A SILENT AUCTION AT THE ROOFTOP AT THE VENDUE INN DOWNTOWN, A HOSPITAL BAKE SALE AND EMPLOYEE DENIM DAYS THEY ALSO SOLD TICKETS TO EMPLOYEE GENE GLAVE'S SHOW THE MAMMALOGUES AND TEAM T-SHIRTS --HEART WALK FUNDRAISING DOUBLES GOAL'-- ROPER ST FRANCIS HEALTHCARE RAISED MORE THAN $69,000, NEARLY DOUBLE OUR $35,000 GOAL AND $10,000 MORE THAN LAST YEAR, FOR THE 2009 AMERICAN HEART ASSOCIATION'S START' LOWCOUNTRY HEART WALK IN SEPTEMBER ROPER ST FRANCIS HAD 56 TEAM LEADERS AND 757 PARTICIPANTS --CANCER CENTER WINS FIRST PLACE FOR TEAM PARTICIPATION AT KOMEN RACE FOR THE CURE-- ROPER ST FRANCIS TEAMS JOINED MORE THAN 8,000 PEOPLE IN THE OCTOBER FUNDRAISER TO FIGHT BREAST CANCER THE ROPER ST FRANCIS CANCER CENTER WON FIRST PLACE FOR TEAM PARTICIPATION, WITH 176 WALKERS AND PLACED SIXTH IN OVERALL MONEY RAISED, CONTRIBUTING $5,610 TO THE CAUSE --ROPER HOSPITAL - BERKELEY WINS AWARD FOR BEST CAMPSITE-- ROPER HOSPITAL-BERKELEY'S RELAY FOR LIFE TEAM RAISED $11,365 THEY ALSO WON SECOND PLACE FOR BEST CAMPSITE - CORPORATE DIVISION --FIRST ANNUAL AIDS WALK A SUCCESS-- THE ROPER ST FRANCIS RYAN WHITE PROGRAM HOSTED ITS INAUGURAL AIDS WALK IN NOVEMBER AT HAMPTON PARK IN DOWNTOWN CHARLESTON THE RYAN WHITE PROGRAM FOCUSES ON DELIVERING HIV/AIDS CARE AND SERVICES TO PEOPLE LIVING WITH HIV OR WHO ARE AT RISK OF INFECTION IN UNDERSERVED OR RURAL COMMUNITIES --GOLFERS DRIVEN TO SUPPORT NURSING SCHOLARSHIPS-- NEARLY $43,000 WAS RAISED AT THE 2009 SPIRIT OF CARING GOLF TOURNAMENT, WHICH TOOK PLACE IN MAY ON DANIEL ISLAND ONE-HUNDRED AND TWENTY-EIGHT GOLFERS PARTICIPATED IN THE EVENT, WHICH BENEFITS THE ROPER ST FRANCIS NURSING SCHOLARSHIP FUND --PADDLERS COME TOGETHER TO RAISE CANCER AWARENESS-- ROPER ST FRANCIS SPONSORED THREE TEAMS OF 20 PADDLERS EACH AT THE CHARLESTON DRAGON BOAT FESTIVAL IN MAY TO RAISE AWARENESS ABOUT CANCER SURVIVORSHIP PROGRAMS THE NEURO-SPINE CENTER TEAM RAISED OVER $1000 --TRUE MEANING OF CHRISTMAS REVEALED BY DEDICATED STAFF-- MOUNT PLEASANT FAMILY PRACTICE IN PAST YEARS, THE STAFF AT MT PLEASANT FAMILY PRACTICE DID A GIFT EXCHANGE, DRAWING NAMES WITH A $20 LIMIT ON THE GIFT DUE TO THE TOUGH ECONOMY LAST YEAR, THE PRACTICE DECIDED TO FOREGO THEIR GIFT EXCHANGE AND INSTEAD PUT $20 EACH TOWARDS HELPING A FAMILY IN NEED THE PRACTICE FOUND A FAMILY THAT HAD RECENTLY LOST THEIR FATHER TO A SUDDEN HEART ATTACK THE MOTHER'S JOB AT A LOCAL GROCERY STORE WAS NOT ENOUGH TO MAKE IT THROUGH MOST MONTHS, AND SHE HAD RELIED ON THE FOOD BANK TO HELP SUPPLEMENT FEEDING HER TWIN 11 YEAR-OLDS AND 7 YEAR-OLD THE PRACTICE RAISED $380 FOR THE FAMILY GIVEN IN THE FORM OF A WAL-MART GIFT CARD SO THE MOTHER COULD BUY CHRISTMAS GIFTS FOR HER CHILDREN "WE ALL FEEL SO BLESSED TO BE ABLE TO HELP THIS FAMILY I AM PROUD TO BE A PART OF MT PLEASANT FAMILY PRACTICE," SAID PRACTICE MANAGER SHARON OWENS ROPER ST FRANCIS VASCULAR TEAM AND HOME CARE AFTER A FELLOW EMPLOYEE'S HOME WAS DAMAGED BY FIRE, THE ROPER VASCULAR TEAM AND ROPER ST FRANCIS HOME CARE RAISED MONEY TO HELP PAY SOME BILLS AND PROVIDE A WAL-MART GIFT CARD FOR CHRISTMAS SHOPPING "WE WERE HAPPY TO HELP PROVIDE THEM WITH A GOOD CHRISTMAS," SAID JUDY BURBAGE, RN, CWCN WITH ROPER ST FRANCIS HOME CARE CHARLESTON NEUROSURGICAL ASSOCIATES THE OFFICE STAFF COLLECTED MONEY AND GAVE A DONATION TO CAMP HAPPY DAYS IN LIEU OF GIFTS MEMBERS OF THE OFFICE ALSO PARTICIPATED IN THE DRAGON BOAT RACES AND WALK FOR WATER ROPER HOSPITAL - BERKELEY ROPER HOSPITAL - BERKELEY DID AN ANGEL TREE FOR THE RESIDENTS OF BERKELEY CITIZENS, INC THIS ORGANIZATION HAS BEEN PROVIDING SUPPORT AND SERVICES TO INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES AND SPECIAL NEEDS IN BERKELEY COUNTY SINCE 1980

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		ANGEL TREE FOR A NUMBER OF YEARS, THE ROPER ST FRANCIS HEALTHCARE FAMILY HAS GIVEN GENEROUSLY TO BRIGHTEN THE HOLIDAYS FOR PEOPLE WHOSE ECONOMIC MEANS ARE VERY LIMITED DONATED GIFTS APPEAR ON CHRISTMAS DAY FOR CHILDREN ON JOHNS AND WADMALAW ISLANDS WHOSE FAMILIES ARE SERVED BY OUR LADY OF MERCY OUTREACH CENTER GIFTS ARE ALSO COLLECTED FOR THE CHILDREN OF ROPER ST FRANCIS EMPLOYEES WHOSE FINANCIAL SITUATIONS ARE STRAINED IN 2009, OUR EMPLOYEES AND VOLUNTEERS BROUGHT CHEER TO AREA CHILDREN WITH MORE THAN 800 GIFTS CHRISTMAS COMMANDO KATHY WARD, RN VOLUNTEERED AS A CHRISTMAS COMMANDO, JOINING OTHERS WHO PROVIDE CHRISTMAS GIFTS TO CHILDREN FACING THEIR FIRST CHRISTMAS AFTER THE LOSS OF A PARENT WINTER SWEATER DRIVE THE ROPER ST FRANCIS HEALTHCARE PHARMACIES COLLECTED NEW AND GENTLY USED SWEATERS FOR CHILDREN THIS WINTER DONATIONS WENT TO HALOS, ROPER ST FRANCIS CLOTHES CLOSET AND LOWCOUNTRY ORPHAN RELIEF --DEPARTMENTS GO ABOVE AND BEYOND-- IMAGING SERVICES STAFF ARE CLEARLY BIG HEARTED IN ADDITION TO PARTICIPATING IN NUMEROUS ROPER ST FRANCIS SPONSORED EVENTS SUCH AS HEALTHFAIRS, DRAGON BOAT RACES, KOMEN RACE FOR THE CURE, THE HEART WALK, MEN IN RED CONTEST, WATER MISSIONS INTERNATIONAL AND SERVING DINNER TWICE AT CRISIS MINISTRIES, THE BIG HEARTED STAFF OF THE IMAGING SERVICES DEPARTMENT REACHED OUT TO TOUCH LIVES IN THEIR OWN WAY THE DEPARTMENT HELD SEVERAL FUNDRAISING EVENTS FOR THE CHARLESTON ANIMAL SOCIETY THAT WERE SPEARHEADED BY A DEDICATED GROUP OF ST FRANCIS RADIOLOGIC TECHNOLOGISTS IN RECOGNITION OF THEIR EFFORTS, THE TECHS AND IMAGING LEADERSHIP WERE INVITED TO AN OPEN HOUSE HONORING CHARLESTON ANIMAL SOCIETY'S NEW FACILITY TWO EMPLOYEES MADE BIG CONTRIBUTIONS TO THE HALOS PROGRAM TRANSCRIPTIONIST BONNIE PATRENINI ADOPTED FOUR COLLEGE STUDENTS AND RAISED MONEY FOR BOOKS AND CLOTHING SO THEY COULD CONTINUE THEIR EDUCATION TERRY GUY WILLIAMS ORGANIZED A CHRISTMAS CAMPAIGN TO GIVE A SINGLE MOTHER BEDROOM FURNITURE INCLUDING BUNK BEDS, SHEETS AND BLANKETS TERRY ALONG WITH SEVERAL STAFF MEMBERS DELIVERED THE ITEMS JUST BEFORE CHRISTMAS IN LIEU OF CHRISTMAS GIFTS TO EACH OTHER, IMAGING LEADERSHIP ANONYMOUSLY DONATED MONEY TO A DESERVING IMAGING STAFF MEMBER THROUGH THE ROPER ST FRANCIS EMPLOYEE ASSISTANCE PROGRAM JULIE GRAUDIN, FRANCIS WYCKOFF AND THEIR TEAMS, THE ROPER RADIOLOGISTS AND ROPER PATHOLOGISTS, AND MEMBERS OF IMAGING LEADERSHIP WORKED WITH DR SPANN AND THE BARRIER ISLAND FREE CLINIC (BIFC) STAFF TO CREATE A MULTI-YEAR CONTRACT IN OCTOBER 2009 TO DONATE IMAGING AND LAB SERVICES TO BIFC PATIENTS FINALLY, THIS PAST DECEMBER, BRUCE MANIGO HELD A HOSPITAL WIDE FOOD COLLECTION FOR THE BACKPACK BUDDY PROGRAM AND COLLECTED 50 BOXES OF FOOD --EXCELLENT MEDICAL CARE ON STANDBY-- THE LIFELINK TEAM BROUGHT THEIR EXCELLENT URGENT CARE ONSITE TO A VARIETY OF EVENTS IN 2009, INCLUDING THE MOJA FESTIVAL FINALE, CHARLESTON FOOD AND WINE FESTIVAL, PORTER GAUD FOOTBALL GAMES, AN NBA PRE-SEASON GAME AT THE NORTH CHARLESTON COLISEUM AND MANY MORE --7 BUXTON EMBRACES SPIRIT OF GIVING-- THE INCREDIBLE STAFF ON 7 BUXTON ARE ROLE MODELS IN GIVING IN ADDITION TO THEIR DAILY COMMITMENT TO PROVIDE EXCELLENT CARE TO THEIR PATIENTS, THE TEAM ALSO FOUND TIME FOR THE FOLLOWING CHARITABLE PROJECTS IN 2009 1 COLLECTED SCRUBS FOR SOLDIERS IN AFGHANISTAN 2 HELD A VALENTINE'S DAY PARTY FOR ALZHEIMER'S PATIENTS AT SWEET GRASS RESIDENCE HOME IN MT PLEASANT 3 PROVIDED BIRTHDAY PRESENTS FOR RESIDENTS OF EAGLE HARBOR BOYS HOME 4 COLLECTED FOOD FOR CRISIS MINISTRIES HOMELESS SHELTER 5 PARTICIPATED IN THE DEMOLITION AND BUILDING OF A HOUSE WITH HABITAT FOR HUMANITY 6 HELD A FOURTH OF JULY PARTY FOR RESIDENTS OF VETERANS' VICTORY HOUSE IN WALTERBORO 7 COLLECTED AND SENT HALLOWEEN CANDY TO TROOPS IN THE MIDDLE EAST 8 PROVIDED COOKIES FOR RESIDENTS OF THE BRIDGES ASSISTED LIVING CENTER 9 COLLECTED FOOD FOR A FORMER COWORKER 10 PARTICIPATED IN THE PASTORAL CARE FOOD DRIVE 11 SOLD CANDY ON THE UNIT TO RAISE MONEY FOR THE AMERICAN HEART ASSOCIATIONS HEART WALK 12 HELD A CHRISTMAS PARTY FOR AND GAVE INDIVIDUAL GIFTS TO THE RESIDENTS OF EVERGREEN RESIDENCE HOME --ROPER HOSPITAL - BERKELEY AMBULATORY SURGERY DEPARTMENT CARES ABOUT THE LOCAL COMMUNITY'S HEALTH-- THE ROPER HOSPITAL - BERKELEY AMBULATORY SURGERY DEPARTMENT CONTINUES TO BE AN ACTIVE PARTICIPANT IN COMMUNITY EVENTS THAT SUPPORT THE RESIDENTS OF BERKELEY COUNTY WITH A FOCUS ON HEALTH PROMOTION AND EDUCATION THEIR TEAM WAS VERY ACTIVE IN THE COMMUNITY IN 2009 INCLUDING THE DEPARTMENT PREPARED AND SERVED A MEAL THE CHARLESTON HOPE LODGE IN MARCH AND OCTOBER THEY SPONSORED A SCRAPBOOKING DAY THAT RAISED OVER $2,000 FOR THEIR ROPER HOSPITAL - BERKELEY RELAY TEAM THEY PROVIDED THE FOOD, SPONSORED AND STAFFED TWO DAYS OF HOT DOG SALES FOR THE HEART WALK AT ROPER HOSPITAL - BERKELEY THEY HOSTED AND STAFFED THE ANNUAL ROPER HOSPITAL - BERKELEY HEALTH FAIR --PIG PICKIN' FOR PROSTATE CANCER-- IN SEPTEMBER, A PIG PICKIN' FOR PROSTATE CANCER WAS SPONSORED BY RADIATION ONCOLOGY ALL PROCEEDS BENEFITED THE CANCER CENTER'S PROSTATE FUND --TRUCK GIVES PATIENT RELIABLE TRANSPORTATION TO GET TO TREATMENTS-- GEORGE GEILS, JR , MD, PRESENTED A TRUCK AS A GIFT TO BONE MARROW TRANSPLANT PATIENT RICKY FRASIER OF RIDGEVILLE, WHO NEEDED RELIABLE TRANSPORTATION TO RECEIVE TREATMENT --KIAWAH-SEABROOK MEDICAL & URGENT CARE GIVE THE GIFT OF WARMTH-- DOCTORS AND STAFF AT KIAWAH-SEABROOK MEDICAL & URGENT CARE DONATED MONEY TOWARD BUYING FLEECE TO MAKE LAP BLANKETS FOR THE ISLAND OAKS LIVING CENTER ON JOHNS ISLAND SHOWING THEIR WARM GIFTS ARE (FROM LEFT) CHARLENE BROWN, CONNIE BRADY, RENEE DANIELS, TERRY HIGGINS, BRENDA BRITTON AND MEAM WILSON -- BIG HEARTED STAFF ON 4 HVT ADOPT HAUT GAP MIDDLE SCHOOL STUDENTS-- THE STAFF ON 4HVT MADE THE SCHOOL YEAR A LITTLE BRIGHTER FOR THE CHILDREN AT HAUT GAP MIDDLE SCHOOL THEY ADOPTED A CLASSROOM AND DONATED BOOK BAGS FILLED WITH SCHOOL SUPPLIES AS WELL AS MONEY THEY ALSO PROVIDED SWEATSHIRTS FOR ALL THE 6TH GRADERS --HOME COOKING BENEFITS FAMILIES AT CRISIS MINISTRIES-- HUMAN RESOURCES EMPLOYEES LYNDA GARRETT, ADELL HUTTO AND LISA BOYD SERVED DINNER AT THE CRISIS MINISTRIES FAMILY CENTER IN SEPTEMBER LYNDA PREPARED A MEAL OF BBQ CHICKEN, MASHED POTATOES, GREEN BEANS, CORN, ROLLS, POUND CAKE AND LEMONADE, AND ADELL AND LISA HELPED SERVE TWENTY PEOPLE ENJOYED THE MEAL THAT EVENING, WHICH WAS SEPARATE FROM THE MONTHLY MEAL THAT ROPER ST FRANCIS SERVES AT CRISIS MINISTRIES --CARDIOTHORACIC SURGERY OF CHARLESTON GIVES BACK YEAR ROUND-- THE INCREDIBLE TEAM AT CARDIOTHORACIC SURGERY OF CHARLESTON TOUCHED LIVES BOTH NEAR AND FAR WITH A YEAR OF GRACIOUS GIVING THE FOLLOWING ARE A FEW OF THE ORGANIZATIONS THEY HELPED LOWCOUNTRY FOOD BANK THE PRACTICE HELD A DRIVE WITH FELLOW ROPER MEDICAL OFFICE BUILDING PRACTICES AND DELIVERED 60 POUNDS OF FOOD TO THE LOWCOUNTRY FOOD BANK IN TIME FOR THANKSGIVING DRAGON BOAT FESTIVAL THE CARDIOTHORACIC STAFF DEMONSTRATED THEIR STRENGTH AND TEAMWORK AT THE DRAGON BOAT FESTIVAL TRIDENT UNITED WAY WITH OVER 60% PARTICIPATION IN THE 2009 CAMPAIGN FLIPPING FOR KENYA COLLECTED AND DONATED 28 PAIRS OF FLIP FLOPS CRISIS MINISTRIES THE PRACTICE SERVED DINNER AT THE WOMEN'S SHELTER DURING THE SUMMER WATER MISSIONS INTERNATIONAL 100% OF THE EMPLOYEES CONTRIBUTED TO WATER MISSIONS INTERNATIONAL LOVE N' LEARN BAGS THE PRACTICE DECORATED AND DONATED 6 BAGS FOR HALOS LOVE N' LEARN --ROPER REHABILITATION HOSPITAL OFFERS OPPORTUNITIES TO HELP OTHERS HELP THEMSELVES-- THE ROPER REHABILITATION HOSPITAL HAD ANOTHER BANNER YEAR OF HELPING PATIENTS WITH THEIR RECOVERY AND GIVING BACK TO THE ORGANIZATIONS THAT SUPPORT THE PATIENTS THEY SERVE SOME OF THEIR 2009 HIGHLIGHTS INCLUDE OFFERING SUPPORT THE REHAB HOSPITAL HOLDS MONTHLY SUPPORT GROUP MEETINGS FOR PATIENTS AND FAMILIES AFFECTED BY STROKE AND LIMB LOSS THEY ALSO HOSTED A FALL HARVEST FOR PATIENTS AND FAMILIES THAT INCLUDED ENCOURAGING AND INSPIRING PRESENTATIONS BY FORMER PATIENTS SPONSORSHIPS THE REHAB HOSPITAL TEAM SPONSORED THE FOLLOWING EVENTS - WHEELCHAIR BASKETBALL WHEELS 'N STEALS NORTH CHARLESTON HURRICANES DIVISIONAL TOURNAMENT - COOPER RIVER BRIDGE RUN WHEELCHAIR DIVISION - ACHIEVING WHEELCHAIR EQUALITY SKI CLINIC AT LAKE MOULTRIE - SOUTHEASTERN REGIONAL WHEELCHAIR GAMES IN MYRTLE BEACH

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		--ROPER HOSPITAL SURGICAL INTENSIVE CARE UNIT EMBRACES SPIRIT OF GIVING-- THE ROPER HOSPITAL SURGICAL INTENSIVE CARE UNIT HAD A BUSY YEAR OF GIVING BACK ACTIVITIES AND ORGANIZATIONS THEY PARTICIPATED IN INCLUDE - DONATED TO THE WATER MISSIONS INTERNATIONAL PROJECT - PARTICIPATED IN THE IRON MAN TRIATHLON FOR THE LEUKEMIA & LYMPHOMA SOCIETY AND - RAISED $250 FROM A BAKE SALE AND MORE THAN $2,000 FOR THE RACE - DONATED PTO AND $500 TO A ROPER ST FRANCIS RESPIRATORY THERAPIST WHO WAS HOSPITALIZED WITH A LIFE THREATENING ILLNESS - DONATED FOOD AND SUPPLIES TO THE LOCAL ANIMAL SHELTER - WROTE LETTERS TO U S TROOPS - PARTICIPATED IN BACK PACK BUDDIES - DONATED COMPLETE THANKSGIVING DINNERS TO FIVE LOWCOUNTRY FAMILIES IN NEED - PARTICIPATED IN THE HALOS HOLIDAY PROGRAM AND BOUGHT CHRISTMAS GIFTS FOR 30 CHILDREN --OUTSTANDING EMPLOYEES RECOGNIZED-- WILLIE MAE WEST WINS PRESIDENT'S HUMANITARIAN AWARD DESCRIBED AS A HIGHLY ETHICAL AND SPIRITUAL PERSON BOTH AT WORK AND AT HOME, WILLIE MAE WEST, WHO IS CELEBRATING 28 YEARS AS AN EMPLOYEE WITH RSFH, WAS AWARDED THE 2009 PRESIDENT'S HUMANITARIAN AWARD - ROPER ST FRANCIS HEALTHCARE'S HIGHEST HONOR CURRENTLY, WILLIE MAE SERVES AS STAFFING CLERK FOR ROPER HOSPITAL NURSING RESOURCES DURING HER PREVIOUS YEARS OF EMPLOYMENT, SHE HAS WORKED IN ENVIRONMENTAL SERVICES, AS A WARD CLERK AND UNIT SECRETARY "IT IS AMAZING TO SEE THE DIFFERENCE THAT ONE PERSON CAN MAKE," WROTE TOM O'BRIEN, RN, WHO NOMINATED WILLIE MAE AND WAS THE RECIPIENT OF LAST YEAR'S PRESIDENT'S AWARD "THANKS TO THE RAPPORT SHE HAS DEVELOPED WITH STAFF, THEY RESPOND POSITIVELY TO REQUESTS FOR ADDITIONAL HELP THIS MAGIC TOUCH HAS DRAMATICALLY INCREASED EMPLOYEE SATISFACTION, PATIENT SATISFACTION AND PATIENT OUTCOMES " THROUGH HER WORK WITH THE ROPER ST FRANCIS SCRUBS, WILLIE MAE HAS PERSONALLY TOUCHED AND DIRECTED THE PROFESSIONAL FUTURES OF OVER 50 CHILDREN IN THE PAST YEAR IN HER PERSONAL LIFE, SHE HAS BEEN AN ACTIVE MEMBER OF HER CHURCH FOR 30 YEARS, SINGING IN THE CHOIR, VISITING AND TAKING MEALS TO THOSE WHO ARE SICK AND HELPING WITH FUNDRAISING AND MISSION WORK --TERRY CROWLEY RECEIVES ACTS OF KINDNESS AWARD-- TERRY CROWLEY OF THE MOBILE RESOURCE POOL WON THE ANNUAL ACTS OF KINDNESS AWARD TERRY WAS HONORED AT THE EMPLOYEE RECOGNITION BANQUET FOR HER EXTRAORDINARY ACT OF KINDNESS THE FOLLOWING IS HER NOMINATION AS SUBMITTED BY EMPLOYEE DEBRA BRAWDY "TERRY WAS TELLING ME ABOUT THE OTHER DAY WHEN SHE WAS TAKING HER MOTHER GROCERY SHOPPING SHE MENTIONED THAT SHE NOTICED A VERY FRAIL, ELDERLY WOMAN DOING HER OWN SHOPPING, SAYING HOW SHE FEELS SAD FOR THESE PEOPLE WHO CAN BARELY GET AROUND WHEN IT CAME TIME TO CHECK OUT, TERRY COULD NOT SEE WHO WAS IN FRONT OF HER MOTHER IN THE LINE BUT KEPT HEARING SOMEONE SAYING 'INSUFFICIENT FUNDS ' SHE ASKED HER MOTHER WHO WAS IN FRONT OF HER HER MOTHER SAID THAT THE ELDERLY WOMAN HAD INSUFFICIENT FUNDS TERRY WENT TO THE CHECKOUT LADY AND ASKED HER WHAT WAS HAPPENING AND WHERE THE WOMAN'S GROCERIES WERE THE WOMAN HAD LEFT NOT BEING ABLE TO PAY FOR GROCERIES AND THEY HAD PUT THEM OFF TO THE SIDE TERRY ASKED HOW MUCH SHE OWED FOR THEM - THE DIFFERENCE WAS $16 TERRY PAID FOR THE LADY'S GROCERIES AND HAD THE BAGGER TAKE THEM OUT TO HER TERRY WAS TELLING ME HOW IT WAS SUCH A SMALL AMOUNT OF FOOD AND HOW SHE WISHED SHE COULD HAVE DONE MORE TERRY IS A WONDERFUL CARING NURSE AND THIS IS JUST AN EXAMPLE OF HOW SHE TRULY CARES ABOUT PEOPLE " THE ACTS OF KINDNESS PROGRAM OVER 3,600 NOMINATIONS HAVE BEEN RECEIVED IN THE NEARLY 10 YEARS OF THE ACTS OF KINDNESS PROGRAM EVERY NOMINEE RECEIVES A CONGRATULATORY THANK YOU LETTER FROM DAVID DUNLAP AND A SMALL APPRECIATION GIFT QUARTERLY WINNERS, AS CHOSEN BY THE ACTS OF KINDNESS COMMITTEE, RECEIVE A BEAUTIFUL GIFT BASKET PROVIDED BY OUR VOLUNTEERS --GRANTS ASSIST IN HEALING ALL PEOPLE BY IMPROVING HEALTHCARE ACCESS AND QUALITY IN THE LOWCOUNTRY-- AS THE COMMUNITY'S ONLY PRIVATE, NOT-FOR-PROFIT HOSPITAL SYSTEM, ROPER ST FRANCIS HEALTHCARE BEARS THE RESPONSIBILITY OF PROVIDING THE BEST CARE TO EVERYONE WHO ENTERS OUR HOSPITALS OR FACILITIES THE ROPER ST FRANCIS FOUNDATION SEEKS GRANT SUPPORT FOR SYSTEM PROGRAMS AND COLLABORATIVE PROJECTS THAT ADDRESS ISSUES RELATED TO THE HEALTH OF OUR COMMUNITY, INCLUDING THE REGION'S MOST VULNERABLE RESIDENTS--THE CHRONICALLY ILL, THE HOMELESS, THE UNINSURED GRANTS AWARDED THROUGH THE FOUNDATION PROVIDE MUCH-NEEDED SUPPORT FOR PROGRAMS THAT IMPROVE ACCESS TO CARE FOR LOW-INCOME AND UNINSURED RESIDENTS AND INCREASE THE QUALITY OF CARE DELIVERED IN THE TRI-COUNTY AREA --ROPER ST FRANCIS FOUNDATION RECEIVES GRANTS TO HELP TREAT THE MENTALLY ILL AND ALLEVIATE STRAIN ON COMMUNITY ER'S-- IN 2009, FOUNDATION GRANT SEEKING EFFORTS FOCUSED ON ADDRESSING THE SEVERE STRAIN ON ROPER ST FRANCIS HEALTHCARE'S EMERGENCY DEPARTMENTS CAUSED BY THE INCREASING NUMBERS OF MENTAL HEALTH PATIENTS WHO DO NOT HAVE AN ALTERNATIVE SOURCE OF CARE WORKING WITH OUR COMMUNITY PARTNERS, WE RECEIVED TWO GRANTS THAT DIRECTLY ADDRESS THIS PROBLEM A $635,121 THREE-YEAR GRANT FROM THE DUKE ENDOWMENT FOR THE LOWCOUNTRY PSYCHIATRIC URGENT CARE CLINIC EXPANSION PROJECT AND A $50,000 GRANT FROM THE BON SECOURS MISSION FUND TO SUPPORT CRISIS MINISTRIES' PROJECT CATCH THE DUKE ENDOWMENT LOWCOUNTRY PSYCHIATRIC URGENT CARE CLINIC EXPANSION PROJECT SOMETIMES OBSTACLES LEAD TO INNOVATION SUCH IS THE CASE WITH THE CREATION OF THE LOWCOUNTRY'S PSYCHIATRIC URGENT CARE CLINIC REELING FROM SEVERE BUDGET CUTS AND FACING EVER INCREASING NUMBERS OF CHRONICALLY ILL MENTAL HEALTH PATIENTS, THE CHARLESTON MENTAL HEALTH CENTER OPENED AN INNOVATIVE NEW PSYCHIATRIC URGENT CARE CLINIC FOR MENTAL HEALTH PATIENTS SPECIFICALLY IN NEED OF CONSISTENT OUTPATIENT CARE IN MARCH OF 2009 THE CLINIC OFFERED A RAPID RESPONSE RESOURCE TO THOSE IN CHRONIC PSYCHIATRIC DISTRESS, THEREBY FREEING UP EMERGENCY DEPARTMENTS ACROSS THE TRI-COUNTY TO SERVE THOSE TRULY IN NEED OF EMERGENCY SERVICES THE NEW URGENT CARE CLINIC HAD AN IMMEDIATE IMPACT UPON OPENING, BUT ITS REACH WAS LIMITED TO WEEKDAY HOURS AND TO PATIENTS WITH THE MEANS TO TRAVEL TO THE NEW CLINIC IN DECEMBER 2009, THE DUKE ENDOWMENT AWARDED ROPER ST FRANCIS FOUNDATION AND THE CHARLESTON MENTAL HEALTH CENTER A THREE-YEAR, $635,121 GRANT TO EXPAND SERVICES PROVIDED THROUGH THE PSYCHIATRIC URGENT CARE CLINIC WITH THIS SUPPORT, THE PSYCHIATRIC URGENT CARE CLINIC WILL BE ABLE TO OFFER ITS SERVICES TO PATIENTS ON WEEKENDS AND TO ADD ACCESS TO SERVICES IN REMOTE LOCATIONS THROUGH A MOBILE UNIT THAT REACHES RURAL AREAS AND LINKS TO A STATE-WIDE TELEPSYCHIATRIC CONSULTATION SYSTEM NEWLY ESTABLISHED BY THE STATE'S DEPARTMENT OF MENTAL HEALTH THE GRANT PROJECT WILL ALSO INCORPORATE MARKETING EFFORTS TO RAISE AWARENESS OF THE AVAILABILITY OF THESE SERVICES WITHIN TARGETED GROUPS-FROM THOSE WHO DESPERATELY NEED PSYCHIATRIC HELP TO THE EMERGENCY RESPONDERS WHO PROVIDE THEIR CARE "THE NEED FOR THIS GRANT TRULY IS COMMUNITY WIDE," SAID WANDA BROCKMEYER, DIRECTOR OF EMERGENCY SERVICES AT ROPER ST FRANCIS HEALTHCARE "WE SEE IT HERE AT ROPER ST FRANCIS WITH INCREASING NUMBERS OF MENTAL HEALTH PATIENTS COMING TO OUR EMERGENCY DEPARTMENTS DESPERATE FOR CARE WITH THIS GRANT, WE HOPE TO HELP THESE PATIENTS BEFORE THEY REACH THE CRISIS MODE, THUS IMPROVING THEIR CARE AND ALLEVIATING THE STRAIN ON OUR ED STAFFS AND RESOURCES " THE DUKE ENDOWMENT, LOCATED IN CHARLOTTE, N C , SEEKS TO FULFILL THE LEGACY OF JAMES B DUKE BY IMPROVING LIVES AND COMMUNITIES IN THE CAROLINAS THROUGH HIGHER EDUCATION, HEALTH CARE, RURAL CHURCHES AND CHILDREN'S SERVICES SINCE ITS INCEPTION, THE ENDOWMENT HAS AWARDED MORE THAN $2 6 BILLION IN GRANTS BON SECOURS HEALTH SYSTEM, INC , MISSION FUND CRISIS MINISTRIES PROJECT CATCH ACROSS THE COUNTRY, MANY HOMELESS PATIENTS, INCLUDING THOSE WHO ARE MENTALLY ILL AND/OR SUBSTANCE ABUSERS, RELY ON HOSPITAL EMERGENCY ROOMS AS THEIR PRIMARY HEALTH CARE RESOURCE NATIONAL STATISTICS SHOW THAT AS MANY AS 700,000 AMERICANS ARE HOMELESS AT ANY ONE TIME AN ESTIMATED 20 TO 25% OF THE HOMELESS HAVE A SERIOUS MENTAL ILLNESS, AND ABOUT HALF OF THEM ALSO ABUSE ALCOHOL AND/OR DRUGS

Identifier	Return Reference	Explanation
		THE SOUTH CAROLINA LOWCOUNTRY IS NO DIFFERENT CRISIS MINISTRIES, THE HOMELESS SHELTER PROVIDING FOOD AND SHELTER TO MORE THAN 1,600 PEOPLE IN THE TRI-COUNTY REGION, ENCOUNTER THE SAME PROBLEMS WITH MENTAL ILLNESS AND SUBSTANCE ABUSE AMONG THE PEOPLE THEY SERVE SIXTY-TWO PERCENT OF CRISIS MINISTRIES' CLIENTS HAVE A DISABLING CONDITION, SUCH AS SERIOUS MENTAL ILLNESS, A DIAGNOSABLE SUBSTANCE USE DISORDER, OR DEVELOPMENTAL DISABILITY OF THOSE WITH A DISABLING CONDITION, 13% HAVE A CHRONIC PHYSICAL ILLNESS OR DISABILITY, 29% HAVE A DIAGNOSABLE SUBSTANCE USE DISORDER AND 18% HAVE A SERIOUS MENTAL ILLNESS SIXTEEN PERCENT OF THE SHELTER'S CLIENTS SUFFER FROM A CO-OCCURRING MENTAL ILLNESS AND SUBSTANCE USE DISORDER, ALSO KNOWN AS COD WITH MORE THAN HALF OF THE CLIENTS THAT CRISIS MINISTRIES SERVES EACH YEAR SUFFERING FROM MENTAL ILLNESS, SUBSTANCE USE DISORDER, OR COD, THE NEED FOR LOCAL SERVICES TO ADDRESS THESE ISSUES IS CRITICAL IN RESPONSE, CRISIS MINISTRIES HAS DEVELOPED A NEW PROGRAM CALLED CHARLESTON AREA TREATMENT CENTER FOR THE HOMELESS, OR PROJECT CATCH THIS PROGRAM PROVIDES INTENSIVE, INTEGRATED TREATMENT AND SUPPORTIVE SERVICES FOR HOMELESS INDIVIDUALS WITH COD IN JULY OF 2009, THE MISSION FUND OF THE BON SECOURS HEALTH SYSTEM, INC , AWARDED A $50,000 GRANT TO THE ROPER ST FRANCIS FOUNDATION AND CRISIS MINISTRIES TO HELP RENOVATE A BUILDING LOCATED WITHIN A FEW STEPS OF THE MAIN SHELTER TO HOUSE PROJECT CATCH THE RENOVATIONS WILL CREATE A DEDICATED SPACE FOR PROJECT CATCH AND ENHANCE EXISTING SERVICES TO PROVIDE INTERVENTION AND TREATMENT SERVICES TO HOMELESS INDIVIDUALS WITH A MENTAL ILLNESS, SUBSTANCE USE DISORDER OR COD THROUGH THIS AID, HOMELESS INDIVIDUALS CAN LEARN SKILLS TO STABILIZE THEIR MENTAL HEALTH, IMPROVE THEIR GENERAL LEVEL OF FUNCTIONING AND BREAK THE DETRIMENTAL CYCLE OF HOMELESSNESS THE MISSION FUND OF BON SECOURS HEALTH SYSTEM, INC (BSHSI) TO PROMOTE THE CATHOLIC HEALTH MINISTRY AND TO SUPPORT THE SYSTEM'S MISSION TO BRING COMPASSION TO HEALTH CARE AND TO BE GOOD HELP TO THOSE IN NEED, ESPECIALLY THE POOR AND DYING THE MISSION FUND PROVIDES GRANTS TO INITIATIVES THAT IMPROVE THE HEALTH AND WELL BEING OF COMMUNITIES, PARTICULARLY FOR DISENFRANCHISED AND MARGINALIZED PEOPLE, SERVED BY BSHSI LOCAL SYSTEMS, CO-SPONSORS AND THE CONGREGATION OF THE SISTERS OF BON SECOURS --M A C AIDS FUND SUPPORTS RYAN WHITE HOPE HOUSING PROJECT-- ACROSS THE LOWCOUNTRY, STABLE AND AFFORDABLE HOUSING IS ONE OF THE GREATEST NEEDS FOR LOW-INCOME PEOPLE ONE VULNERABLE GROUP HIT PARTICULARLY HARD BY THE LACK OF AVAILABLE HOUSING IS THE AREA'S HIV-POSITIVE POPULATION NEARLY 10% OF THE MORE THAN 420 PATIENTS ENROLLED IN THE ROPER ST FRANCIS RYAN WHITE HIV PROGRAM DO NOT HAVE STABLE HOUSING AT ANY GIVEN TIME, 57% OF THESE ENROLLED PATIENTS STATE THAT THEIR HOUSING SITUATION IS PRECARIOUS THIS LACK OF STABLE HOUSING CAN HAVE DIRE CONSEQUENCES ACCORDING TO THE NATIONAL AIDS HOUSING COALITION, HOMELESS OR UNSTABLY HOUSED PERSONS ARE CONSISTENTLY FOUND TO BE TWO TO SIX TIMES MORE LIKELY TO USE HARD DRUGS, SHARE NEEDLES OR ENGAGE IN HIGH-RISK SEX THAN STABLY HOUSED PERSONS IN ADDITION, PERSONS WHO IMPROVED THEIR HOUSING STATUS REDUCED RISK BEHAVIORS BY HALF IN SECURING THE BASIC NEED OF SHELTER, PATIENTS ARE ABLE TO SHIFT THEIR FOCUS TO THEIR HEALTH AND WELL BEING A STABLE LIVING SITUATION ALSO IMPROVES ACCESS AND ADHERENCE TO ANTIRETROVIRAL MEDICATIONS, WHICH LOWER VIRAL LOAD AND REDUCE THE RISKS OF HIV TRANSMISSION IN 2009, THE ROPER ST FRANCIS RYAN WHITE PROGRAM RECEIVED A $25,000 GRANT FOR ITS HOPE HOUSING PROGRAM FROM THE M A C AIDS FUND THIS GRANT WILL INCREASE THE NUMBER OF HIV/AIDS PATIENTS IN ROPER ST FRANCIS'S CARE WHO LIVE IN SAFE AND STABLE HOUSING THESE ADDITIONAL HOUSING FUNDS WILL HELP TO PREVENT HOMELESSNESS AND IMPROVE MEDICAL ADHERENCE AND CLINICAL OUTCOMES FOR THESE VULNERABLE LOWCOUNTRY RESIDENTS ABOUT THE M A C AIDS FUND THE M A C AIDS FUND (MAF) WAS ESTABLISHED IN 1994 BY M A C COSMETICS TO SUPPORT MEN, WOMEN AND CHILDREN AFFECTED BY HIV/AIDS GLOBALLY MAF IS A PIONEER IN HIV/AIDS FUNDING, PROVIDING FINANCIAL SUPPORT TO ORGANIZATIONS WORKING WITH UNDERSERVED REGIONS AND POPULATIONS THROUGH VIVA GLAM SPOKESPEOPLE SUCH AS FERGIE, CYNDI LAUPER AND LADY GAGA, MAF ISSUES A WORLDWIDE CALL TO ACTION TO ADDRESS THE HIV/AIDS CRISIS TO DATE, MAF HAS RAISED OVER $160 MILLION EXCLUSIVELY THROUGH THE SALE OF M A C'S VIVA GLAM LIPSTICK AND LIPGLASS, DONATING 100% OF THE SALE PRICE TO FIGHT HIV/AIDS --ROPER ST FRANCIS FOUNDATION 2009 GRANT PROGRAMS-- IN 2009, THE FOUNDATION RECEIVED MORE THAN $2 2 MILLION IN GRANTS FROM FEDERAL, STATE, AND LOCAL GOVERNMENT AGENCIES AND CORPORATE AND PRIVATE FOUNDATIONS GRANT-FUNDED PROJECTS RANGE FROM CANCER SCREENINGS FOR AT-RISK, LOW-INCOME PATIENTS TO ASSISTANCE FOR HIV-POSITIVE PATIENTS TO SECURE AFFORDABLE HOUSING TO WELLNESS PROGRAMS FOR MANAGING CHRONIC DISEASE FOR THE ELDERLY --FOUNDATION SUPPORT ADDS VALUE TO THE SYSTEM-- AS A NOT-FOR-PROFIT COMMUNITY HOSPITAL, THE ROPER ST FRANCIS HEALTHCARE GOVERNING BOARDS ARE MADE UP OF VOLUNTEER COMMUNITY LEADERS AND DONORS WHO REPRESENT A WIDE RANGE OF GIVING INTERESTS, FROM SMALL DONATIONS THAT HONOR A COMPASSIONATE CAREGIVER TO MAJOR GIFTS THAT ENSURE THAT OUR FACILITIES ARE EQUIPPED TO DELIVER THE BEST IN CARE IN 2009, INDIVIDUALS AND BUSINESSES IN OUR COMMUNITY PROVIDED MORE THAN $5 1 MILLION TO THE ROPER ST FRANCIS FOUNDATION IN SUPPORT OF PROGRAMS AND SERVICES OF THE HEALTHCARE SYSTEM THESE DONATIONS HELP TO STRENGTHEN OUR WORKFORCE AND INFRASTRUCTURE AS WELL AS INCREASE OUR OUTREACH TO SPECIFIC POPULATIONS WITHIN THE GREATER CHARLESTON AREA --RX MEDICAL DISCOVERY PROGRAM SPARKING CHILDREN'S WONDER OF SCIENCE AND MEDICINE AT ROPER HOSPITAL-- THE RX MEDICAL DISCOVERY PROGRAM AT ROPER HOSPITAL PROVIDES HANDS-ON CLINICAL SCIENCE EXPERIENCE FOR CHILDREN AGES FIVE TO EIGHT ANNUALLY SPONSORED BY LOCAL BUSINESSES AND INDIVIDUALS, THE POPULAR PROGRAM AIMS TO FIRE IMAGINATIONS AND SPARK THE ADVANCEMENT OR PURSUIT OF CAREERS IN MEDICINE AND SCIENCE --NURSING SCHOLARSHIP PROGRAM-- SINCE JANUARY 2000, THE ROPER ST FRANCIS FOUNDATION HAS LED THE EFFORT IN GENERATING FUNDS FOR THE ROPER ST FRANCIS HEALTHCARE NURSING SCHOLARSHIP PROGRAM THESE FUNDS ARE USED TO ASSIST WITH RECRUITING NEW STAFF NURSES FOR ROPER ST FRANCIS HEALTHCARE BY PROVIDING SUPPORT TO NURSING STUDENTS AS WELL AS SUPPORTING ADVANCED EDUCATION FOR OUR CURRENT STAFF MEMBERS IN ADDITION TO INDIVIDUAL GIFTS AND MEMORIALS, THE NURSING SCHOLARSHIP PROGRAM RECEIVES FINANCIAL DONATIONS FROM LOCAL BUSINESSES AND CORPORATIONS, INCLUDING PUBLIX SUPER MARKETS, INC , YOUNG CLEMENT RIVERS, LLP AND GMK ASSOCIATES

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
CAREALLIANCE HEALTH SERVICES 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-0831165	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
ROPER HOSPITAL INC 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-0828733	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
BON SECOURS ST FRANCIS HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-1067254	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
ROPER ST FRANCIS MT PLEASANT HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-0360499	HEALTHCARE (FUTURE)	SC	501(c)(3)	Line 3	N/A
ROPER ST FRANCIS HOSPITAL - BERKELEY 315 CALHOUN STREET 107 CHARLESTON, SC 29401 26-3710229	HEALTHCARE (FUTURE)	SC	501(c)(3)	Line 3	N/A
ROPER ST FRANCIS PHYSICIANS NETWORK 125 DOUGHTY STREET 760 CHARLESTON, SC 29403 26-2946628	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
THE MEDICAL SOCIETY OF SOUTH CAROLINA 69-B BARRE STREET CHARLESTON, SC 29401 57-0288358	SUPPORTING ORG/FOUNDING MEMBER	SC	501(c)(3)	Line 11c, III-FI	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
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**	**Yes**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
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	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 57-1068509
Name: ROPER ST FRANCIS FOUNDATION

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
CAREALLIANCE HEALTH SERVICES 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-0831165	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
ROPER HOSPITAL INC 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-0828733	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
BON SECOURS ST FRANCIS HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-1067254	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
ROPER ST FRANCIS MT PLEASANT HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-0360499	HEALTHCARE (FUTURE)	SC	501(c)(3)	Line 3	N/A
ROPER ST FRANCIS HOSPITAL - BERKELEY 315 CALHOUN STREET 107 CHARLESTON, SC29401 26-3710229	HEALTHCARE (FUTURE)	SC	501(c)(3)	Line 3	N/A
ROPER ST FRANCIS PHYSICIANS NETWORK 125 DOUGHTY STREET 760 CHARLESTON, SC29403 26-2946628	HEALTHCARE	SC	501(c)(3)	Line 3	N/A
THE MEDICAL SOCIETY OF SOUTH CAROLINA 69-B BARRE STREET CHARLESTON, SC29401 57-0288358	SUPPORTING ORG/FOUNDING MEMBER	SC	501(c)(3)	Line 11c, III-FI	N/A

Additional Data

Software ID:
Software Version:
EIN: 57-1068509
Name: ROPER ST FRANCIS FOUNDATION

Form 990, Schedule A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
CAREALLIANCE HEALTH SERVICES	570831165	3	Yes		Yes		Yes		624910
ROPER HOSPITAL INC	570828733	3	Yes		Yes		Yes		2222069
BON SECOURS ST FRANCIS HOSPITAL INC	571067254	3	Yes		Yes		Yes		762156
ROPER ST FRANCIS MT PLEASANT HOSPITAL	570360499	3	Yes		Yes		Yes		5130