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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

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) 789-1704

G Gross receipts $ 5,541,129

F Name and address of principal officer
DAVID L DUNLAP
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) ☐ 501(c) ( ) ◀ (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
SUPPORTING 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 individuals employed in calendar year 2010 (Part V, line 2a)	**5**	7
6	Total number of volunteers (estimate if necessary)	**6**	29
7a	Total 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

Activities & Governance

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,661,940	4,696,931
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	205,937	781,279
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	69,745	62,919
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,937,622	5,541,129

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,891,391	3,873,037
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	627,903	590,014
16a	Professional fundraising fees (Part IX, column (A), line 11e)	218,054	14,401
b	Total fundraising expenses (Part IX, column (D), line 25) ▶761,709		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	492,454	773,550
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,229,802	5,251,002
19	Revenue less expenses Subtract line 18 from line 12	-292,180	290,127

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,554,794	27,865,387
21	Total liabilities (Part X, line 26)	0	250,535
22	Net assets or fund balances Subtract line 21 from line 20	24,554,794	27,614,852

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

****** | 2012-07-18
Signature of officer | Date

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

Paid Preparer Use Only

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

Firm's name ▶ DIXON HUGHES GOODMAN LLP | Firm's EIN ▶

Firm's address ▶ 500 RIDGEFIELD COURT
ASHEVILLE, NC 28806 | 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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 $ 4,066,860 including grants of $ 3,873,037) (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 2010, THE FOUNDATION RAISED MORE THAN $5 2 MILLION TO ADVANCE THE HEALTHCARE SYSTEMS MISSION OF HEALING ALL PEOPLE WITH COMPASSION, FAITH AND EXCELLENCE A FEW OF THE INITIATIVES SPONSORED BY THE FOUNDATION IN 2010 ARE INCLUDED IN THE CONTINUATION ON SCHEDULE O

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** ▶ $ 4,066,860

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	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**	Yes	
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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **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

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 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?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		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 instructions for 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?		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 receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds 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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	13		
b	Enter the number of voting members included in line 1a, above, who 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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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) 789-1704

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) JOHN M JORDAN CHAIR	1 00	X						0	289,925	51,575
(2) W BLOUNT ELLISON VICE CHAIR	1 00	X						0	0	0
(3) SIS PATRICIA A ECK CBS BOARD MEMBER (THRU JUNE 2010)	1 00	X						0	0	0
(4) RICHARD STATUTO BOARD MEMBER	1 00	X						0	0	0
(5) MICHAEL C TARWATER BOARD MEMBER	1 00	X						0	0	0
(6) G FREDERICK WORSHAM MD BOARD MEMBER	1 00	X						0	0	0
(7) PERRY KEITH WARING BOARD MEMBER	1 00	X						0	0	0
(8) BRANTLEY D THOMAS PHD BOARD MEMBER	1 00	X						0	0	0
(9) SISTER ANNE LUTZ BOARD MEMBER	1 00	X						0	0	0
(10) DAVID M ELLISON MD BOARD MEMBER (SEE SCH O)	1 00	X						0	23,813	0
(11) KATHERINE DUFFY PHD BOARD MEMBER	1 00	X						0	0	0
(12) JULIUS R IVESTER MD BOARD MEMBER	1 00	X						0	0	0
(13) ALISON E DILLON MD BOARD MEMBER (SEE SCH O)	1 00	X						0	12,000	0
(14) ANGRESS WALKER BOARD MEMBER	1 00	X						0	0	0
(15) JOHN HOLLOWAY FOUNDATION CHAIR	50 00			X				0	53,109	1,403
(16) CHARLES COLE FND VICE CHAIR	1 00			X				0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) ED PUCKHABER FOUNDATION TREASURER	1 00			X				0	0	0
(18) DAVID DUNLAP PRESIDENT & CEO OF CAHS	1 00			X				0	1,439,245	319,287
(19) BRET JOHNSON CFO & SVP / TREASURER	1 00			X				0	563,160	200,812
(20) SUSAN KEENAN EXEC DIRECTOR / SECRETARY	50 00			X				184,332	0	16,479
(21) H DOUGLAS HARRISON VP HUMAN RESOURCES	1 00				X			0	398,399	97,367
(22) MICHAEL TAYLOR CIO & VP	1 00					X		0	372,551	100,965
(23) GREGORY T EDWARDS VP & GENERAL COUNSEL	1 00					X		0	333,952	113,262
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								184,332	3,486,154	901,150

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 or individual 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

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 ▶0

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	69,919				
	b Membership dues 1b					
	c Fundraising events 1c	124,900				
	d Related organizations 1d	117,000				
	e Government grants (contributions) 1e	859,824				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,525,288				
	g Noncash contributions included in lines 1a-1f $	96,708				
	h **Total.** Add lines 1a-1f		4,696,931			
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)		301,975			301,975
	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	479,019	285			
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	479,019	285			
	d Net gain or (loss)		479,304			479,304
Other Revenue	8a Gross income from fundraising events (not including $ 124,900 of contributions reported on line 1c) See Part IV, line 18 a	62,679				
	b Less direct expenses b	0				
	c Net income or (loss) from fundraising events		62,679			62,679
	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	900099	240			240
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		240			
	12 **Total revenue.** See Instructions		5,541,129	0	0	844,198

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	3,873,037	3,873,037		
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	184,332		92,166	92,166
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	34,883	34,883		
7	Other salaries and wages	297,128	36,312	97,851	162,965
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,316	535	1,781	
9	Other employee benefits	53,404	7,175	18,840	27,389
10	Payroll taxes	17,951	2,546	6,910	8,495
a	Fees for services (non-employees) Management	1,937	1,937		
b	Legal	397		397	
c	Accounting	85		85	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17*	14,401			14,401
f	Investment management fees	108,305		108,305	
g	Other	111,281	56,171	50,640	4,470
12	Advertising and promotion	44,151	657	21,829	21,665
13	Office expenses	53,328	19,010	17,580	16,738
14	Information technology	27		27	
15	Royalties				
16	Occupancy	67,821	34,002	61	33,758
17	Travel	2,599		2,599	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,526		1,526	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	394	197		197
23	Insurance	497	398	99	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	LOSS ON RESTRICTED PLED	217,148		1,737	215,411
b	FUNDRAISING EXPENSES	164,054			164,054
c					
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	5,251,002	4,066,860	422,433	761,709
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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			2	
	3	Pledges and grants receivable, net		2,897,495	3	2,354,027
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		105,116	9	106,132
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 124,335			
	b	Less accumulated depreciation	10b 122,566	2,162	10c	1,769
	11	Investments—publicly traded securities		21,550,021	11	25,403,238
	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		0	15	221
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,554,794	16	27,865,387
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		0	25	250,535
	26	**Total liabilities.** Add lines 17 through 25		0	26	250,535
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		15,200,979	27	16,256,682
	28	Temporarily restricted net assets		5,256,907	28	6,616,017
	29	Permanently restricted net assets		4,096,908	29	4,742,153
		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		24,554,794	33	27,614,852
	34	Total liabilities and net assets/fund balances		24,554,794	34	27,865,387

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,541,129
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,251,002
3	Revenue less expenses Subtract line 2 from line 1	3	290,127
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,554,794
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,769,931
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	27,614,852

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
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 separate basis, consolidated 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

2010

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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?

(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?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		No
11g(ii)		No
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
(A) CAREALLIANCE HEALTH SERVICES	570831165	3	Yes		Yes		Yes		403,610
(B) ROPER HOSPITAL INC	570828733	3	Yes		Yes		Yes		3,017,234
(C) BON SECOURS ST FRANCIS HOSPITAL INC	571067254	3	Yes		Yes		Yes		45,775
(D) ROPER ST FRANCIS MT PLEASANT HOSPITAL	570360499	3	Yes		Yes		Yes		34,295
(E) ROPER ST FRANCIS PHYSICANS NETWORK	262946628	3	Yes		Yes		Yes		6,494
Total									3,507,408

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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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

2010

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	4,411,208	3,506,080	4,908,890		
b	Contributions	652,049	460,406	20,892		
c	Investment earnings or losses	800,677	550,948	-1,261,591		
d	Grants or scholarships			-13,485		
e	Other expenditures for facilities and programs	133,125	72,076	-156,757		
f	Administrative expenses	34,148	34,150	8,131		
g	End of year balance	5,696,660	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)		No
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	122,566	1,769
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,769

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
(1) Financial derivatives		
(2) 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	
OTHER LIABILITIES	250,535
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	250,535

2. Fin 48 (ASC 740) 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 (ASC740)

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	5,541,129
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,251,002
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	290,127
4	Net unrealized gains (losses) on investments	4	2,352,555
5	Donated services and use of facilities	5	417,376
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	2,769,931
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,060,058

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	7,892,320
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,352,555		
b	Donated services and use of facilities	2b	417,376		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	20		
e	Add lines **2a** through **2d**			2e	2,769,951
3	Subtract line **2e** from line **1**			3	5,122,369
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	418,760		
c	Add lines **4a** and **4b**			4c	418,760
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	5,541,129

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

1	Total expenses and losses per audited financial statements			1	4,832,261
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	19		
e	Add lines **2a** through **2d**			2e	19
3	Subtract line **2e** from line **1**			3	4,832,242
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	418,760		
c	Add lines **4a** and **4b**			4c	418,760
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	5,251,002

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	CAREALLIANCE, ROPER HOSPITAL, ST FRANCIS, MOUNT PLEASANT, THE FOUNDATION, AND PHYSICIAN PARTNERS ARE NOT-FOR-PROFIT ORGANIZATIONS AS DESCRIBED IN SECTION 501C3 OF THE INTERNAL REVENUE CODE AND ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES THE SURGERY CENTER AND NEUROSCIENCES MRI ARE LIMITED LIABILITY COMPANIES UNDER CURRENT LAWS, INCOME OR LOSS OF LIMITED LIABILITY COMPANIES IS INCLUDED IN THE INCOME TAX RETURNS OF THE MEMBERS ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS MADE IN THE CONSOLIDATED FINANCIAL STATEMENTS ALTHOUGH CAREALLIANCE IS GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES, IT EVALUATES WHETHER THERE ARE ANY UNCERTAIN TAX POSITIONS THAT FAIL TO MEET THE MORE-LIKELY-THAN-NOT THRESHOLD FOR RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS MAY INCLUDE THE CHARACTERISTICS OF INCOME, SUCH AS A CHARACTERIZATION OF INCOME AS PASSIVE, A DECISION TO EXCLUDE REPORTING TAXABLE INCOME IN A TAX RETURN, OR A DECISION TO CLASSIFY A TRANSACTION, ENTITY, OR OTHER POSITION IN A TAX RETURN AS TAX EXEMPT THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION IS RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON TECHNICAL MERITS CAREALLIANCE HAD NO UNRECOGNIZED TAX POSITIONS AS OF DECEMBER 31, 2010 AND 2009, AND DOES NOT EXPECT THAT UNRECOGNIZED TAX BENEFITS WILL MATERIALLY INCREASE WITHIN THE NEXT TWELVE MONTHS TAX YEARS FROM 2007 THROUGH 2009 ARE SUBJECT TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS INTEREST AND PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, WOULD BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS AS INCOME TAX EXPENSE
PART XII, LINE 2D - OTHER ADJUSTMENTS		CONTRA SUPPORT FROM FOUNDATION 20
PART XII, LINE 4B - OTHER ADJUSTMENTS		LOSS RECLASSIFIED TO EXPENSES 310,170 INVESTMENT EXPENSES RECLASSED TO EXPENSES 108,305 CORPORATE ALLOCATION 285
PART XIII, LINE 2D - OTHER ADJUSTMENTS		CONTRA SUPPORT FROM FOUNDATION 19
PART XIII, LINE 4B - OTHER ADJUSTMENTS		LOSS RECLASSIFIED TO EXPENSES 310,170 INVESTMENT EXPENSES RECLASSIFIED TO EXPENSES 108,305 CORPORATE ALLOCATION 285

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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

2010

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.

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 services? ☐ **Yes** ☐ **No**

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
Total . . . . . ▶						

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

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	111,836	49,250	26,493	187,579
	2 Less Charitable contributions	108,300	5,750	10,850	124,900
	3 Gross income (line 1 minus line 2)	3,536	43,500	15,643	62,679
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 and 10 in column (d) ▶				62,679

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
	SCHEDULE G, PART II, LINES 4-10	ROPER ST FRANCIS FOUNDATION HOLDS VARIOUS FUNDRAISING EVENTS THROUGHOUT THE YEAR FOR WHICH ROPER HOSPITAL, INC , A RELATED ORGANIZATION, COVERS THE EXPENSE REVENUES FROM THE FUNDRAISING EVENTS ARE PRESENTED HERE ON THE FOUNDATION SCHEDULE G, WHILE RELATED EXPENSES ARE INCURRED ON THE SCHEDULE G OF ROPER HOSPITAL, INC

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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

2010

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (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
(1) CAREALLIANCE HEALTH SERVICES315 CALHOUN STREET 107 CHARLESTON,SC 29401	57-0831165	501(C)(3)	401,730	1,880	FMV	OFFICE FURNISHINGS	OPERATIONAL SUPPORT
(2) ROPER HOSPITAL INC 315 CALHOUN STREET 107 CHARLESTON,SC 29401	57-0828733	501(C)(3)	2,594,325	60,533	FMV	MEDICAL EQUIPMENT & ARTWORK	OPERATIONAL SUPPORT
(3) BON SECOURS ST FRANCIS XAVIER HOSPITAL INC315 CALHOUN STREET 107 CHARLESTON,SC 29401	57-1067254	501(C)(3)	45,775				OPERATIONAL SUPPORT
(4) ROPER STFRANCIS PHYSICIANS NETWORK 125 DOUGHTY ST STE 760 CHARLESTON,SC 29403	26-2946628	501(C)(3)	6,494				GENERAL SUPPORT
(5) ROPER ST FRANCIS MT PLEASANT HOSPITAL315 CALHOUN STREET 107 CHARLESTON,SC 29401	57-0360499	501(C)(3)	0	34,295	FMV	ARTWORK DONATIONS	GENERAL SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

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 ROPER ST FRANCIS FOUNDATION WAS FORMED EXCLUSIVELY FOR BENEVOLENT, EDUCATIONAL, SCIENTIFIC, AND CHARITABLE PURPOSES THE FOUNDATION IS ORGANIZED AND OPERATED FOR THE BENEFIT OF, TO PERFORM THE FUNCTIONS OF, AND TO CARRY OUT THE PURPOSES OF CAREALLIANCE HEALTH SERVICES (D/B/A ROPER ST FRANCIS HEALTHCARE), ROPER HOSPITAL, INC , BON SECOURS ST FRANCIS XAVIER HOSPITAL, INC , ROPER ST FRANCIS MT PLEASANT HOSPITAL, AND ROPER SAINT FRANCIS PHYSICIANS NETWORK
OTHER INFORMATION	PART IV	A PORTION OF THE GRANTS EXPENSE SHOWN ON PAGE 10 OF THE 990 IS AN ALLOCATION FROM THE PARENT COMPANY, CAREALLIANCE HEALTH SERVICES ALL GRANTS MEETING DISCLOSURE REQUIREMENTS THAT WERE ALLOCATED TO THE FOUNDATION FROM THE PARENT FOR 2010 HAVE BEEN LISTED ON CAREALLIANCE HEALTH SERVICE'S FORM 990

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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

2010

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 from the organization or a related organization?	**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 duplicate copies if additional space is 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				
(1) JOHN M JORDAN	(i)	0	0	0	0	0	0	0
	(ii)	254,925	35,000	0	34,564	17,011	341,500	0
(2) DAVID DUNLAP	(i)	0	0	0	0	0	0	0
	(ii)	474,480	357,193	607,572	291,001	28,286	1,758,532	468,825
(3) BRET JOHNSON	(i)	0	0	0	0	0	0	0
	(ii)	271,352	181,925	109,883	167,390	33,422	763,972	65,987
(4) SUSAN KEENAN	(i)	153,314	25,535	5,483	8,399	8,080	200,811	0
	(ii)	0	0	0	0	0	0	0
(5) H DOUGLAS HARRISON	(i)	0	0	0	0	0	0	0
	(ii)	225,524	130,506	42,369	86,586	10,781	495,766	36,246
(6) MICHAEL TAYLOR	(i)	0	0	0	0	0	0	0
	(ii)	237,177	121,008	14,366	86,356	14,609	473,516	0
(7) GREGORY T EDWARDS	(i)	0	0	0	0	0	0	0
	(ii)	253,678	79,591	683	89,837	23,425	447,214	0
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 KEENAN THE ORGANIZATION PROVIDED TAX GROSS-UP PAYMENTS FOR EMPLOYEES PERSONAL USE OF CELL PHONES FOR SUSAN KEENAN
	PART I, LINE 4B	THE FOLLOWING PARTICIPANTS RECEIVED COMPENSATION THROUGH A 457(F) PLAN H DOUGLAS HARRISON - 50,046 (FROM A RELATED ORGANIZATION) GREGORY EDWARDS - 16,362 (FROM A RELATED ORGANIZATION) MICHAEL TAYLOR - 14,400 (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 SYSTEM VICE PRESIDENTS AND THE SYSTEM CEO ARE ELIGIBLE TO PARTICIPATE IN A LONG TERM INCENTIVE PLAN (LTIP) AN LTIP PLAN TYPICALLY TAKES PLACE OVER A THREE YEAR PERIOD AND DOES NOT VEST UNTIL THE END OF THE THIRD YEAR TO RECEIVE PAYMENT, EXECUTIVES MUST STILL BE EMPLOYED BY THE SYSTEM AT THE END OF THE PLAN PERIOD EACH LTIP PLAN HAS A FINANCIAL AND CLINICAL OBJECTIVE THAT IS ALIGNED WITH THE ORGANIZATIONS STRATEGIC GOALS THRESHOLD, TARGET, AND MAXIMUM PERFORMANCE RANGES ARE ESTABLISHED FOR THESE OBJECTIVES AND ARE MEASURED BASED ON PERFORMANCE AGAINST SIMILAR ORGANIZATIONS OR COMPARED TO AN INTERNAL METRIC SUCH AS AN IMPROVEMENT OVER PRIOR PERFORMANCE THESE TARGETS AND OBJECTIVES ARE APPROVED BY THE AD HOC COMPENSATION COMMITTEE THE INCENTIVE IS EARNED BASED ON THE SATISFACTION OF THE THRESHOLD, TARGET, OR MAXIMUM PERFORMANCE RANGES THE AD HOC COMPENSATION COMMITTEE ALSO APPROVES THE FINAL LTIP PERFORMANCE SCORE AND THE AMOUNT PAID TO EXECUTIVES UNDER THE PLAN RESULTS ARE REPORTED TO THE FULL BOARD ANNUALLY
	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 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

2010

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	(c) Corrected? 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	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) 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
(1) AMANDA HOLLOWAY	FAMILY RELATIONSHIP TO OFFICER JOHN HOLLOWAY	34,883	COMPENSATION AS EMPLOYEE		No

Part V **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1	Art—Works of art	X	2	56,695	FAIR MARKET VALUE
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 EQUIP)	X	1	28,276	FAIR MARKET VALUE
26	Other ▸ (FURNITURE)	X	1	1,880	FAIR MARKET VALUE
27	Other ▸ (PIANO)	X	1	2,600	FAIR MARKET VALUE
28	Other ▸ (REHAB EQUIPMENT)	X	1	7,257	FAIR MARKET VALUE

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
ROPER ST FRANCIS FOUNDATION

Employer identification number
57-1068509

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A	THE ROPER ST FRANCIS HEALTHCARE FOUNDATION SUPPORTS THE HEALTH AND WELLBEING OF OUR LOWCOUNTRY COMMUNITY THROUGH PHILANTHROPY THE FOUNDATION IS ABLE TO PROVIDE EQUIPMENT, FACILITIES AND EXPERIENCES FOR THE HEALTH SYSTEM THAT OTHERWISE WOULD NOT BE POSSIBLE THESE PHILANTHROPIC EFFORTS ARE RETURNED TO THE COMMUNITY THROUGH THE SERVICES PROVIDED BY ROPER ST FRANCIS HEALTHCARE IN 2010, THE FOUNDATION RAISED MORE THAN $5 2M MILLION TO ADVANCE THE HEALTHCARE SYSTEMS MISSION OF HEALING ALL PEOPLE WITH COMPASSION, FAITH AND EXCELLENCE A FEW OF THE INITIATIVES SPONSORED BY THE FOUNDATION IN 2010 INCLUDE 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 THE NEWLY RENOVATED CENTER IS SCHEDULED TO OPEN IN EARLY 2012 CANCER WELLNESS ON OCTOBER 25, 2010 WE OPENED THE ROPER ST FRANCIS CANCER CENTER A NEW OUTPATIENT CANCER CENTER LOCATED ON THE BON SECOURS ST FRANCIS XAVIER CAMPUS AT THE CANCER CENTER, UNIFIED TREATMENT, CONVENIENCE, HIGHLY-TRAINED DOCTORS, AND ACCESS TO UP-TO-THE-MINUTE TECHNOLOGY IS COMBINED TO FACILITATE EARLIER DETECTION AND LESS INVASIVE ELIMINATION OF TUMORS THE CENTER'S DESIGN OFFERS EASY ACCESS TO SPECIALISTS, A SHOP CATERING TO THE UNIQUE NEEDS OF CANCER PATIENTS, A RESOURCE LIBRARY, AND COMFORTABLE, PATIENT-FOCUSED SPACES PHILANTHROPY WAS IMPORTANT TO ENSURING THE COMPLETION OF THIS NEW FACILITY WHERE PATIENTS HAVE ACCESS TO A WIDE VARIETY OF SERVICES IN AN INTEGRATED SPACE THE CONTINUATION OF 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 HEALTHCARE 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 HEALTHCARE EMPLOYEE

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	AT ROPER ST FRANCIS HEALTHCARE EVERY NUMBER IS A HUMAN STORY COST OF CHARITY CARE $33,516,340 COMMUNITY OUTREACH PROGRAMS $8,539,229 UNREIMBURSED COST OF MEDICAID $4,777,286 SPONSORSHIPS $479,905 THE TOTAL AMOUNT OF COMMUNITY BENEFIT WE GAVE BACK INCLUDING CHARITY CARE, UNREIMBURSED COST OF MEDICAID, SPONSORSHIPS AND COMMUNITY OUTREACH PROGRAMS $47,312,760 PATIENTS WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR HEALTHCARE 40,200 SPONSORSHIP DOLLARS GIVEN TO LOCAL ORGANIZATIONS WHO SUPPORT THE OVERALL HEALTH OF OUR NEIGHBORS $479,905 DONATED TO THE TRIDENT UNITED WAY BY ROPER ST FRANCIS EMPLOYEES SHATTERING THE RECORD AMOUNT GIVEN BY EMPLOYEES FROM A LOWCOUNTRY COMPANY $506,497 84 HOURS OF ROPER ST FRANCIS EMPLOYEE TIME DEVOTED TO SUPPORTING OUTSIDE COMMUNITY HEALTH INITIATIVES 78,312 FREE COMMUNITY HEALTHFAIRS OFFERING VITAL HEALTH SCREENINGS AND INFORMATION 36 EVENTS THAT ROPER ST FRANCIS ATTENDED AND PROVIDED PREVENTIVE SCREENINGS AND SUPPORT 80+ MEALS PROVIDED BY THE LOWCOUNTRY FOOD BANK FROM ROPER ST FRANCIS FOOD DRIVES AND FINANCIAL SUPPORT 14,198 HEALTHY BABIES BROUGHT INTO THE WORLD THANKS TO THE GREAT PRENATAL CARE THEIR MOMS RECEIVED AT THE ROPER ST FRANCIS SUPPORTED OUR LADY OF MERCY COMMUNITY OUTREACH CENTER 69 RAISED BY ROPER ST FRANCIS EMPLOYEES FOR THE AMERICAN HEART ASSOCIATION $56,400 VOLUNTEERS SERVED 88,000 HOURS IN 2010 EQUALING THE WORK OF 42 FULL TIME EMPLOYEES 860 MEALS CREATED IN ROPER ST FRANCIS KITCHENS AND DISTRIBUTED TO OUR COMMUNITY THROUGH MEALS ON WHEELS 16,652 PEOPLE WHO RECEIVED THEIR PRESCRIPTION DRUGS FROM EAST COOPER COMMUNITY OUTREACH 523 PATIENT VISITS TO THE BARRIER ISLAND FREE CLINIC 4,497 REDUCTION IN WATER BORNE ILLNESSES IN CHILDREN SINCE THE EMPLOYEE FUNDED WATER TREATMENT SYSTEM WE SENT TO KENYA WAS PUT IN PLACE 80% PEOPLE ASSISTED WITH NAVIGATING THEIR HEALTHCARE OPTIONS BY OUR MEDICAID NAVIGATOR PROGRAM 872 LAB TESTS FOR THE HOMELESS WHO STAY AT THE CRISIS MINISTRIES CLINIC 110 GRANTS RECEIVED BY THE ROPER ST FRANCIS FOUNDATION TO BENEFIT THE COMMUNITY $2,830,108 HIV-POSITIVE RESIDENTS BROUGHT INTO CARE THROUGH FEDERAL AND FOUNDATION GRANTS TO THE ROPER ST FRANCIS FOUNDATION 469 COMMUNITY PARTNERS BROUGHT TOGETHER TO PROVIDE ACCESS TO QUALITY HEALTHCARE FOR THE TRI-COUNTYS 149,000 UNINSURED THROUGH A GRANT TO THE ROPER ST FRANCIS FOUNDATION FROM THE DUKE ENDOWMENT 25 IN COMMUNITY SUPPORT FROM INDIVIDUALS, BUSINESSES AND CORPORATIONS TO THE ROPER ST FRANCIS FOUNDATION $3,060,411 HARD-WORKING, SUPPORTIVE MEMBERS MADE UP OUR 2010 BOARD OF DIRECTORS 13 JOHN JORDAN, CHAIRPERSON BLOUNT ELLISON, MD, VICE CHAIRPERSON ALISON DILLON, MD KATHERINE DUFFY, PHD DAVID ELLISON, MD JULIUS IVESTER, JR, MD SISTER ANNE LUTZ RICHARD STATUTO MICHAEL TARWATER BRANTLEY THOMAS, PHD ANGRESS WALKER PERRY WARING FREDERICK WORSHAM, MD DEAR FRIENDS, WHEN YOU READ THAT ROPER ST FRANCIS GAVE OVER $47 MILLION* IN COMMUNITY BENEFIT IN 2010, IT CAN BE HARD TO UNDERSTAND WHAT THAT REALLY MEANS IN OUR CASE, EACH DOLLAR WE GIVE BACK OR EACH VOLUNTEER HOUR THAT IS SPENT DIRECTLY IMPACTS A LIFE IN THIS YEARS REPORT TO THE COMMUNITY WE HAVE BROKEN DOWN SOME OF THESE BIG NUMBERS TO REVEAL THEIR IMPORTANCE TO THE PEOPLE WE SERVE WARM REGARDS, DAVID L DUNLAP, FACHE PRESIDENT AND CHIEF EXECUTIVE OFFICER * ROPER ST FRANCIS USES THE VOLUNTARY HOSPITAL ASSOCIATION /CATHOLIC HEALTH ASSOCIATIONS STANDARDIZED COMMUNITY BENEFIT VALUATION METHODOLOGY

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 HEALTH SERVICES, A RELATED ORGANIZATION, THROUGH A MANAGEMENT FEE TO CHS

Identifier	Return Reference	Explanation
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 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

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE FOLLOWING ACTIONS SHALL REQUIRE THE UNANIMOUS AFFIRMATIVE APPROVAL OF ALL OF THE FOUNDING MEMBERS (A) TO AMEND THE ARTICLES OF INCORPORATION OR THE BY-LAWS, INCLUDING WITHOUT LIMITATION, ANY CHANGE IN THE CORPORATION'S PURPOSES, PROVIDED, HOWEVER, THAT, SUBJECT TO THE PROCEDURES AND VOTING REQUIREMENTS SET FORTH WITH RESPECT TO THE ADMISSION OF NON-FOUNDING MEMBERS, SCHEDULE 3 1 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 THE 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

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE 2010 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 2010 FORM 990 WERE PRESENTED TO THE ORGANIZATION'S BOARD OF DIRECTORS ON OCTOBER 15, 2011 IN ADDITION TO THE ORGANIZATION'S EXECUTIVE MANAGEMENT, REPRESENTATIVES OF DIXON HUGHES GOODMAN, LLP PARTICIPATED IN THIS REVIEW WITH BOARD MEMBERS THE OCTOBER 15 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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	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 A SIMILAR PROCESS IS PERFORMED BY WATSON WYATT (COMPENSATION CONSULTING FIRM) FOR THE CEO AND CFO POSITIONS THIS LETTER PROVIDES A "SAFE HARBOR" FOR THE ORGANIZATION'S "DIRECTORS" RELATIVE TO THE REASONABLENESS OF TOTAL EXECUTIVE COMPENSATION CONSISTENT WITH IRC SECTION 4958

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 2,352,555 DONATED SERVICES AND USE OF FACILITIES 417,376 TOTAL TO FORM 990, PART XI, LINE 5 2,769,931

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Identifier	Return Reference	Explanation
COMPENSATION OF BOARD MEMBERS	FORM 990, PART VII, LINE 1	THE FOLLOWING BOARD MEMBERS WERE COMPENSATED FOR SERVICES PERFORMED FOR THE ORGANIZATION (OR A RELATED ORGANIZATION) NOT IN THE CAPACITY OF 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
	AMENDED RETURN	THE RETURN WAS AMENDED TO REFLECT A CORRECTION OF COMPENSATION PRESENTED ON PART VII FOR JOHN HOLLOWAY MR HOLLOWAY'S COMPENSATION SHOULD HAVE BEEN REPORTED AS FROM A RELATED ORGANIZATION PART IX, LINE 5 AND LINE 7 HAVE BEEN ADJUSTED TO REFLECT THE CORRECTION

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2010

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CAREALLIANCE HEALTH SERVICES 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-0831165	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
(2) ROPER HOSPITAL INC 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-0828733	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
(3) BON SECOURS ST FRANCIS XAVIER HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-1067254	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
(4) ROPER ST FRANCIS MT PLEASANT HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC 29401 57-0360499	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
(5) ROPER ST FRANCIS HOSPITAL - BERKELEY 315 CALHOUN STREET 107 CHARLESTON, SC 29401 26-3710229	HEALTHCARE (FUTURE)	SC	501(C)(3)	LINE 3	N/A		No
(6) ROPER ST FRANCIS PHYSICIANS NETWORK 125 DOUGHTY STREET 760 CHARLESTON, SC 29403 26-2946628	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
(7) 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		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	(k) Percentage ownership

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

(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
(1) CAREALLIANCE MEDICAL SERVICES ORGANIZATION 225 DOUGHTY STREET CHARLESTON, SC29403 57-1012837	INACTIVE	SC	N/A	C			

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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	Yes	
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	Yes	
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining 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?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation

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 section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
CAREALLIANCE HEALTH SERVICES 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-0831165	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
ROPER HOSPITAL INC 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-0828733	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
BON SECOURS ST FRANCIS XAVIER HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-1067254	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
ROPER ST FRANCIS MT PLEASANT HOSPITAL 315 CALHOUN STREET 107 CHARLESTON, SC29401 57-0360499	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
ROPER ST FRANCIS HOSPITAL - BERKELEY 315 CALHOUN STREET 107 CHARLESTON, SC29401 26-3710229	HEALTHCARE (FUTURE)	SC	501(C)(3)	LINE 3	N/A		No
ROPER ST FRANCIS PHYSICIANS NETWORK 125 DOUGHTY STREET 760 CHARLESTON, SC29403 26-2946628	HEALTHCARE	SC	501(C)(3)	LINE 3	N/A		No
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		No

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	
(A) CAREALLIANCE HEALTH SERVICES	570831165	3	Yes		Yes		Yes		403610
(B) ROPER HOSPITAL INC	570828733	3	Yes		Yes		Yes		3017234
(C) BON SECOURS ST FRANCIS HOSPITAL INC	571067254	3	Yes		Yes		Yes		45775
(D) ROPER ST FRANCIS MT PLEASANT HOSPITAL	570360499	3	Yes		Yes		Yes		34295
(E) ROPER ST FRANCIS PHYSICANS NETWORK	262946628	3	Yes		Yes		Yes		6494