See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 09-01-2012 , 2012, and ending 08-31-2013

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) | Room/suite
8990 Old Annapolis Road

City or town, state or country, and ZIP + 4
Columbia, MD 21045

D Employer identification number
52-1301088

E Telephone number
(410) 442-5511

G Gross receipts $ 255,235,748

F Name and address of principal officer
Richard Statuto
8990 Old Annapolis Road
Columbia, MD 21045

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**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	845
6	Total number of volunteers (estimate if necessary)	**6**	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	603,186
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)	29,434	8,379
9	Program service revenue (Part VIII, line 2g)	165,204,936	182,231,617
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,486,120	30,770,006
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	29,825,308	42,225,746
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	214,545,798	255,235,748
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,605,030	6,662,628
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)	101,216,300	103,790,709
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–24e)	114,107,717	126,575,957
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	216,929,047	237,029,294
19	Revenue less expenses Subtract line 18 from line 12	-2,383,249	18,206,454

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,140,476,498	1,213,757,145
21	Total liabilities (Part X, line 26)	1,245,642,024	1,203,308,235
22	Net assets or fund balances Subtract line 21 from line 20	-105,165,526	10,448,910

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: 2014-07-15

Janice E Burnett Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
David A Craig				P00542227

Firm's name ▶ Deloitte Tax LLP — Firm's EIN ▶ 86-1065772

Firm's address ▶ 191 Peachtree St Suite 2000
Atlanta, GA 303031749 — Phone no (404) 220-1500

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

4a (Code) (Expenses $ 215,191,115 including grants of $ 6,662,628) (Revenue $ 213,536,267)

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 staff and boards of directors-Policy development in areas such as sponsorship, business relationships, moral investments, bioethics, organizational ethics, social justice and community commitment services-Education to promote the Bon Secours mission, philosophy and values to key staff-Coordination of teams charged with addressing health care issues and ethical concernsFinancial & Treasury Services -Negotiation of access to capital-Oversight, coordination and control of external audits-Coordination of and assistance in maximizing third-party reimbursement and filing related appeals-Monitoring of federal health care policy-Monitoring of System's master pension trust encompassing the pooled investment of all 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-wide investment program encompassing the vast majority of System members' investments, including funded depreciation accounts and centralized cash management program, in accordance with uniform System investment guidelines-Management of centralized cash management program-Maintenance of System-wide common financial data base providing statusof key financial indicators and operating statistics-Long range capital and financial planning and annual operating and capital budgeting support-Preparation of monthly and year-end consolidating System-wide financial statements, including budget variation reporting and statistical analysis-Development, implementation and monitoring of standardized accounting policies and educates senior leaders on financial literacy and contemporary financial practices -Development of external financial disclosures to investors and the public at large-Primary contact with rating agencies, bond insurers and for investors questions-Oversight of System consulting in the areas of tax returns,cost reporting, A-133 filings, CDM compliance and third party appeals-Organization of meetings of Chief Financial Officers to better coordinate implementation of System-wide goals, strategies, tactics and objectives and to monitor facility operations and corporate compliance Operational Services -Actuarial, accounting and investment functions for self insurance funding of System members' general and professional liability and workers compensation claims and for a System-wide self-funded plan for employee health benefits-Coordination of functions for a System-wide standard hospital information system and other systems for use throughout the System and support functions for implementing and maintaining the information system-Standardized purchasing function, material management, Lawson ERP system, and other standard IS-Knowledge Transfer of best practices and successes on revenue enhancement and cost reduction initiatives Strategic Planning, Marketing, and Business Development Services -Coordination of System strategic planning including coordination of development of the System's vision, goals, and 3-year strategic plan and annual planning processes -Market assessment and strategy development for improved local market positioning-Strategic planning support for acute, long-term and home care operations-New product/service research and development-Emerging technology research & assessment, knowledge transfer of technology and implications for system-Coordination and consultative assistance in service line planning & profitability analyses-Implementation of strategic growth initiatives in new and existing communities-Coordination of Planning & Business Development leaders, Customer Satisfaction, and Marketing & Communications leaders networksOther Corporate Services -Corporate Communications and Public Relations-Internal auditing-Corporate Responsibility-Risk management-Governance-Coordination and control of System-wide benefit testing-Administration of System-wide health benefit plans-Placement and renewal of various System-wide welfare benefit plans-Coordination and management of legal services provided to System members-Regulatory compliance and insurance functions-System-wide employee, patient, resident and physician 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** ▶ 215,191,115

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 for escrow or custodial account liability, 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 temporarily restricted endowments, permanent endowments, 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, line 10? *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	Yes	
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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 United States? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization 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, line 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 through 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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**		No
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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, 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*	**35b**	Yes	
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 11b 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	639		
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	845		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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 as charitable contributions? . . .	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** 20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its 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	Did the organization have members or stockholders?	**6**	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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 made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶Laura Ellison 8990 Old Annapolis Road Columbia, MD (443) 367-2218

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 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								11,858,433	0	1,267,316

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 245

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Deloitte Consulting LLP 200 Berkley Street Boston MA 20116	General Advisory Services	9,190,765
Towers Watson Pennsylvania Inc Lockbox 7482 PO Box 8500 Philadelphia PA 19178	Pension Consulting Services	3,130,532
Crowell & Moring LLP PO Box 75509 Baltimore MD 21275	Professional Services	2,329,061
Med Assets Inc 200 N Point Center E Ste 600 Alpharetta GA 30022	Revenue Solutions	2,032,007
Gallup Org PO Box 30111 Omaha NE 68103	Engagement Survey Services	1,901,717
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 69		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	8,379			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		8,379			
Program Service Revenue			Business Code				
	2a	Corp Mgmt & IS Fees	900099	182,231,617	182,231,617		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		182,231,617			
	3	Investment income (including dividends, interest, and other similar amounts)		6,760,182			6,760,182
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents	184,404				
	b	Less rental expenses	0				
	c	Rental income or (loss)	184,404				
	d	Net rental income or (loss)		184,404			184,404
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	24,009,824				
	b	Less cost or other basis and sales expenses	0				
	c	Gain or (loss)	24,009,824				
	d	Net gain or (loss)		24,009,824			24,009,824
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	Investment in JV - Rop	900099	19,479,407	19,479,407		
	b	Premier & Other Pships	900099	8,958,633	8,196,394	399,602	362,637
	c	Rebates	900099	6,464,461			6,464,461
	d	All other revenue		7,138,841	3,628,849	203,584	3,306,408
	e	**Total.** Add lines 11a–11d		42,041,342			
	12	**Total revenue.** See Instructions		255,235,748	213,536,267	603,186	41,087,916

Part IX Statement of Functional Expenses

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

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

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 United States See Part IV, line 21	6,657,628	6,657,628		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	5,000	5,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,760,134	6,084,118	676,016	
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	79,559,044	71,510,352	8,048,692	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,602,257	3,242,031	360,226	
9 Other employee benefits	9,236,456	8,311,465	924,991	
10 Payroll taxes	4,632,818	4,162,830	469,988	
11 Fees for services (non-employees)				
a Management				
b Legal	586,713	526,675	60,038	
c Accounting	134,857	121,371	13,486	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	7,620	6,858	762	
12 Advertising and promotion	372,487	335,238	37,249	
13 Office expenses	1,227,132	1,076,316	150,816	
14 Information technology	29,125,667	26,213,100	2,912,567	
15 Royalties . .				
16 Occupancy	6,476,145	5,780,353	695,792	
17 Travel	4,120,167	3,707,260	412,907	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,419,811	1,277,830	141,981	
20 Interest	15,863,261	15,863,261		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,292,920	36,133,015	4,159,905	
23 Insurance	83,724	51,664	32,060	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Purchased services	17,390,189	15,610,263	1,779,926	
b Loss-Defeasance of Debt	7,843,633	7,059,270	784,363	
c Recruitment/Relocation	477,710	429,939	47,771	
d Dues and Subscriptions	422,313	380,082	42,231	
e All other expenses	731,608	645,196	86,412	
25 **Total functional expenses.** Add lines 1 through 24e	237,029,294	215,191,115	21,838,179	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	
	2	Savings and temporary cash investments	34,156,512	2	34,844,993
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	3,560,094	4	4,805,172
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	17,543,453	9	22,611,917
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 330,747,476			
	b	Less accumulated depreciation — 10b: 157,196,914	179,210,038	10c	173,550,562
	11	Investments—publicly traded securities	214,946,643	11	292,346,014
	12	Investments—other securities See Part IV, line 11	42,089,841	12	
	13	Investments—program-related See Part IV, line 11	13,968,310	13	143,769,186
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	635,001,607	15	541,829,301
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,140,476,498	16	1,213,757,145
Liabilities	17	Accounts payable and accrued expenses	54,180,118	17	89,131,838
	18	Grants payable		18	
	19	Deferred revenue	16,570,284	19	80,723,883
	20	Tax-exempt bond liabilities	854,473,162	20	856,619,461
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,753,885	23	3,414,975
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	317,664,575	25	173,418,078
	26	**Total liabilities.** Add lines 17 through 25	1,245,642,024	26	1,203,308,235
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	-112,425,526	27	10,448,910
	28	Temporarily restricted net assets	7,260,000	28	0
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), 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	-105,165,526	33	10,448,910
	34	Total liabilities and net assets/fund balances	1,140,476,498	34	1,213,757,145

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	255,235,748
2	Total expenses (must equal Part IX, column (A), line 25)	2	237,029,294
3	Revenue less expenses Subtract line 2 from line 1	3	18,206,454
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-105,165,526
5	Net unrealized gains (losses) on investments	5	30,560,538
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	66,847,444
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,448,910

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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Sister Elaine Davia Board Member	3 00 2 00	X						0	0	0
Marcia Dush Board Member	3 00 0 00	X						0	0	0
Stephanie Ferguson PhD Board Member (Jan-Aug)	3 00 0 00	X						0	0	0
Elder Granger MD Board Member (Sep-May)	3 00 0 00	X						0	0	0
Roger Huang Board Member (Sep-Dec)	3 00 0 00	X						0	0	0
Gerard Kells Board Member	3 00 0 00	X						0	0	0
Peter F Maddox Board Member (Jan-Aug)	3 00 0 00	X						0	0	0
Lucretia McClenney Board Member (Sep-Dec)	3 00 0 00	X						0	0	0
Jennifer O'Brien Esq Board Member (Jan-Aug)	3 00 0 00	X						0	0	0
Richard Serafini Board Member	4 00 0 00	X						0	0	0
Rev Myles Sheehan MD Board Member (Sep-May)	3 00 0 00	X						0	0	0
Sister Mary Shimo Board Member	3 00 0 00	X						0	0	0
Sister Alice Talone Board Member	3 00 0 00	X						0	0	0
Chris Allen Board Member	4 00 0 00	X						0	0	0
Richard Blair Board Member	4 00 0 00	X						0	0	0
David Jimenez Board Member	4 00 0 00	X						0	0	0
Laurie Lafontaine Board Member	4 00 0 00	X						0	0	0
Susan Sandlund PhD Board Member	5 00 0 00	X						0	0	0
Donald G Seitz MD Chairman	12 00 0 00	X		X				87,481	0	0
Richard Statuto CEO/President	50 00 0 00	X		X				2,187,270	0	171,522
Janice E Burnett CFO/Treasurer	48 00 2 00			X				559,191	0	72,090
Martha Riva SVP Governance/Secretary	50 00 0 00			X				582,458	0	80,518
Timothy Davis EVP-CHRAO	50 00 0 00				X			1,122,284	0	134,895
Lawrence Skip Hubbard SVP-CIO	48 00 2 00				X			767,237	0	33,748
Marlon Priest MD EVP-CMO	49 00 1 00				X			1,039,465	0	158,468

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Peter Bernard EVP - CEO VA Health System	10 49 90					X		1,438,081	0	192,966
Matthew Toddy EVP & General Counsel	50 00 0 00					X		1,014,148	0	116,512
Mark Nantz CEO-BS St Francis Health System	10 49 90					X		952,104	0	80,530
Samuel Ross MD CEO-BS Baltimore Health System	12 50 37 50					X		938,123	0	76,328
Michael Kerner CEO-BS Hampton Roads Health System	10 49 90					X		936,925	0	132,770
Katherine Arbuckle Former CFO/Treasurer	0 00 0 00						X	233,666	0	16,969

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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

2012

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 - Non-functionally integrated

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 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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) The Sisters of Bon Secours in the United States Inc	520715237	1	Yes		Yes		Yes		6,790,892
(B) Listed on supplemental information- Bon Secours Health System Inc is forme	521301088	9	Yes		Yes		Yes		0
Total									6,790,892

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2012.** 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—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2012.** 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—2011.** 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Complete this part to provide the 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).

Facts And Circumstances Test

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)(1) 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Temporarily restricted endowment ▶

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		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 XIII the intended uses of the organization's endowment funds

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,566,082		11,566,082
b Buildings		8,620,951	3,484,830	5,136,121
c Leasehold improvements		1,537,289	1,024,366	512,923
d Equipment		4,291,155	2,375,420	1,915,735
e Other		304,731,999	150,312,298	154,419,701
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				173,550,562

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) must 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
(1) Community Program Loans	18,917,792	C
(2) Inv in Memorial Region Med Ctr	9,238,222	C
(3) Inv in Mary Immaculate Hospital JV	9,202,344	C
(4) Inv in Roper St Francis	97,626,330	C
(5) Other mission related JV Partnerships	8,784,498	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	143,769,186	

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

(a) Description	(b) Book value
(1) Due from Affiliates	518,669,672
(2) Actuarial Value of Excess Recoverables	10,161,242
(3) Misc A/R	4,898,438
(4) Capital Accumulation	4,871,290
(5) Health Plan Asset/Liability	290,598
(6) Other misc investments	1,217,504
(7) BSAS Investment in Shannon Health Ptsp	1,720,557
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	541,829,301

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Worker's Comp Liability	45,892,177
Health Plan Liability	790,382
Pension Liability	100,571,418
Due to Affiliates	25,749,723
MOB Deferred Costs & Other	414,378
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	173,418,078

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

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 XIII)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	

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

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

Part XIII Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, Line 2	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 ASC 740 (formerly FIN48) ASC 740 (formerly FIN48) 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 ASC 740 (formerly FIN48) 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 $95,733 and $89,500 of net operating loss carryforwards as of August 31, 2012 and 2011, respectively, which expire in varying periods through 2032 and are available to offset future taxable income The System's deferred tax assets are fully reserved at August 31, 2012 and 2011 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

2012

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 (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(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 and investments in region
	Central America & the Caribbean	0	1	Program services	Off Shore Captive Management	29,115,690
	South America	0	0	Grant-making	N/A	5,000
3a	Sub-total	0	1			29,120,690
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	1			29,120,690

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. Part II can be duplicated 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)

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

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. Part III can be duplicated 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, Return by a U.S. Transferor of Property to a Foreign Corporation (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 organizationmay be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (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 required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Grantees submit progress reports on the anniversary date on which the grant was received Includes status of goals and objectives and progress towards 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

2012

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 40

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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, Part III, column (b), 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 Per Bon Secours Health System, Inc's system-wide financial and accounting policies, contributions are generally made as reimbursements for funds spent In such cases, the donee/grantee organization must provide documentation to the filing organization before funds are approved for disbursement In other cases, 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
		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
Mellon Employee Hardship Fund919 E Main St Richmond, VA 23219	95-3571558	501(c)(3)	5,000,000				To provide financial support for employees during hardship
Archdioces of Baltimore320 Cathedral Street Baltimore, MD 21201	52-0591535	501(c)(3)	5,000				Annual Pledge for Gala

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
Archdiocese of Oklahoma CityPO Box 32180 Oklahoma City, OK 73123	73-0636561	501(c)(3)	5,000				Diaster Relief
Baltimore Basilica408 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
Benedictine Sisters of Kaunas100 Elm St PO Box 3701 Manchester, NH 031053701	02-0495272	501(c)(3)	6,000				Srs of Kaunas bathroom renovation
Bread for the World Institute 425 3rd Street SW Washington, DC 20024	51-0175510	501(c)(3)	5,000				Support US Food and Farm Policy

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
Catholic Medical Mission Board1129 20th Street NW Washington,DC 20036	13-5602319	501(c)(3)	153,000				General Support
Catholic Relief Service228 W Lexington Street Baltimore,MD 21201	13-5563422	501(c)(3)	166,666				Haiti Project,Rebuilding of St Francis de Sales Hospital&Hospital Network Strengthening

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
Crossover Health Care Ministry8600 Quioccasin Rd STE 102 Richmond, VA 23229	54-1371067	501(c)(3)	5,000				Support Health Care for people in need
Bon Secours Richmond Healthcare Foundation5875 Bremo Road Richmond, VA 23226	54-1201346	501(c)(3)	20,000				Haitian Outreach Foundation

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
The Health Wagon Inc119 Number Ten Street Clinchco,VA 24226	04-3739083	501(c)(3)	25,000				Annual Pledge for Lung Clinic
Hero Health Donation55 Nod Rd Avon,CT 06001	46-0730555	501(c)(3)	20,000				Sponsorship

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
Institute of the BlessedPO Box 508 Wheaton, IL 601870508	36-2179797	501(c)(3)	5,000				Solidarity for South Sudan
International Rescue122 East 42nd St New York, NY 10168	13-5660870	501(c)(3)	76,744				Ongoing efforts in Central African Republic

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)	10,000				Annual Gala Sponsorship
Mercy Housing1999 Broadway Denver, CO 80202	47-0646706	501(c)(3)	100,000				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
Midwives for Haiti7130 Glen Forest Drive Richmond, VA 23226	27-2368581	501(c)(3)	75,000				Midwives for Haiti Pledge
NJ Relief FundPO Box 6200 Merrifield, VA 22116	36-4745729	501(c)(3)	17,378				Hurrican Sandy Relief Efforts

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 HS 100 St Christopher Dr Ashland, KY 41101	61-1356023	501(c)(3)	5,000				Golf Tournament Sponsorship
Roper St Francis Foundation 315 Calhoun St Charleston, SC 29401	57-1068509	501(c)(3)	5,000				Golf Tournament Sponsorship

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
The Rose Foundation6008 College Avenue Oakland,CA 94618	94-3179772	501(c)(3)	5,000				Environmental Health Network
Sisters of Bon Secours USA Inc1505 Marriottsville Road Marriottsville,MD 21104	52-0715237	501(c)(3)	133,239				Ministry Program for FY13

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
Virginia Commonwealth University School of Nursing 821 W Franklin St Richmond, VA 23284	54-6001758	501(c)(3)	5,000				Bon Secours Nurses Recognition
Tunnel to Towers2361 Hyland Blvd Staten Island, NY 10305	02-0554654	501(c)(3)	17,378				Hurrican Sandy Relief Efforts

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
Virginia Community Capital Inc930 Cambira St NE Christiansburg,VA 24073	54-1754009	501(c)(3)	20,000				Virginia Fresh Food Initiative
Sisters Academy of Baltimore 139 First Avenue Baltimore,MD 21227	34-1975939	501(c)(3)	25,000				Class Sponorship, annual 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
Good Samaritan Foundation for Better Health Inc255 Lafayette Avenue Suffern, NY 10901	13-1740104	501(c)(3)	67,500				Community Gardens, Phase 4
Bon Secours Richmond Healthcare Foundation5875 Bremo Road Richmond, VA 23226	54-1201346	501(c)(3)	85,000				The Learning Kitchen

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 Community Works26 North Fulton Avenue Baltimore, MD 21223	53-1732800	501(c)(3)	85,000				Working Families Initiative
Bon Secours - Maria Manor Nursing Care Center Inc 10401 Roosevelt Blvd N St Petersburg, FL 33716	65-0061820	501(c)(3)	85,000				HCI Collaboration Grants

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS OLBH Foundation1000 Ashland Drive Ashland, KY 41101	61-1381952	501(c)(3)	43,000				Ironton Community Project
BS OLBH Foundation1000 Ashland Drive Ashland, KY 41101	61-1381952	501(c)(3)	42,000				Healthy Choices Kentucky

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
Frances Schervier Home and Hospital255 Lafayette Avenue Suffern, NY 10901	13-1740397	501(c)(3)	85,000				Healthy Living, Healthy Communities
Mary Immaculate Hospital Inc3636 High Street Portsmouth, VA 23737	54-0548200	501(c)(3)	30,075				Hope City Newport News Healthy Communities

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 Foundation3636 High Street Portsmouth,VA 23737	52-1694731	501(c)(3)	20,550				CHF 12 Step Program
Bon Secours DePaul Health Foundation3636 High Street Portsmouth,VA 23737	54-1843876	501(c)(3)	30,000				Lets Get Real

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS St Francis Health System FoundationOne St Francis Drive Greenville, SC 29601	26-0012031	501(c)(3)	25,350				Bilingual RN for Community Outreach
BS St Francis Health System FoundationOne St Francis Drive Greenville, SC 29601	26-0012031	501(c)(3)	50,000				Nurse Practitioner for Free Clinic

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS St Francis Health System Foundation315 Calhoun St Greenville, SC 29302	26-0012031	501(c)(3)	20,000				Hope Housing
Bon Secours Inc1505 Marriottsville Road Marriottsville, MD 21104	52-1301091	501(c)(3)	50,000				General Program Support

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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

2012

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 or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		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 Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(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 as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 4b	The filing organization participates in a BSHSI sponsored executive retirement program that allows for deposits into additional retirement plans and available officers and to certain key employees The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits made into this plan Individuals that received a distribution include Richard Statuto, $211,910, Janice E Burnett, $16,030, Timothy Davis, $101,207, Marlon Priest, MD, $43,581, Peter Bernard, $134,024, Matthew Toddy, $75,564, Samuel Ross, MD, $37,738, Michael Kerner, $80,925

Additional Data

Return to Form

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Richard Statuto	(I)	1,076,516	849,317	261,437	141,590	29,932	2,358,792	121,088
	(II)	0	0	0	0	0	0	0
Janice E Burnett	(I)	355,312	141,412	62,467	53,116	18,974	631,281	11,109
	(II)	0	0	0	0	0	0	0
Martha Riva	(I)	301,586	239,025	41,847	49,277	31,241	662,976	0
	(II)	0	0	0	0	0	0	0
Timothy Davis	(I)	576,344	419,077	126,863	115,800	19,095	1,257,179	69,776
	(II)	0	0	0	0	0	0	0
Lawrence Skip Hubbard	(I)	368,632	277,018	121,587	15,000	18,748	800,985	0
	(II)	0	0	0	0	0	0	0
Marlon Priest MD	(I)	570,835	397,444	71,186	130,955	27,513	1,197,933	43,734
	(II)	0	0	0	0	0	0	0
Peter Bernard	(I)	748,358	507,898	181,825	166,098	26,868	1,631,047	108,845
	(II)	0	0	0	0	0	0	0
Matthew Toddy	(I)	517,588	378,920	117,640	90,844	25,668	1,130,660	50,063
	(II)	0	0	0	0	0	0	0
Mark Nantz	(I)	546,573	364,503	41,028	61,960	18,570	1,032,634	0
	(II)	0	0	0	0	0	0	0
Samuel Ross MD	(I)	510,782	345,326	82,015	57,512	18,816	1,014,451	22,472
	(II)	0	0	0	0	0	0	0
Michael Kerner	(I)	475,717	336,924	124,284	106,467	26,303	1,069,695	67,422
	(II)	0	0	0	0	0	0	0
Katherine Arbuckle	(I)	159,942	0	73,724	11,086	5,883	250,635	0
	(II)	0	0	0	0	0	0	0

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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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 VA	54-1197472	42605PBV6	10-19-2010	80,412,256	Refund bonds issued 01/15/08 (2008B Henrico)		X		X		X
C	Economic Development Authority of the County of Chesterfield	52-1279622	16639EAY0	10-19-2010	93,627,897	Refund bonds issued 01/15/08 (2008C Chest)		X		X		X
D	South Carolina Jobs-Economic Development Authority	57-0960018	837031RA3	10-17-2008	30,365,000	Refund bonds issued 12/30/02 (2002B SC)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	6,775,000			6,775,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	69,973,023	80,412,256	93,627,987	30,365,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
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	30,101,825
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 of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X			
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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%		0%		0 00000%		%	
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 00000%		0 00000%		0 00000%		%	
6	Total of lines 4 and 5	0%		0%		0 00000%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X			X		X		X
b	Name of provider	PNC Bank							
c	Term of hedge	33 000000000000							
d	Was the hedge superintegrated?		X						
e	Was a hedge terminated?		X						

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
See Additional Data Table		

Additional Data

Return to Form

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

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
Schedule K Part IV, Arbitrage, Line 2c	Date Rebate Computation Performed	Issuer Name South Carolina Jobs-Economic Development Authority Date the Rebate Computatio n was Performed 04/08/2013 Issuer Name Economic Development Authority of Henrico County, VA Date the Rebate Computation was Performed 04/08/2013 Issuer Name Economic Developmen t Authority of the County of Chesterfield Date the Rebate Computation was Performed 04/08 /2013 Issuer Name South Carolina Jobs-Economic Development Authority Date the Rebate Comp utation was Performed 06/23/2014 Issuer Name Economic Development Authority of Henrico C ounty, VA Date the Rebate Computation was Performed 06/23/2014 Issuer Name Economic Deve lopment Authority of Hanover County, VA Date the Rebate Computation was Performed 06/23/2 014

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
Part I, Column (f)		2008D Hanover Bonds - D-1 refund bonds issued on 12-30-02 (2002B Econ Dev Auth Hanover Co, VA) and D-2 refund bonds issued on 09-28-05 (2005 Econ Dev Auth Hanover Co, VA) 20 13A South Carolina Bonds - construct & equip facility and refund bonds issued on 11-15-02 (2002A South Carolina JEDA) 2013A Norfolk Bonds - construct & equip facility and refund b onds issued on 08-01-97 (1997 Peninsula Ports Auth Of VA) 2013A Henrico - construct & eq uip facility and refund bonds issued on 11-15-02 (2002A Econ Dev Auth of Henrico, Count y, VA) 2013A Russell Bonds - construct & equip facility and refund bonds issued on 11-15- 02 (2002A City of Russell, KY)

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
Part II, Line 3		Differences between the Issue Price (Part I) and Total Proceeds (Part II, Line 3) are due to investment earnings

Form 990 Schedule K, Part VI - Supplemental Information

Identifier	Return Reference	Explanation
Part III		Part III has not been completed with respect to bonds that refinance 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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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 VA	54-1197472	42605PBK0	10-17-2008	53,890,000	Refund bonds issued 12/30/02 (2002B Henrico)		X		X		X
B	Economic Development Authority of Hanover County VA	54-1228097	41077RAC6	10-17-2008	124,715,000	Refund bonds*		X		X		X
C	Economic Dev Auth of the City of Norfolk	52-1375010	NOCUSIPno	12-08-2011	72,460,000	Refund bonds issued 10/17/08 (2008D Nofolk)		X		X		X
D	South Carolina Jobs Econ Dev Auth	57-0960018	837031SL8	01-11-2013	200,846,700	Contruct/Equip facility and refund bonds*		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	27,385,000	13,855,000	4,860,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	53,890,000	124,715,000	72,460,000	200,846,700
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	449,479	1,131,056	480,000	
8	Credit enhancement from proceeds	7,500	157,532		
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	1,100,000		1,100,000	8,266,938
11	Other spent proceeds	53,433,021	123,426,412	70,880,000	192,579,763
12	Other unspent proceeds				
13	Year of substantial completion	2011	2011	2011	2013

		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				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X	X					

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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%		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 00000%		0 00000%		%		%	
6	Total of lines 4 and 5	0%		0%		%		%	
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			X
b	Name of provider	Goldman Sachs				Goldman Sachs			
c	Term of hedge	13 000000000000				13 000000000000			
d	Was the hedge superintegrated?		X				X		
e	Was a hedge terminated?		X				X		

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. 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 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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	Econ Dev Auth Of the City of Norfolk	52-1375010	65588QAM7	01-11-2013	21,635,500	Construct/Equip facility and refund bonds*		X		X		X
B	Econ Dev Auth Of Henrico County VA	54-1197472	42605PDJ1	01-11-2013	62,929,133	Construct/Equip facility and refund bonds*		X		X		X
C	City of Russell Kentucky		782563AY6	01-11-2013	42,941,199	Construct/Equip facility and refund bonds*		X		X		X
D	Econ Dev Auth Of Henrico County VA	54-1197472	NOCUSIPno	07-11-2013	26,505,000	Refund bonds issued 10/17/08 (2008D Henrio)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	21,635,500	62,929,133	42,941,199	26,505,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	11,767,093	20,730,675	4,094,261	
11	Other spent proceeds	9,868,407	42,198,458	38,846,938	26,505,000
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013	2013	

		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 of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X			X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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 00000%		0 00000%		0 00000%		%	
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 00000%		0 00000%		0 00000%		%	
6	Total of lines 4 and 5	0 00000%		0 00000%		0 00000%		%	
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X			

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. 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 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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

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	Virginia Small Business Financing Authority	54-1300845	NOCUSIPno	07-11-2013	40,740,000	Refund bonds issed 10/19/10 (2010 VSBFA)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	40,740,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	40,740,000			
12	Other unspent proceeds				
13	Year of substantial completion				

		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							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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 of bond-financed property?								
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?								
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	%		%		%		%	
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	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of	%		%		%		%	
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?								

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI 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 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

2012

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 the local system's audit and compliance board-committee and providing the form to the local system board of directors to allow for a thorough review by both before the filing date The local system's audit and compliance committee and board of directors have reviewed the Form 990, scheduled time on meeting agendas, and asked questions regarding the Form 990 before the return is filed

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	The organization 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 the organization 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, CRO, and the BSHSI 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 (BSHSI) engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of the BSHSI The compensation committee consists of a group of independent board members and engages an independent external compensation consultant to ensure they receive appropriate analysis of market and follow the practices necessary to obtain full compliance with the IRS' rebuttable presumption of reasonableness The committee establishes and maintains a compensation philosophy, reviews pay practices against local, regional and national healthcare organizations and approves all remunerative decisions for this group of individuals The committee reviews and receives assurances that all levels of pay within the organization are reasonable based on performance and validates incentives are met These decisions are documented in the BSHSI board of directors and compensation committee minutes Form 990, Part VI, Section B, Line 15b - Compensation 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 other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same title During the review and approval of the compensation, documentation of the decision was recorded in human resources

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

Identifier	Return Reference	Explanation
Reclassification of assets	Form 990, Part X, Lines 11,12,13,15,17,19,25,27,28	Certain balance sheet items, included in the referenced lines above, on the current year Form 990 (Column B - End of Year) have been reported differently than in the prior year Total assets, liabilities and net assets reported for the beginning of the year (Column A) are reported accurately and consistently with the prior year Form 990 filing In an effort to report & classify assets similarly across Bon Secours Health System and related organizations, certain general ledger accounts have been grouped differently than as previously reported These changes are only presentational in nature

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 9	Refi of 97 Bonds - Transferred to Hampton Roads -12,755,000 Transfers to/from affiliates 23,201,375 Add'l Minimum Pension Liability 49,497,769 Change in investment in JV Partnership 985,675 Addition of net assets of consolidated entities 5,442,679 Other changes in net assets 474,946

Identifier	Return Reference	Explanation
	Form 990, Header, Line B Amended Return	The 2012 Form 990 is being amended to upload the Form 8453-EO, Exempt Organization Declaration and Signature for Electronic Filing, signed by the Paid Preparer There are no changes to the originally filed Form 990 or schedules

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493196002294

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

2012

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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Bon Secours Associated Services LLC 1505 Marriottsville Road Marriottsville, MD 211041301 52-2321591	Healthcare	MD	0	1,720,557	Bon Secours Health System Inc
(2) Townley IV Farm LLC 1402 Stapleton Road Gladstone, VA 245533138 54-1833386	Farm	VA	1,800	6,982,554	Bon Secours Health System Inc
(3) Bon Secours Good Helpcare LLC 1505 Marriottsville Road Marriottsville, MD 211041301 46-0889532	Accountable Care Organization	MD	0	0	Bon Secours Health System Inc
(4) Bon Secours Richmond LLC 8580 Magellan Parkway Building IV Richmond, VA 23227 54-1570244	LS Parent Organization	VA	12,846	7,402,641	Bon Secours Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
See Additional Data Table							

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
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 or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation

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, FL 33716 59-3589729	Assisted Living/Senior Care	FL	N/A									
Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD 21223 52-1952505	Low Income Housing	MD	N/A									
Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD 21223 52-2063512	Low Income Housing	MD	N/A									
Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD 21223 52-2134447	Low Income Housing	MD	N/A									
Bon Secours Apartments III LP 1800 West Baltimore St Baltimore, MD 21223 52-2134444	Low Income Housing	MD	N/A									
Bon Secours Smallwood Summit LP 26 North Fulton Ave Baltimore, MD 21223 52-2280175	Low Income Housing	MD	N/A									
Bon Secours Chesapeake Apartments LP 26 North Fulton Ave Baltimore, MD 21223 20-0107034	Low Income Housing	MD	N/A									
Bon Secours Shiloh LP 26 North Fulton Ave Baltimore, MD 21223 20-3965243	Low Income Housing	MD	N/A									
Bon Secours Wayland LP 26 North Fulton Ave Baltimore, MD 21223 27-0468688	Low Income Housing	MD	N/A									
Upstate Surgery Center LLC One St Francis Drive Greenville, SC 29601 56-2186977	Ambulatory Surgery Center	SC	N/A									
Province Place of DePaul LLC 6403 Granby Street Norfolk, VA 23505 54-1950880	Assisted Living Facilities	VA	N/A									
Province Place of Maryview LLC One Bon Secours Way Portsmouth, VA 23703 54-1842697	Assisted Living	VA	N/A									
Broad64 Imaging LLC 8580 Magellan Parkway Richmond, VA 23227 20-5886018	Imaging Services	VA	N/A									
Richmond Radiation Oncology Center I LLC 8580 Magellan Parkway Richmond, VA 23227 20-8444551	Radiation Oncology Services	VA	N/A									
RI LP 8580 Magellan Parkway Richmond, VA 23227 54-1708835	Imaging Services	VA	N/A									

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	
Shannon HealthMOB Limited Partnership No1 3 Richland Medical Park Suite 120 Columbia, SC 29203 57-1127282	Rental Real Estate Lessor	SC	N/A									
Bon Secours Benet House LP 26 North Fulton Ave Baltimore, MD 21223 36-4765400	Low Income Housing	MD	N/A									
Bon Secours Benet House LLC 26 North Fulton Ave Baltimore, MD 21223 46-3055312	Low Income Housing	MD	N/A									

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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Bon Secours Assurance Company Ltd PO Box 69 KY1-1102 CJ 98-0152147	Offshore Captive Management	CJ	Bon Secours Health System Inc	C	29,115,690	119,419,843	100 000 %	Yes	
Bon Secours-Florida Integrated Health Services Inc 10300 Fourth Street North St Petersburg, FL 33716 65-0779777	Holding Company/Assisted Living	FL	Bon Secours Maria Manor Nursing Care	C		1,873,600	100 000 %	Yes	
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	Unity Properties Inc	C	-106	350,100	100 000 %	Yes	
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	Unity Properties Inc	C			100 000 %	Yes	
HealthCare Enterprises Inc & Subs One St Francis Drive Greenville, SC 29601 57-1012852	Holding Company	SC	St Francis Health System Inc	C			100 000 %	Yes	
Professional Health Care Management Inc & Subs 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	Bon Secours Hampton Roads Health System Inc	C	548,061	9,540,592	100 000 %	Yes	
OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	Mary Immaculate Hospital Inc	C	11,088	1,257,217	100 000 %	Yes	
Bon Secours Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	Bon Secours DePaul Medical Center Inc	C	911,312	2,443,493	100 000 %	Yes	
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	5,094	266,814	83 000 %	Yes	
Bon Secours-Virginia Healthsource Inc & Subs 8580 Magellan Parkway Richmond, VA 23227 54-1417686	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	26,552,492	29,285,141	83 000 %	Yes	
RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	Bon Secours Richmond Health System Inc	C	520,858	71,681	83 000 %	Yes	

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Bon Secours Richmond Healthcare Foundation	B	105,000	Cost
Bon Secours Maria Manor Nursing Care Center	B	95,000	Cost
Good Samaritan Foundation for Better Health	B	67,500	Cost
Bon Secours Community Works	B	85,000	Cost
Bon Secours Kentucky Health System Foundation	B	85,000	Cost
Frances Schervier Home and Hospital	B	85,000	Cost
Bon Secours St Francis Health System Foundation	B	95,350	Cost
Bellefonte Physician Services	D	13,083,665	Fair Market Value
Bon Secours Baltimore Hospital	D	11,065,191	Fair Market Value
Baltimore HS Foundation	D	830,371	Fair Market Value
St Francis Physician Services	D	39,822,899	Fair Market Value
St Francis Millennium	D	1,593,705	Fair Market Value
Maryview Medical Center	D	7,570,738	Fair Market Value
BS Depaul Medical Center	D	19,507,976	Fair Market Value
BS Richmond Healthcare Foundation	D	1,477,098	Fair Market Value
Laburnum Properties Inc	D	311,953	Fair Market Value
BS Home Health Services	D	735,319	Fair Market Value
St Anthony Community Foundation	D	520,046	Fair Market Value
Bon Secours Community Hospital	D	187,999	Fair Market Value
BS Community Hospital Foundation	D	95,221	Fair Market Value
PP Maryview	D	266,600	Fair Market Value
PP DePaul	D	376,801	Fair Market Value
BS Place at SP	D	326,488	Fair Market Value
Good Samaritan Hospital	L	8,452,118	Cost
St Anthony's Hospital	L	1,639,964	Cost

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
BS Community Hospital	L	2,523,020	Cost
Frances Schervier Home and Hospital	L	551,998	Cost
Frances Schervier Home and Hospital - LT Care	L	91,334	Cost
Maryview Medical Center	L	4,645,748	Cost
Maryview Medical Center - Shared Services	L	14,860,138	Cost
Mary Immaculate Hospital	L	2,574,349	Cost
DePaul Medical Center	L	2,134,375	Cost
St Francis Hospital	L	14,846,605	Cost
SF Physician Services	L	283,200	Cost
Our Lady of Bellefonte Hospital	L	6,798,043	Cost
Bellefonte Physician Services	L	495,231	Cost
Baltimore Hospital	L	3,299,328	Cost
Maria Manor Nursing Care Center	L	297,469	Cost
Memorial Regional Medical Center	L	428,429	Cost
St Mary's Hospital	L	666,908	Cost
St Mary's Hospital - Shared Services	L	36,814,036	Cost
St Francis Medical Center	L	309,599	Cost
BS Virginia Healthsource	L	226,466	Cost
Good Samaritan Hospital	Q	26,824,271	Fair Market Value
St Anthony's Hospital	Q	4,003,946	Fair Market Value
BS Community Hospital	Q	5,450,954	Fair Market Value
Schervier Pavilian	Q	2,180,977	Fair Market Value
Mt Alverno Center	Q	449,483	Fair Market Value
Bon Secours Charity Health System Medical Group PC	Q	3,161,034	Fair Market Value
Frances Schervier Homes & Hospital	Q	1,657,082	Fair Market Value

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Bon Secours New York Health System	Q	1,104,567	Fair Market Value
Frances Schervier Home & Hospital LT Care	Q	185,971	Fair Market Value
Maryview Hospital	Q	22,997,235	Fair Market Value
Maryview Nursing Care Center	Q	1,000,496	Fair Market Value
PP Maryview	Q	290,447	Fair Market Value
PP DePaul	Q	344,028	Fair Market Value
Granby MOB	Q	95,698	Fair Market Value
Maryview Hospital - Shared Services	Q	2,663,514	Fair Market Value
1500 Mary Immac Hosp	Q	10,889,240	Fair Market Value
1501 St Francis Nursing	Q	808,737	Fair Market Value
1600 DePaul Med Center	Q	13,328,404	Fair Market Value
St Francis Hospital - Downtown	Q	31,713,751	Fair Market Value
St Francis Hospital -Eastside	Q	16,629,821	Fair Market Value
Upstate Surgery Center	Q	159,692	Fair Market Value
SF Physician Services	Q	9,160,034	Fair Market Value
St Francis Hospital -Millenium	Q	480,111	Fair Market Value
Our Lady of Bellefonte Hospital	Q	18,947,234	Fair Market Value
Our Lady of Bellefonte Hospital	Q	280,986	Fair Market Value
Baltimore Hospital	Q	10,961,991	Fair Market Value
BS of Maryland Foudnation	Q	123,870	Fair Market Value
Maria Manor Nursing Care Center	Q	3,118,220	Fair Market Value
St Pete Home Care	Q	60,240	Fair Market Value
Memorial Regional Medical Center	Q	31,485,597	Fair Market Value
St Mary's Hospital	Q	41,266,718	Fair Market Value
St Mary's Hospital - Shared Services	Q	8,690,637	Fair Market Value

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

(a) Name of other organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Richmond Community Hospital	Q	3,617,482	Fair Market Value
St Francis Medical Center	Q	23,600,769	Fair Market Value
RHS Enterprises	Q	78,795	Fair Market Value
BS Virginia Healthsource	Q	5,289,464	Fair Market Value
St Mary's MRI	Q	153,588	Fair Market Value
RI LP	Q	205,963	Fair Market Value
Broad 64	Q	150,282	Fair Market Value
Richmond Radiology and Oncology	Q	196,255	Fair Market Value
Bon Secours Richmond Health System - Home Care	Q	1,230,498	Fair Market Value
BS Place at SP	Q	359,211	Fair Market Value