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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 09-01-2010 and ending 08-31-2011

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

C Name of organization
Bon Secours Health System Inc

Doing Business As

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

Room/suite

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

D Employer identification number
52-1301088

E Telephone number
(410)442-5511

G Gross receipts $ 190,773,865

F Name and address of principal officer
Janice E Burnett
1505 Marriottsville Road
Marriottsville, MD 21104

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ www bshsi com

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1983

M State of legal domicile MD

Part I Summary

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

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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	804
6	Total number of volunteers (estimate if necessary)	**6**	17
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	124,208
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	29,169	19,049
9	Program service revenue (Part VIII, line 2g)	111,888,740	134,428,586
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,612,574	26,041,591
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,889,608	30,274,615
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	135,420,091	190,763,841
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,731,283	1,833,331
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)	89,522,648	95,001,172
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	67,960,520	115,948,053
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	159,214,451	212,782,556
19	Revenue less expenses Subtract line 18 from line 12	-23,794,360	-22,018,715

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,090,187,018	1,104,949,244
21	Total liabilities (Part X, line 26)	1,229,813,072	1,202,859,447
22	Net assets or fund balances Subtract line 21 from line 20	-139,626,054	-97,910,203

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2012-07-16

KATHERINE ARBUCKLE CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: John W Sadoff Jr	Preparer's signature: John W Sadoff Jr	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ Deloitte Tax LLP				Firm's EIN ▶
Firm's address ▶ 1750 Tysons Blvd McLean, VA 221024219				Phone no ▶ (703) 251-1000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 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 $ 172,854,389 including grants of $ 1,833,330) (Revenue $ 150,922,043)

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

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 172,854,389

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		No
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		No
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	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, 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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the 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		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more 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**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, 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**	Yes	
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	364		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	804		
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	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See 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	18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			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		Yes	
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			No

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

Laura Ellison
8990M Old Annapolis Road
Columbia, MD 21045
(410) 442-5511

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (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			
See Additional Data Table										
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								9,671,123	0	1,212,883

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 ▶ 217

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
JDA E Health Sys Inc 1717 Park Street Ste 250 Naperville, IL 60563	Bus office claims Mgmt	4,784,252
Vitalize Consulting Solution 248 Main St Suite 101 Reading, MA 01867	Healthcare Consulting	3,880,661
Benefit Focuscom 100 Benefitfocus Way Charleston, SC 29492	Benefits Consulting	2,852,632
Towers Watson PO Box 8500 S-6110 Philadelphia, PA 19178	Actuarial Services	2,680,264
Maxit Healthcare LLC Lockbox KK PO Box 258 Fort Wayne, IN 46801	Healthcare Info Technology	1,983,639
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 ▶ 130		

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				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	19,049			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	19,049			
Program Service Revenue			Business Code				
	2a	Corp Mgmt & IS Fees	900099	134,428,586	134,428,586		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	134,428,586			
	3	Investment income (including dividends, interest and other similar amounts)	▶	13,741,759			13,741,759
	4	Income from investment of tax-exempt bond proceeds	▶	1,225,603			1,225,603
	5	Royalties	▶				

		(i) Real	(ii) Personal				
	6a Gross Rents	183,604					
	b Less rental expenses						
	c Rental income or (loss)	183,604					
	d Net rental income or (loss) ▶			183,604			183,604

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	11,084,253					
	b Less cost or other basis and sales expenses		10,024				
	c Gain or (loss)	11,084,253	-10,024				
	d Net gain or (loss) ▶			11,074,229			11,074,229
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	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 Roper Joint Venture		900099	10,170,754	10,170,754		
	b Rebate		900099	9,820,988			9,820,988
	c Inv in PTRPs		900099	6,446,911	6,322,703	124,208	
	d All other revenue			3,652,358			3,652,358
	e **Total.** Add lines 11a–11d ▶			30,091,011			
	12 **Total revenue.** See Instructions ▶			190,763,841	150,922,043	124,208	39,698,541

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,779,772	1,779,772		
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	53,559	53,559		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,948,951	4,454,056	494,895	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	64,326,585	57,808,155	6,518,430	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,730,289	9,657,260	1,073,029	
9	Other employee benefits	10,658,371	9,580,202	1,078,169	
10	Payroll taxes	4,336,976	3,899,569	437,407	
a	Fees for services (non-employees) Management				
b	Legal	752,236	677,012	75,224	
c	Accounting	293,011	263,446	29,565	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	1,956,625	1,744,431	212,194	
12	Advertising and promotion	447,546	402,791	44,755	
13	Office expenses	1,248,226	1,122,375	125,851	
14	Information technology	26,130,193	23,517,174	2,613,019	
15	Royalties . .				
16	Occupancy	7,181,007	6,339,059	841,948	
17	Travel	4,011,846	3,610,625	401,221	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,571,909	1,414,718	157,191	
20	Interest	20,374,752		20,374,752	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	30,643,989	27,453,300	3,190,689	
23	Insurance	123,838	85,867	37,971	
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	Purchased services	16,816,087	15,083,786	1,732,301	
b	Recruitment/Relocation	2,105,561	1,895,005	210,556	
c	Training and Education	1,238,914	1,115,023	123,891	
d	Dues and Subscriptions	393,962	354,566	39,396	
e	Employee Relations	278,848	250,963	27,885	
f	All other expenses	379,503	291,675	87,828	
25	**Total functional expenses.** Add lines 1 through 24f	212,782,556	172,854,389	39,928,167	0
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		0	2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,697,300	4	3,653,326
	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		15,254,290	9	12,386,956
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 259,755,564			
	b	Less accumulated depreciation	10b 82,748,137	170,231,907	10c	177,007,427
	11	Investments—publicly traded securities		246,370,855	11	270,831,463
	12	Investments—other securities See Part IV, line 11		35,221,376	12	29,110,025
	13	Investments—program-related See Part IV, line 11			13	11,084,421
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		621,411,290	15	600,875,626
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,090,187,018	16	1,104,949,244
Liabilities	17	Accounts payable and accrued expenses		50,819,875	17	46,130,409
	18	Grants payable			18	
	19	Deferred revenue		12,420,252	19	15,234,030
	20	Tax-exempt bond liabilities		842,482,623	20	869,586,571
	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		7,854,080	23	5,387,911
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		316,236,242	25	266,520,526
	26	**Total liabilities.** Add lines 17 through 25		1,229,813,072	26	1,202,859,447
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		-146,886,054	27	-105,170,203
	28	Temporarily restricted net assets		7,260,000	28	7,260,000
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-139,626,054	33	-97,910,203
	34	Total liabilities and net assets/fund balances		1,090,187,018	34	1,104,949,244

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	190,763,841
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,782,556
3	Revenue less expenses Subtract line 2 from line 1	3	-22,018,715
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	-139,626,054
5	Other changes in net assets or fund balances (explain in Schedule O)	5	63,734,566
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	-97,910,203

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
Bon Secours Health System Inc

Employer identification number
52-1301088

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?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
(A) The Sisters of Bon Secours in the United States	520715237	1	Yes		Yes			No	6,464,631
(B) Listed on supplemental information- Bon Secours Health System Inc is forme	521301088	9	Yes		Yes		Yes		0
Total									6,464,631

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).

Explanation
Schedule A, Part IV, Supplemental Information Part I, Line 11 H (i) - Supported Organizations Bon Secours Health System, Inc is formed exclusively for the benefit of, to perform the functions of, and to carry out the purposes of the Sisters of Bon Secours in the United States, Inc and all other publicly supported organizations (within the meaning of section 509(a)(1) or 509(a)(2) of the Internal Revenue Code of 1986) in, or operating for the benefit of, the Bon Secours Health System, Inc Additionally, Bon Secours Health System, Inc is formed (1) To participate in the charitable health care system sponsored by Bon Secours Ministries throughout the United States, and globally, through which the health care mission of The Sisters of Bon Secours in the United States, Incorporated (the "Congregation"), the founding participating entity of Bon Secours Ministries, is furthered, (2) To fulfill and to participate in, the charitable health care mission sponsored by Bon Secours Ministries throughout the United States, and globally, as it carries out its health care mission in accordance with the philosophy, mission and policies of Bon Secours Ministries and the directives and teachings of the Roman Catholic Church, (3) To participate in the activities and implement the operational policies and procedures pertaining to health care facilities and other enterprises sponsored by Bon Secours Ministries, or associated or affiliated with, BSHSI, a Maryland nonstock, nonprofit corporation, (4) To benefit the Congregation and all other publicly supported organizations (within the meaning of Section 509(a)(I) or 509(a)(2) of the Code) in, or operating for the benefit of, the Bon Secours Health System in the United States by carrying out the health care mission of the Congregation in accordance with the philosophy, mission and policies of the Congregation, and in accordance with, and subject to, the directives and teachings of the Roman Catholic Church or in concert with one or more other publicly supported organizations which provide health care services in a manner that is consistent with the teachings of the Roman Catholic Church, (5) To perform all activities permitted corporations under the laws of the State of Maryland, to the extent such activities are permitted by organizations which are exempt from Federal income tax under Section 501(c)(3) of the Code and contributions to which are deductible under Sections 170(c)(2), 2055(a)(2) and 2522(a)(2) of the Code and to the extent such activities are not inconsistent with the Corporation's non-private foundation status under Section 509(a) of the Code, including the making of distributions for charitable, religious, educational, and scientific purposes to organizations which are exempt from Federal income tax under Section 501(c)(3) of the Code and contributions to which are deductible under Sections 170(c)(2), 2055(a)(2) and 2522(a)(2) of the Code (a "Charity")

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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
Bon Secours Health System Inc

Employer identification number
52-1301088

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,566,081		11,566,081
b Buildings		8,551,305	2,828,757	5,722,548
c Leasehold improvements		1,460,177	1,074,183	385,994
d Equipment		3,794,628	1,672,748	2,121,880
e Other		234,383,373	77,172,449	157,210,924
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				177,007,427

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
(1) Other Assets (Misc and Exec Assets - Cap accum, Insurance policies)	10,505,272
(2) Due from Affiliates	481,879,861
(3) Investment in Joint Ventures	108,490,493
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	600,875,626

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Worker's Comp Liability	41,745,068
Health Plan Liability	17,375,389
Pension Liability	112,998,062
Swaps	88,081,413
Discontinued Operations Liability	6,000,560
Other Misc Liabilities	320,034
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	266,520,526

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

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

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part 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 Uncertain Tax Positions Under FIN 48	Part X	Schedule D, Part X, Line 2 requires that the organization 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 FIN 48 addresses the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return The adoption of FIN 48 by BSHSI on September 1, 2007 did not have a material impact on BSHSI's consolidated financial statements As the organization does not conduct a separate audit of its financial statements, below is the related statement from the Bon Secours Health System, Inc consolidated audited financial statements The System and most of its subsidiaries (including certain joint venture entities) are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended The system accounts for uncertain tax positions in accordance with ASC Topic 740 Income taxes of the System's for-profit subsidiaries are not material to the accompanying consolidated financial statements The System's taxable subsidiaries have approximately $89,500 and $98,300 of net operating loss carryforwards as of August 31, 2011 and 2010, respectively, which expire in varying periods through 2031 and are available to offset future taxable income The System's deferred tax assets are fully reserved at August 31, 2011 and 2010 Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America & the Caribbean	0	1	Program services	Off Shore Captive Management	23,805,832
Sub-Saharan Africa	0	0	Grant making	N/A	40,000
South America	0	0	Grant making	N/A	13,559
3a Sub-total	0	1			23,859,391
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	1			23,859,391

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Boys Shelter in Louis Trichardt	30,000	Electronic Fund/Wire			Book
		Sub-Saharan Africa	Dioces of Solwezi Projects	10,000	Electronic Fund/Wire			Book
		South America	Josephine Potel Workshop	13,559	Electronic Fund/Wire			Book

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 3

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

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

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

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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

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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
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 40

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

Additional Data Return to Form

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Maryview Foundation150 Kingsley Lane Norfolk,VA 23505	52-1694731	501 (c)(3)	55,000				Care-A-Van Program
Bon Secours Maryview Foundation150 Kingsley Lane Norfolk,VA 23505	52-1694731	501 (c)(3)	45,000				Life coach model at Maryview MC program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours of MD Foundation26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501 (c)(3)	50,000				Open Space Management Support
Bon Secours of MD Foundation26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501 (c)(3)	50,000				Youth Employment & Entrepreneurship Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Richmond Health Care Foundation5875 Bremo Road Richmond, VA 23226	13-1740104	501 (c)(3)	100,000				Access in Motion - Creighton
Bon Secours Maria Manor Nursing Care Center10300 4th Street North St Petersburg, FL 33716	65-0051820	501 (c)(3)	50,000				Healthy Community Collaboration Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Maria Manor Nursing Care Center10300 4th Street North St Petersburg, FL 33716	65-0051820	501 (c)(3)	50,000				Free Clinic Dental Services Program
Good Samaritan Foundation for Better Health Inc255 Lafayette Avenue Suffern, NY 10901	13-3400353	501 (c)(3)	66,300				Community Gardens Project

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Schervier Nursing Care Center2975 Independence Ave Bronx, NY 10463	13-1740397	501 (c)(3)	29,100				Healthy Community Initiative Program
Schervier Nursing Care Center2975 Independence Ave Bronx, NY 10463	13-1740397	501 (c)(3)	40,050				Community Garden - Nutrition Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Our Lady of Bellefonte Hospital Foundation1000 Ashland Drive Ashland, KY 41101	61-1381952	501 (c)(3)	50,000				Healthy Communities Walking Trail Project
Our Lady of Bellefonte Hospital Foundation1000 Ashland Drive Ashland, KY 41101	61-1381952	501 (c)(3)	50,000				Community Services Project

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Francis FoundationOne St Francis Drive Greenville, SC 29601	26-0012031	501 (c)(3)	40,000				Community Garden Sustainability Coordinator Project
St Francis FoundationOne St Francis Drive Greenville, SC 29601	26-0012031	501 (c)(3)	60,000				Faith Ministries Social Worker Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Roper St Francis Foundation 69-B Barre Street Charleston, SC 29401	57-1068509	501 (c)(3)	45,000				Hope Housing Program
St Francis FoundationOne St Francis Drive Greenville, SC 29601	26-0012031	501 (c)(3)	48,000				Sterling Fitness Center Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours DePaul Health Foundation150 Kingsley Lane Norfolk,VA 23505	54-1843876	501 (c)(3)	7,500				Family Focus Project
Our Lady of Bellefonte Hospital Foundation1000 Ashland Drive Ashland,KY 41101	61-1381952	501 (c)(3)	20,000				Healthy Community, Ironton Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Our Lady of Bellefonte Hospital Foundation1000 Ashland Drive Ashland, KY 41101	61-1381952	501 (c)(3)	15,000				Van Ministry Support
Bon Secours Richmond Health Care Foundation5875 Bremo Raod Richmond, VA 23226	13-1740104	501 (c)(3)	25,000				SEEDS with LISC Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Schervier Nursing Care Center2975 Independence Ave Bronx, NY 10463	13-1740397	501 (c)(3)	30,550				Inwood Go Green Project
Bon Secours Maria Manor Nursing Care Center10300 4th Street North St Petersburg, FL 33716	65-0051820	501 (c)(3)	30,000				Community Action Stops Abuse Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours MD Foundation - Women's Resource Center 26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501 (c)(3)	44,000				Women's Resource Center Support
Mercy Housing1999 Broadway STE 1000 Denver, CO 80202	47-0646706	501 (c)(3)	75,000				Strategic Healthcare Partnership Pledge

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Leadership Conference of Women Religious of the USA Inc8808 Cameron Street Silver Spring, MD 20910	43-6033728	501 (c)(3)	35,000				Documentary Project for Catholic Sisters in America Exhibit
Basilica of the Assumption Historic Trust Inc408 N Charles Street Baltimore, MD 21201	52-1065433	501 (c)(3)	20,000				Pope John Paul II Prayer Garden

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Good Samaritan Foundation for Better Health Inc255 Lafayette Avenue Suffern, NY 10901	13-3400353	501 (c)(3)	5,000				BS Charity Golf Tournament
The Rose Foundation6008 College Ave Suite 10 Oakland, CA 94618	94-3179772	501 (c)(3)	5,000				Fiscal sponsor for the Investor Environmental Health Network

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Mercy Northeast Community2715 Bainbridge Avenue Bronx, NY 10458	86-1164387	501 (c)(3)	25,000				All African Conference
VA Gentlemen Foundation 932 Laskin Road Virginia Beach, VA 23451	26-1698094	501 (c)(3)	10,000				Grommet Island Beach Park & Playground Sponorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours1525 Marriottsville Road Marriottsville, MD 21044	52-0715237	501 (c)(3)	54,100				Volunteer Ministry
Catholic Medical Mission Board10 West 17th Street New York, NY 100115765	13-5602319	501 (c)(3)	363,750				Unidos Contra La Mortalidad Infantil Program/Disater Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Health Wagon119 Number Ten Street Clinchco,VA 24226	04-3739083	501 (c)(3)	25,000				Lung/Pulmonary Clinic
Roper St Francis Foundation 316 Calhoun Street Charleston,SC 29401	57-1068509	501 (c)(3)	5,000				Spirit of Caring Golf Tournament

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Our Lady of Bellefonte Hospital Foundation1000 Ashland Drive Ashland, KY 41101	61-1381952	501 (c)(3)	5,000				Annual Golf Tournament
Midwives for Haiti Inc7130 Glen Forest Drive Richmond, VA 23226	27-2368581	501 (c)(3)	25,000				Midwives for Haiti Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Hospital Sisters Mission Outreach Crop4930 LaVerna Road Springfield,IL 62705	35-2271729	501 (c)(3)	30,970				Disater Relief - Japan
Catholic Charities228 W Lexington Street Baltimore,MD 21201	52-0591538	501 (c)(3)	50,000				Disater Relief Donations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters Academy of Baltimore139 First Ave Baltimore, MD 21227	34-1975939	501 (c)(3)	25,552				Class of 2013 Sponsor
Schervier Nursing Care Center2975 Independence Ave Bronx, NY 10463	13-1740397	501 (c)(3)	10,000				Gala Program

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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
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If 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**		No
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**		No
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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) 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**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
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) Richard Statuto	(i)	1,042,369	357,037	8,661	178,600	32,927	1,619,594	0
	(ii)	0	0	0	0	0	0	0
(2) Martha Riva	(i)	309,435	88,768	3,638	63,141	34,292	499,274	0
	(ii)	0	0	0	0	0	0	0
(3) Katherine Arbuckle	(i)	520,303	156,596	28,397	66,120	22,919	794,335	0
	(ii)	0	0	0	0	0	0	0
(4) Timothy Davis	(i)	568,101	168,422	6,995	111,800	20,990	876,308	0
	(ii)	0	0	0	0	0	0	0
(5) Lawrence Skip Hubbard	(i)	365,557	102,880	6,291	96,117	22,177	593,022	0
	(ii)	0	0	0	0	0	0	0
(6) Marlon Priest MD	(i)	515,776	155,966	29,488	90,096	32,871	824,197	0
	(ii)	0	0	0	0	0	0	0
(7) Peter Bernard	(i)	733,983	222,954	8,611	158,275	30,698	1,154,521	0
	(ii)	0	0	0	0	0	0	0
(8) Mark Nantz	(i)	437,094	328,628	319,362	30,500	25,777	1,141,361	0
	(ii)	0	0	0	0	0	0	0
(9) Samuel Ross MD	(i)	464,477	445,726	25,222	27,112	20,829	983,366	0
	(ii)	0	0	0	0	0	0	0
(10) Philip Patterson	(i)	434,585	51,643	336,410	17,150	28,354	868,142	0
	(ii)	0	0	0	0	0	0	0
(11) Matthew Toddy	(i)	512,719	145,000	24,049	74,023	27,095	782,886	0
	(ii)	0	0	0	0	0	0	0
(12) Donald Strange	(i)	-1,020	0	682,000	0	1,020	682,000	0
	(ii)	0	0	0	0	0	0	0
(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	Bon Secours Health System, Inc has from time to time used gross-ups as a tool to cover relocating expenses when hiring and relocating executives Executive positions eligible throughout the system may include, but are not limited to, CEO/President, CFO, COO, EVP, SVP, VP and Directors
	Part I, Lines 4a-b	Part I, Line 4a Bon Secours Health System, Inc has system wide severance policies for various levels of executive management Executive positions throughout the system may include, but are not limited to, CEO/President, CFO, COO, EVP, SVP, VP and Directors Severance periods vary based on length of service, subsequent employment and violations of the severance policy Generally, severance periods can be up to 24 months Benefits may include, but are not limited to, base salary, certain health benefits and payment of unused vacation The following individual(s) received severance payments during the applicable calendar year Donald Strange, $682,000 Part II, Line 4b BSHSI participates in a BSHSI sponsored executive retirement program that allows for deposits into additional retirement plans and available only to key employees The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits is made into this plan

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	South Carolina Jobs-Economic Development Authority	57-6000286	837031QH9	01-15-2008	69,925,000	Construct and equip facility		X		X		X
B	Economic Development Authority of Henrico County Virginia	54-1197472	42605PBV6	10-19-2010	80,412,256	Refund bonds issued by Econ Dev Auth of Henrico Co VA on 1/15/08		X		X		X
C	Economic Development Authority of the County of Chesterfield	52-1279622	16639EAY0	10-19-2010	93,627,897	Refund bonds issued by Econ Dev Auth of the Co of Chesterfield on 1/15/2		X		X		X
D	South Carolina Jobs-Economic Development Authority	57-0960018	837031RA3	10-17-2008	30,365,000	Refund bonds issued by SC Jobs Econ Dev Auth On 12/30/02		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	3,940,000			3,940,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	69,973,023	80,412,256	93,627,897	30,365,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	729,108		967,897	255,675
8	Credit enhancement from proceeds	1,694,518			7,500
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	67,549,397			
11	Other spent proceeds	80,412,256	80,412,256	92,660,000	
12	Other unspent proceeds				
13	Year of substantial completion	2008			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X		X		X	
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?	X		X		X			
b	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 520 %		0 050 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 010 %		0 010 %					
6	Total of lines 4 and 5	0 530 %		0 060 %		0 %			
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	PNC Bank							
c	Term of hedge	33 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

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

Identifier	Return Reference	Explanation
		Differences between the Issue Price (Part I) and total proceeds (Part III, line 3) are due to investment earnings The Henrico, Chesterfield and Virginia bonds issued on 10/19/2010 constitute a single issue for federal tax reporting purposes Part III has not been completed with respect to bonds that refinanced projects where the original debt was issued prior to 2003

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Economic Development Authority of Henrico County Virginia	54-1197472	42605PBK0	10-17-2008	53,890,000	Refund bonds issued by Econ Dev Auth of Henrico Co VA on 12/30/02		X		X		X
B	Economic Development Authority of Hanover County	54-1228097	41077RAC6	10-17-2008	124,715,000	2008D-1 Refund bonds issued by the Econ Dev Auth Of Hanover Co on 12/30/		X		X		X
C	Economic Development Authority of the City of Norfolk	52-1375010	65588QAE5	10-17-2008	84,610,000	2008D-1 Refund bonds issued by the Econ Dev Auth of the City of Norfolk o		X		X		X
D	Virginia Small Business Financing Authority	54-1300845	928105AY1	10-19-2010	40,740,000	Terminate swap agreements		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	16,685,000	6,620,000	9,660,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	53,890,000	124,715,000	84,610,000	40,740,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	449,479	1,131,056	812,157	489,597
8	Credit enhancement from proceeds	7,500	157,532	7,500	24,322
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	40,226,081			40,226,081
11	Other spent proceeds	53,433,021	123,426,412	83,790,343	
12	Other unspent proceeds				
13	Year of substantial completion	2010			2010

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?								
b	Are there any research agreements that may result in private business use of bond-financed property?								
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?								

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X	X			X
b	Name of provider	JP Morgan				JP Morgan			
c	Term of hedge	13 000000000000				13 000000000000			
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?		X				X		
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?		X		X		X		X

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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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
Bon Secours Health System Inc

Employer identification number
52-1301088

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) Dr Leta Herring	See Part V	117,166	See Part V		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
Sch L Part IV, Business Transactions Involving Interested Persons		(a) Name of Person Dr Leta Herring(b) Relationship Between Interested Person and Organization Wife of Dr Marlon Priest(d) Description of Transaction Independent Contractor This contract was terminated as of March 30, 2012

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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
Bon Secours Health System Inc

Employer identification number
52-1301088

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

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

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

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The process the organization uses to review the Form 990 consists of a review by Bon Secours Health System, Inc 's (''BSHSI's'') audit and compliance board committee and providing the form to the BSHSI board of directors to allow for a thorough review by both before the filing date of July 16, 2012 BSHSI's audit and compliance and governance board committee and BSHSI's board of directors will review the Form 990, scheduled time on meeting agendas, and asked questions regarding the Form 990 before the return is filed July 16, 2012

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

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The compensation committee of the board of Bon Secours Health System, Inc engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of BSHSI The compensation committee consists of a group of independent board members and engages independent external compensation consultant to ensure they receive appropriate analysis of market and follow the practices necessary to obtain full compliance with the IRS's rebuttable presumption of reasonableness The committee establishes and maintains a compensation philosophy, reviews pay practices against local, regional and national healthcare organizations and approve all remunerative decisions for this group of individuals The committee reviews and receives assurances that all levels of pay within the organization are reasonable based on performance and validates incentives are met These decisions are documented in the BSHSI board of directors and compensation committee minutes Form 990, Part VI, Section B, Line 15b - Compensation Process Other Officers/ Key Employees For those key employees and highest paid employees that are not reviewed by the BSHSI compensation committee, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision In the review, the positions of other officers or key employees of the organization were compared to similar position market data in comparably situated organizations taking into consideration geographic location and organization size where appropriate During the review and approval of the compensation, documentation of the decision was recorded in human resources

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

Identifier	Return Reference	Explanation
	Form 990, Part VII	As the parent organization of nine local systems, Bon Secours Health System, Inc 's officers, directors, key employees and highly compensated employees have duties and responsibilities which encompass the activities of many of the related organizations within those local systems Part VII, Section B Five Highest Paid Independent Contractors Providing Services Independent contractors and vendors paid/invoiced to Bon Secours Health System, Inc are generally for services covering a majority of the related organizations, if not all

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 17,831,456 Other changes in Unrest NA - Joint Venture 3,254,155 Transfers to/from affiliates 29,954,968 Add'l Minimum Pension Liability 12,700,631 PY Change in Net Assets 103,722 Revenue from partnerships on tax return not in financial stmts -110,366 Total to Form 990, Part XI, Line 5 63,734,566

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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
Bon Secours Health System Inc

Employer identification number
52-1301088

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
(1) Bon Secours Associates Services LLC 1505 Marriottsville Road Marriottsville, MD 211041301 52-2321591	Healthcare	MD	12,011	1,708,000	Bon Secours Health System Inc
(2) Townley IV Farm LLC 1402 Stapleton Road Gladstone, VA 245533138 54-1833386	Farm	VA	-8,520	6,888,272	Bon Secours Health System Inc

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
See Additional Data Table							

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
See Additional Data Table												

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
See Additional Data Table							

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

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) See Additional Data Table			
(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: 52-1301088
Name: Bon Secours Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
Bon Secours St Petersburg Home Care Services Inc 10300 Fourth Street North St Petersburg, FL33716 13-4334363	Home Care Services	FL	501(c)3	Line 9	Maria Manor Nursing Care Center	Yes	
Bon Secours Maria Manor Nursing Care Center 10300 Fourth Street North St Petersburg, FL33716 13-4334363	Nursing Home	FL	501(c)3	Line 9	Bon Secours Health System Inc	Yes	
Our Lady of Bellefonte Hospital Inc 1000 St Christopher Dr Ashland, KY41101 61-1356023	Acute Care Hospital	KY	501(c)3	Line 3	Bon Secours Kentucky Health System	Yes	
Bon Secours Kentucky Health System Inc St Christopher Dr Ashland, KY41101 61-1356024	Local System Parent Org	KY	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc	Yes	
Our Lady of Bellefonte Hospital Foundation St Christopher Dr Ashland, KY41101 61-1381952	Grant Making Foundation	KY	501(c)3	Line 7	Bon Secours Kentucky Health System	Yes	
Bellefonte Physician Services Inc St Christopher Dr Ashland, KY41101 35-2320780	Physician Practices	KY	501(c)3	Line 9	Bon Secours Kentucky Health System	Yes	
Bon Secours Baltimore Hospital 2000 West Baltimore Street Baltimore, MD21223 52-1909599	Health Care	MD	501(c)3	Line 3	Bon Secours Baltimore Health System	Yes	
Washington Village Community Medical Center Inc 2600 Liberty Heights Avenue Baltimore, MD21223 52-1138191	Health Care	MD	501(c)3	Line 9	Bon Secours Community Health Services Inc	Yes	
Urban Medical Institute Inc 2600 Liberty Heights Avenue Baltimore, MD21215 52-1905869	Health Care	MD	501(c)3	Line 3	Liberty Medical Center Inc	Yes	
Bon Secours Baltimore Development 26 North Fulton Avenue Baltimore, MD21223 76-0785344	Community Housing	MD	501(c)3	Line 7	Unity Properties Inc	Yes	
Bon Secours Baltimore Health System Foundation Inc 26 North Fulton Avenue Baltimore, MD21223 38-3843816	Grant Making Foundation	MD	501(c)3	Line 11b, Type 3	Bon Secours Baltimore Health System	Yes	
Bon Secours Community Health Services Inc 2600 Liberty Heights Avenue Baltimore, MD21215 52-1909599	Health Care	MD	501(c)3	Line 9	Bon Secours Baltimore Health System	Yes	

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
The Bon Secours of Maryland Foundation Inc(dba Bon Secours Community Work) 26 North Fulton Avenue Baltimore, MD21223 52-1732800	Grant Making Foundation	MD	501(c)3	Line 11b, Type 3	Bon Secours Baltimore Health System	Yes	
Unity Properties Inc 26 North Fulton Avenue Baltimore, MD21223 52-1857768	Low Income Housing	MD	501(c)3	Line 7	Bon Secours of Maryland Foundation	Yes	
Bon Secours Housing 26 North Fulton Avenue Baltimore, MD21223 52-1442707	Low Income Housing	MD	501(c)3	Line 9	Bon Secours of Maryland Foundation	Yes	
Bon Secours Housing II 26 North Fulton Avenue Baltimore, MD21223 52-1543174	Low Income Housing	MD	501(c)3	Line 9	Bon Secours of Maryland Foundation	Yes	
Bon Secours Baltimore Health System 2000 West Baltimore Street Baltimore, MD21223 80-0728893	Local System Parent Org	MD	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc	Yes	
Bon Secours Inc 1505 Marriottsville Road Marriottsville, MD21104 52-1301091	Supporting Org to Bon Secours Health System, Inc	MD	501(c)3	Line 11a, Type 1	N/A		No
Bon Secours New York Health System 2975 Independence Avenue Bronx, NY10463 91-2135196	Local System Parent Org	NY	501(c)3	Line 11b, Type 1	Bon Secours Health System Inc	Yes	
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY10463 13-1740397	Long term nursing care	NY	501(c)3	Line 3	Bon Secours NY Health System	Yes	
Schervier Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY10463 13-3098867	Housing	NY	501(c)3	Line 9	Bon Secours NY Health System	Yes	
Bon Secours Community Hospital 160 E Main Street Port Jervis, NY12771 14-1347717	Health Care	NY	501(c)3	Line 3	Bon Secours Charity Health System	Yes	
Bon Secours Community Hospital Foundation 160 E Main Street Port Jervis, NY12771 81-0667395	Grant Making Foundation	NY	501(c)3	Line 7	Bon Secours Community Hospital	Yes	
Good Samaritan Hospital of Suffern NY 255 Lafayette Avenue Suffern, NY10901 13-1740104	Acute Care Hospital	NY	501(c)3	Line 3	Bon Secours Charity Health System	Yes	

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
Good Samaritan Foundation for Better Health Inc 255 Lafayette Avenue Suffern, NY10901 13-3400353	Grant Making Foundation	NY	501(c)3	Line 7	Bon Secours Charity Health System	Yes	
Bon Secours Charity Health System Inc 255 Lafayette Avenue Suffern, NY10901 91-2135195	Local System Parent Org	NY	501(c)3	Line 11b, Type 1	Bon Secours Health System Inc	Yes	
St Francis Center at the Knolls Inc (dba Mount Alverno Center) 20 Grand Street Warwick, NY10990 06-1370576	Long term Care	NY	501(c)3	Line 9	Bon Secours Charity Health System	Yes	
Villa Francis at the Knolls (dba Schervier Pavilion) 20 Grand Street Warwick, NY10990 06-1381994	Skilled Nursing	NY	501(c)3	Line 9	Bon Secours Charity Health System	Yes	
St Anthony Community Hospital 15-19 Maple Ave Warwick, NY10990 14-1340100	Hospital	NY	501(c)3	Line 3	Bon Secours Charity Health System	Yes	
The Bon Secours Warwick Health Foundation 20 Grand Street Warwick, NY10990 14-1972807	Grant Making Foundation	NY	501(c)3	Line 7	St Anthony Community Hospital	Yes	
Bon Secours Charity Health System Medical Group PC 255 Lafayette Avenue Suffern, NY10901 22-3636986	Physician Practices	NY	501(c)3	Line 9	Bon Secours Charity Health System	Yes	
Bon Secour St Francis Health System Foundation One St Francis Drive Greenville, SC29601 26-0012031	Grant Making Foundation	SC	501(c)3	Line 7	SFH Inc	Yes	
SFH Inc One St Francis Drive Greenville, SC29601 58-2504530	Health Care	SC	501(c)3	Line 3	St Francis Health System Inc	Yes	
Bon Secours St Francis Health System Inc 1 St Francis Drive Greenville, SC29601 58-2504528	Local System Parent Org	SC	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc	Yes	
St Francis Physician Services Inc One St Francis Drive Greenville, SC29601 13-4290167	Physician Services	SC	501(c)3	Line 9	St Francis Health System Inc	Yes	
Mary Immaculate Hospital Inc 7007 Harbour View Blvd Suffolk, VA23435 54-0548200	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System	Yes	

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
Mary Immaculate Nursing Center Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)3	Line 9	Mary Immaculate Hospital	Yes	
Mary Immaculate Foundation 7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)3	Line 11b, Type 3-FI	Mary Immaculate Hospital	Yes	
Bon Secours - Maryview Nursing Care Center 7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)3	Line 9	Bon Secours Hampton Roads Health System	Yes	
Bon Secours Maryview Foundation 7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)3	Line 11b, Type 3-FI	Bon Secours Hampton Roads Health System	Yes	
Bayley Properties 7007 Harbour View Blvd Suffolk, VA 23435 54-1424748	Title Holding Company	VA	501(c)2	N/A	Bon Secours DePaul Medical Center	Yes	
Bon Secours DePaul Medical Center Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System	Yes	
Bon Secours DePaul Health Foundation 7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)3	Line 11b, Type 3-FI	Bon Secours Hampton Roads Health System	Yes	
Bon Secours Hampton Roads Health System 7007 Harbour View Blvd Portsmouth, VA 23435 52-1538513	Local System Parent Org	VA	501(c)3	Line 11b, Type 2	Bon Secours Health System Inc	Yes	
Maryview Hospital 7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System	Yes	
Bon Secours Richmond Health Care Foundation 8580 Magellan Parkway Richmond, VA 23227 54-1201346	Grant Making Foundation	VA	501(c)3	Line 7	Bon Secours Richmond Health Corp	Yes	
Bon Secours Richmond Health Corporation 8580 Magellan Parkway Richmond, VA 23227 54-1356155	Supporting Org to Bon Secours Richmond Health System	VA	501(c)3	Line 11, Type 2	Bon Secours Health System Inc	Yes	
Bon Secours Stuart Circle Hospital 8580 Magellan Parkway Richmond, VA 23227 54-1740128	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	

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
Bon Secours Memorial Regional Medical Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
Bon Secours Richmond Health System 8580 Magellan Parkway Richmond, VA 23227 52-1988421	Supporting Org to Bon Secours Richmond Health System	VA	501(c)3	Line 11, Type 2	Bon Secours Richmond Health Corp	Yes	
Bon Secours St Mary's Hospital 8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
Bon Secours Richmond Community Hospital 8580 Magellan Parkway Richmond, VA 23227 54-0647482	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
Bon Secours St Francis Medical Center 8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
Laburnum Properties 8580 Magellan Parkway Richmond, VA 23227 52-1260700	Title Holding Company	VA	501(c)2	N/A	Bon Secours Richmond Health System	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Place at St Petersburg LLP 10300 Fourth Street North St Petersburg, FL33716 59-3589729	Assisted Living/Senior Care	FL	Bon Secours Florida Integrated Services	Related				No			No	
Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD21223 52-1952505	Low Income Housing	MD	Unity Housing Inc	Related				No			No	
Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD21223 52-2063512	Low Income Housing	MD	Unity Housing Inc	Related				No			No	
Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD21223 52-2134447	Low Income Housing	MD	Unity Housing Inc	Related				No			No	
Bon Secours Apartments III LP 1800 West Baltimore St Baltimore, MD21223 52-2134444	Low Income Housing	MD	Unity Housing Inc	Related				No			No	
Bon Secours Smallwood Summit 26 North Fulton Ave Baltimore, MD21223 52-2280175	Low Income Housing	MD	Unity Housing Inc	Related				No			No	
Bon Secours Chesapeake Apartments LP 26 North Fulton Ave Baltimore, MD21223 20-0107034	Low Income Housing	MD	Chesapeake Housing LLC	Related				No			No	
Bon Secours Shiloh LP 26 North Fulton Ave Baltimore, MD21223 20-3965243	Low Income Housing	MD	Bon Secours Baltimore Development Inc	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Wayland LP 26 North Fulton Ave Baltimore, MD21223 27-0468688	Low Income Housing	MD	Unity Properties Inc	Related				No			No	
Upstate Surgery Center LLC One St Francis Drive Greenville, SC29601 56-2186977	Ambulatory Surgery Center	SC	SFH Inc	Related				No			No	
Province Place of DePaul LLC 6403 Granby Street Norfolk, VA23505 54-1950880	Assisted Living Facilities	VA	Professional Health Care Management Inc	Related				No			No	
Province Place of Maryview LLC One Bon Secours Way Portsmouth, VA23703 54-1842697	Assisted Living	VA	Professional Health Care Management Inc	Related				No			No	
Broad64 Imaging LLC 8580 Magellan Parkway Richmond, VA23227 20-5886018	Imaging Services	VA	Bon Secours Virginia Health Source Inc	Related				No			No	
Richmond Radiation Oncology Center I LLC 8580 Magellan Parkway Richmond, VA23227 20-8444551	Radiation Oncology Services	VA	Richmond Radiation Oncology Center Inc	Related				No			No	
RI LP 8580 Magellan Parkway Richmond, VA23227 54-1708835	Imaging Services	VA	Bon Secours Virginia Health Source Inc	Related				No			No	
RI LP 8581 Magellan Parkway Richmond, VA23228 54-1708835	Imaging Services	VA	Richmond MRI Inc	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Disproprtionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Chesterfield Community Healthcare Center MOB 1 LLC 435 Southlake Blvd Richmond, VA 23236 54-1745670	Rental - Medical Office Building	VA	Bon Secours Virginia Health Source Inc	Related				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
Franciscan Health System Insurance Company LTD PO Box 69 KY1-1102 CJ 98-0522620	Offshore Captive Management	CJ	Bon Secours Health System Inc	C	3,300		100 000 %
Bon Secours Assurance Company Ltd PO Box 69 KY1-1102 CJ 98-0152147	Offshore Captive Management	CJ	Bon Secours Health System Inc	C	23,805,832	102,957,940	100 000 %
Bon Secours-Florida Integrated Health Services Inc 10300 Fourth Street North St Petersburg, FL33716 65-0779777	Holding Company/Assisted Living	FL	Bon Secours Maria Manor Nursing Care	C	409,562	1,873,600	100 000 %
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD21223 52-1952507	Low Income Housing	MD	Unity Properties Inc	C	-109	350,100	100 000 %
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD21223 27-0468561	Low Income Housing	MD	Unity Properties Inc	C			100 000 %
HealthCare Enterprises Inc & Subs One St Francis Drive Greenville, SC29601 57-1012852	Holding Company	SC	St Francis Health System Inc	C			100 000 %
Professional Health Care Management Inc & Subs 150 Kingsley Lane Norfolk, VA23505 54-1241031	Administrative	VA	Bon Secours Hampton Roads Health System Inc	C	511,697	4,739,811	100 000 %
OSF Inc 2 Bernadine Drive Newport News, VA23602 54-1369919	Rental	VA	Mary Immaculate Hospital Inc	C	100,940	1,355,814	100 000 %
Bon Secours Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA23505 54-1431826	Pharmacy	VA	Bon Secours DePaul Medical Center Inc	C	807,546	2,335,590	100 000 %
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA23227 54-1812738	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	77,645	288,983	83 000 %
Bon Secours-Virginia Healthsource Inc & Subs 8580 Magellan Parkway Richmond, VA23227 54-1417686	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	46,572,235	31,424,746	83 000 %
Richmond MRI Inc 8580 Magellan Parkway Richmond, VA23227 54-1568452	Imaging Services	VA	Bon Secours Virginia Healthsource Inc	C	365,836	341,889	42 330 %
RHS Management Corp 8580 Magellan Parkway Richmond, VA23227 54-1313425	Independent Living Facility	VA	Bon Secours Richmond Health System Inc	C	-529,328	94,681	83 000 %

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(1)	BS Maryview Foundation	B	45,000	Fair Market Value
(2)	BS of MD Foundation Inc	B	144,000	Fair Market Value
(3)	BS OLBH Foundation	B	135,000	Fair Market Value
(4)	BS Richmond Healthcare Foundation	B	125,000	Fair Market Value
(5)	DePaul Medical Center Foundation	B	55,000	Fair Market Value
(6)	Good Samaritan Foundation for Better health	B	66,300	Fair Market Value
(7)	Maria Manor Nursing Care Center	B	130,000	Fair Market Value
(8)	Mary Immaculate Hospital	B	7,500	Fair Market Value
(9)	Schervier Pavilion	B	99,700	Fair Market Value
(10)	St Francis Foundation	B	148,000	Fair Market Value
(11)	Bellefonte Physician Services	D	9,627,924	Fair Market Value
(12)	Bon Secours Community Hospital	D	3,150,432	Fair Market Value
(13)	Bon Secours New York Health System	D	1,000	Fair Market Value
(14)	Bon Secours Richmond Health System	D	1,232,078	Fair Market Value
(15)	BS Community Health Services	D	150,366	Fair Market Value
(16)	BS Community Hospital Foundation	D	159,069	Fair Market Value
(17)	BS Depaul Medical Center	D	26,153,768	Fair Market Value
(18)	BS Maryview Foundation	D	93,374	Fair Market Value
(19)	BS of MD Foundation Inc	D	1,095,097	Fair Market Value
(20)	BS Richmond Healthcare Foundation	D	895,611	Fair Market Value
(21)	Good Samaritan Hospital of Suffern	D	23,203,859	Fair Market Value
(22)	GSH Medical Care PC	D	10,762,587	Fair Market Value
(23)	Laburnum Properties Inc	D	309,748	Fair Market Value
(24)	Mt Alverno Assisted Living Facility	D	1,334,486	Fair Market Value
(25)	Schervier Pavilion	D	2,226,586	Fair Market Value
(26)	St Francis Physician Services	D	32,661,332	Fair Market Value
(27)	St Petersburg Home Care Svcs	D	286,545	Fair Market Value
(28)	Urban Medical Institute	D	250,588	Fair Market Value
(29)	Bon Secours Place at St Petersburg	D	5,764,241	Fair Market Value
(30)	Province Place at Maryview	D	266,600	Fair Market Value

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(31)	Province Place at DePaul	D	376,801	Fair Market Value
(32)	Bon Secours Community Hospital	K	2,567,838	Cost
(33)	Bon Secours Hospital Baltimore	K	3,770,628	Cost
(34)	Bon Secours Maria Manor Nursing Center	K	265,668	Cost
(35)	Good Samaritan Hospital of Suffern	K	7,586,819	Cost
(36)	Maryview Hospital	K	15,452,952	Cost
(37)	Our Lady of Bellefonte Hospital	K	4,430,956	Cost
(38)	Schervier Housing Development	K	556,824	Cost
(39)	Schervier Long Term	K	132,384	Cost
(40)	St Anthony Community Hospital	K	1,517,359	Cost
(41)	St Francis Hospital	K	14,196,096	Cost
(42)	St Mary's Hospital	K	33,132,972	Cost
(43)	BS Community Health Services	P	2,594	Fair Market Value
(44)	Unity Properties	P	7,785	Fair Market Value
(45)	Good Samaritan Home Care	P	14,382	Fair Market Value
(46)	Tidewater Diversified	P	18,793	Fair Market Value
(47)	Bon Secours St Petersburg Home Care Services	P	38,023	Fair Market Value
(48)	RHS Ent	P	83,701	Fair Market Value
(49)	Broad64 Imaging	P	175,437	Fair Market Value
(50)	St Mary's MRI Center	P	175,824	Fair Market Value
(51)	Upstate Surgery Center	P	195,279	Fair Market Value
(52)	Bon Secours of MD Foundation	P	232,879	Fair Market Value
(53)	SF Imaging	P	248,399	Fair Market Value
(54)	Richmond Radiation Oncology Center	P	268,925	Fair Market Value
(55)	Mt Alverno Assisted Living Facility	P	332,100	Fair Market Value
(56)	Bon Secours Community Shared Services	P	343,723	Fair Market Value
(57)	Millenium	P	370,862	Fair Market Value
(58)	Bon Secours Place at St Petersburg	P	66,624	Fair Market Value
(59)	Province Place of Maryview	P	133,179	Fair Market Value
(60)	Schervier Pavilion	P	1,540,092	Fair Market Value

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)	(d) Method of determining amount involved
(61)	Province Place of DePaul	P	186,276	Fair Market Value
(62)	Bon Secours Maryview Nursing Care Center	P	646,539	Fair Market Value
(63)	Mary Immaculate Nursing Center	P	1,159,342	Fair Market Value
(64)	GSH Medical Care PC	P	834,762	Fair Market Value
(65)	Schervier Home Health	P	291,746	Fair Market Value
(66)	Bon Secours New York Health System	P	1,491,392	Fair Market Value
(67)	Home Health Services	P	1,620,088	Fair Market Value
(68)	Schervier Housing Development	P	1,528,572	Fair Market Value
(69)	St Anthony Community Hospital	P	2,416,802	Fair Market Value
(70)	Bon Secours Richmond Community Hospital	P	3,588,560	Fair Market Value
(71)	Bon Secours Maria Manor Nursing Center	P	3,665,465	Fair Market Value
(72)	Virginia Healthsource	P	3,808,398	Fair Market Value
(73)	Bon Secours Community Hospital	P	4,344,808	Fair Market Value
(74)	St Francis Physician Services	P	9,843,803	Fair Market Value
(75)	St Mary's Hospital	P	10,716,814	Fair Market Value
(76)	Mary Immaculate Hospital	P	10,598,986	Fair Market Value
(77)	Bon Secours DePaul Medical Center	P	11,784,287	Fair Market Value
(78)	Bon Secours Hospital Baltimore	P	14,442,035	Fair Market Value
(79)	Maryview Hospital	P	19,793,970	Fair Market Value
(80)	Our Lady of Bellefonte Hospital	P	20,949,618	Fair Market Value
(81)	Bon Secours St Francis Medical Center	P	22,429,335	Fair Market Value
(82)	Bon Secours Memorial Regional Medical Center	P	29,746,639	Fair Market Value
(83)	Bon Secours St Mary's Hospital	P	40,341,270	Fair Market Value
(84)	Good Samaritan Hospital of Suffern	P	41,931,185	Fair Market Value
(85)	St Francis Hospital	P	45,437,846	Fair Market Value

Additional Data

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chris Allen Board Member	4 00	X						0	0	0
Richard Blair Board Member	6 00	X						0	0	0
Michael Carey Board Member	6 00	X						0	0	0
Sister Elaine Davia Board Member	4 00	X						0	0	0
Marcia Dush Board Member	4 00	X						0	0	0
Elder Granger MD Board Member (Aug)	4 00	X						0	0	0
Roger Huang Board Member	4 00	X						0	0	0
David Jimenez Board Member	4 00	X						0	0	0
Gerald Kells Board Member (Jan-Aug)	4 00	X						0	0	0
Laurie Lafontaine Board Member	6 00	X						0	0	0
Lucretia McClenney Board Member	6 00	X						0	0	0
Susan Sandlund Board Member	4 00	X						0	0	0
Richard Serafini Board Member	4 00	X						0	0	0
Rev Myles Sheehan MD Board Member	4 00	X						0	0	0
Sister Mary Shimo Board Member	4 00	X						0	0	0
Sister Alice Talone Board Member	4 00	X						0	0	0
Donald Seitz MD Chairman	12 00	X		X				65,000	0	0
Richard Statuto President/CEO	50 00	X		X				1,408,067	0	211,527
Martha Riva SVP Goverance/Secretary	50 00			X				401,841	0	97,433
Katherine Arbuckle Treasurer/CFO	50 00			X				705,296	0	89,039
Timothy Davis EVP - CHRAO	50 00				X			743,518	0	132,790
Lawrence Skip Hubbard SVP - CIO	50 00				X			474,728	0	118,294
Marlon Priest MD EVP-CMO	50 00				X			701,230	0	122,967
Peter Bernard EVP - CEO BSV	50 00					X		965,548	0	188,973
Mark Nantz CEO - BSSFHS	50 00					X		1,085,084	0	56,277

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Samuel Ross MD CEO - BSBHS	50 00					X		935,425	0	47,941
Philip Patterson CEO - BSCHS	50 00					X		822,638	0	45,504
Matthew Toddy EVP & General Counsel	50 00					X		681,768	0	101,118
Donald Strange Former COO	0 00						X	680,980	0	1,020