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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 09-01-2013 , 2013, and ending 08-31-2014

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) 8990 Old Annapolis Road

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
Columbia, MD 21045

D Employer identification number
52-1301088

E Telephone number
(410)442-5511

G Gross receipts $ 262,237,442

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

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

H(b) Are all subordinates 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**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	901
6	Total number of volunteers (estimate if necessary)	**6**	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	-93,867
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-94,535

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	8,379	51,432
9	Program service revenue (Part VIII, line 2g)	182,231,617	187,349,741
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,770,006	16,116,615
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	42,225,746	55,650,211
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	255,235,748	259,167,999
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,662,628	3,988,076
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)	103,790,709	119,400,030
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)	126,575,957	133,582,208
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	237,029,294	256,970,314
19	Revenue less expenses Subtract line 18 from line 12	18,206,454	2,197,685

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,213,757,145	1,301,862,465
21	Total liabilities (Part X, line 26)	1,203,308,235	1,234,971,162
22	Net assets or fund balances Subtract line 21 from line 20	10,448,910	66,891,303

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 — 2015-07-14 Date

▶ 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 or note to any line 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 $ 229,745,876 including grants of $ 3,988,076) (Revenue $ 210,704,273)

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 $ 2,934,911 including grants of $ 0) (Revenue $ 166,667)

Bon Secours Good Helpcare, LLC d b a Good Help ACO, is a newly created Accountable Care Organization (ACO) that received approval from the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare Shared Savings Program (MSSP), effective January 1, 2013 Part of the Affordable Care Act of 2010, the MSSP is intended to facilitate cooperation among health care providers for the coordination of care for Medicare Fee-for-Service beneficiaries The goal of coordinated care is to ensure the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors Good Help ACO is designed to allow participating providers to provide appropriate coordinated care at a time when it is needed and in a setting that is both convenient and appropriate The Goals 1 To provide quality, coordinated patient care while reducing costs across the continuum of care through provider collaboration, coordination of care, and communication 2 To enable ACO providers and participants, including physicians and hospitals, to deliver appropriate coordinated care for Medicare Fee-for-Service beneficiaries at a time when it is most needed and in a setting that is both convenient and appropriate to the care received 3 To work together to ensure that all providers and participants meet quality-of-care performance standards and help patients navigate the health system 4 To enable Good Help ACO to benefit from the Medicare Shared Savings Program (MSSP) and share rewards with the ACO's providers and participants (Rewards from CMS are linked to quality improvements that also reduce overall cost and are dispersed appropriately among participating ACO providers)In June 2013, Bon Secours Health System, the sole member of Good Help ACO, announced a new accountable care agreement that would support 57,000 fee-for-service Medicare beneficiaries in Kentucky, New York, South Carolina and Virginia Through this agreement, Healthagen, a subsidiary of Aetna, has provided technology and care coordination services to help coordinate health care for Medicare beneficiaries whose primary physicians participate in the Good Help ACO The agreement is designed to improve the quality of care for Medicare beneficiaries under the Medicare Shared Savings Program while lowering overall health care costs

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** ▶ 232,680,787

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or government 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 or 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 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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**	Yes	
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 or note to any line in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	284		
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	901		
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" to line 3b, 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 or note to any line 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**	17		
	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**	15		
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 21045 (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 or note to any line 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			
(1) Chris Allen Board Member	4 00 30	X						400	0	0
(2) Richard Blair Board Member	4 00 0 00	X						400	0	0
(3) Sr Elaine Davia Board Member	3 00 2 00	X						0	0	0
(4) Marcia Dush Board Member	3 00 0 00	X						400	0	0
(5) Stephanie Ferguson PhD Board Member	3 00 0 00	X						400	0	0
(6) David Jimenez Board Member	4 00 0 00	X						400	0	0
(7) Gerard Kells Board Member	3 00 0 00	X						400	0	0
(8) Robert Kuramoto Board Member (Jan-Aug)	3 00 0 00	X						400	0	0
(9) Laurie Lafontaine Board Member (Sep-Dec)	3 00 0 00	X						0	0	0
(10) Peter Maddox Board Member	3 00 0 00	X						400	0	0
(11) Jennifer O'Brien Esq Board Member	3 00 0 00	X						0	0	0
(12) Susan Sandlund PhD Board Member	5 00 0 00	X						400	0	0
(13) Donald Seitz MD Chairman	12 00 30	X		X				50,400	0	0
(14) Richard Serafini Board Member	4 00 0 00	X						400	0	0
(15) Sr Mary Shimo Board Member	3 00 2 00	X						400	0	0
(16) Richard Statuto President/CEO	50 00 0 00	X		X				1,755,095	0	527,685
(17) Sr Alice Talone Board Member	3 00 50	X						400	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) Carol Taylor Board Member (Feb-Aug)	3 00 0 00	X						400	1,500	0
(19) Janice Burnett Treasurer/CFO	48 00 2 00			X				647,765	0	111,554
(20) Martha Riva Secretary/SVP Governance	48 00 30			X				444,872	0	78,818
(21) Timothy Davis EVP, CHRAO	46 00 4 00				X			1,332,288	0	147,578
(22) Marlon Priest MD EVP, CMO	50 00 0 00				X			878,485	0	145,434
(23) Lawrence Hubbard SVP/CIO(Sep-Dec),SVP(Jan-Aug)	46 00 4 00				X			567,216	0	35,405
(24) Laisy Williams-Carlson Reg CIO(Sep-Dec),SVP/CIO (Jan-Aug)	50 00 0 00				X			342,864	0	28,941
(25) Peter Bernard EVP - CEO VA Health System	10 49 90					X		1,217,905	0	194,176
(26) Mark Nantz CEO - SFHS	10 49 90					X		945,479	0	101,635
(27) Michael Kerner CEO - HRHS	10 49 90					X		824,158	0	116,563
(28) Matthew Toddy EVP, General Counsel	50 00 0 00					X		802,237	0	114,522
(29) Samuel Ross MD CEO - BHS	12 50 37 50					X		691,072	0	84,352
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								10,505,036	1,500	1,686,663

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 ▶ 264

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		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
JDA E Health System Inc 1717 Park St Naperville IL 60563	Bus Office Claims Mgmt	3,329,281
Towers Watson PO Box 8500 Philadelphia PA 19178	Pension Consulting Services	2,734,920
Benefit Focus 100 Benefitfocus Way Charleston SC 29492	Benefits Consulting	2,643,364
Divurgent 4445 Corporation Ln Ste 228 Virginia Beach VA 23462	IT Advisory Services	2,407,673
McKesson Technologies PO Box 98347 Chicago IL 60693	IT Maintenance Services	1,429,200
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 ▶ 146		

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
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	51,432			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		51,432			
Program Service Revenue			Business Code				
	2a	Corp Mgmt & IS Fees	900099	187,183,074	187,183,074		
	b	Acct Care Org - Reimb	900099	166,667	166,667		
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		187,349,741			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		6,436,395			6,436,395
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					

		(i) Real	(ii) Personal				
	6a Gross rents	7,424,868					
	b Less rental expenses	3,069,443					
	c Rental income or (loss)	4,355,425					
	d Net rental income or (loss) . . . . . ▶			4,355,425			4,355,425

		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	9,680,220					
	b Less cost or other basis and sales expenses	0					
	c Gain or (loss)	9,680,220					
	d Net gain or (loss) . . . . . ▶			9,680,220			9,680,220

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 . . ▶					

Other Revenue

	Miscellaneous Revenue	Business Code				
11a	Premier & Other Pships	900099	23,427,332	23,521,199	-93,867	
b	Rebates	900099	8,809,866			8,809,866
c	BSAC Med Mal Prem Surp	900099	6,044,746			6,044,746
d	All other revenue		13,012,842			13,012,842
e	**Total.** Add lines 11a–11d . . . . . ▶		51,294,786			
12	**Total revenue.** See Instructions . . . . . ▶		259,167,999	210,870,940	-93,867	48,339,494

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 or note to any line 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	3,988,076	3,988,076		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,830,729	6,147,656	683,073	
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	89,673,645	80,614,523	9,059,122	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,935,715	6,239,971	695,744	
9 Other employee benefits	11,000,515	9,891,533	1,108,982	
10 Payroll taxes	4,959,426	4,456,937	502,489	
11 Fees for services (non-employees)				
a Management				
b Legal	1,241,989	1,117,790	124,199	
c Accounting	193,877	174,489	19,388	
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)	7,616	6,854	762	
12 Advertising and promotion	375,924	338,332	37,592	
13 Office expenses	2,231,571	1,997,453	234,118	
14 Information technology	33,752,029	30,376,826	3,375,203	
15 Royalties . .				
16 Occupancy	7,046,054	6,289,569	756,485	
17 Travel	5,983,800	5,384,797	599,003	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,369,523	2,132,571	236,952	
20 Interest	14,011,135	14,009,521	1,614	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,343,071	32,582,524	3,760,547	
23 Insurance	141,060	103,085	37,975	
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	26,317,067	23,640,420	2,676,647	
b Membership/Subscription	970,027	873,024	97,003	
c Recruitment/Relocation	805,902	725,312	80,590	
d Employee Appreciation	209,332	188,399	20,933	
e All other expenses	1,582,231	1,401,125	181,106	
25 **Total functional expenses.** Add lines 1 through 24e	256,970,314	232,680,787	24,289,527	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 or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	1,287,491
	2	Savings and temporary cash investments		34,844,993	2	39,267,293
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4,805,172	4	12,842,529
	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	49,601
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		22,611,917	9	21,492,733
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 446,635,946			
	b	Less accumulated depreciation	10b 194,267,898	173,550,562	10c	252,368,048
	11	Investments—publicly traded securities		292,346,014	11	261,691,056
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		143,769,186	13	156,839,833
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		541,829,301	15	556,023,881
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,213,757,145	16	1,301,862,465
Liabilities	17	Accounts payable and accrued expenses		89,131,838	17	107,432,902
	18	Grants payable			18	
	19	Deferred revenue		80,723,883	19	84,289,186
	20	Tax-exempt bond liabilities		856,619,461	20	836,086,914
	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		3,414,975	23	15,584,773
	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		173,418,078	25	191,577,387
	26	**Total liabilities.** Add lines 17 through 25		1,203,308,235	26	1,234,971,162
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		10,448,910	27	66,891,303
	28	Temporarily restricted net assets			28	
	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		10,448,910	33	66,891,303
	34	Total liabilities and net assets/fund balances		1,213,757,145	34	1,301,862,465

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	259,167,999
2	Total expenses (must equal Part IX, column (A), line 25)	2	256,970,314
3	Revenue less expenses Subtract line 2 from line 1	3	2,197,685
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,448,910
5	Net unrealized gains (losses) on investments	5	23,837,661
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	30,407,047
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,891,303

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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**	
See Additional Data Table									
Total									269,733,803

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2012 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2013.** 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—2012.** 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—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

Additional Data

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

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) Bon Secours Hospital Baltimore Inc	521909599	3	Yes		Yes		Yes		8764397
(A) Bon Secours Housing Inc	521442707	9	Yes		Yes		Yes		0
(B) Bon Secours Housing II Inc	521543174	9	Yes		Yes		Yes		0
(C) Bon Secours of Maryland Foundation Inc	521732800	7	Yes		Yes		Yes		948472
(D) Unity Properties Inc	521857768	7	Yes		Yes		Yes		0
(E) Bon Secours Charity Health System Medical Group PC	223636986	9	Yes		Yes		Yes		19723247
(F) Bon Secours Community Hospital	141340100	3	Yes		Yes		Yes		6492117
(G) Bon Secours Community Hospital Foundation	810667395	7	Yes		Yes		Yes		0
(H) Good Samaritan Foundation For Better Health Inc	133400353	7	Yes		Yes		Yes		94000
(I) Good Samaritan Hospital of Suffern NY	131740104	3	Yes		Yes		Yes		24900164
(J) St Anthony Community Hospital Warwick New York	141340100	3	Yes		Yes		Yes		4035507
(K) St Francis Center at the Knolls Inc dba Mt Alverno Center	061370576	9	Yes		Yes		Yes		1522440
(L) The Bon Secours Warwick Health Foundation	141972807	7	Yes		Yes		Yes		72407
(M) Villa Frances at the Knolls Inc dba Schervier Pavilion	061381994	9	Yes		Yes		Yes		1636560
(N) Bon Secours DePaul Health Foundation	541843876	7	Yes		Yes		Yes		73735

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(P) Bon Secours DePaul Medical Center Inc	541820093	3	Yes		Yes		Yes		20551780
(A) Bon Secours Maryview Foundation	521694731	7	Yes		Yes		Yes		100000
(B) Bon Secours Maryview Nursing Care Center	521578169	9	Yes		Yes		Yes		93346
(C) Maryview Hospital	540506463	3	Yes		Yes		Yes		25771457
(D) Mary Immaculate Hospital Incorporated	540548200	3	Yes		Yes		Yes		5007611
(E) Mary Immaculate Nursing Center Inc	541516476	9	Yes		Yes		Yes		86078
(F) Bellefonte Physician Services Inc	352320780	9	Yes		Yes		Yes		14895744
(G) Bon Secours Kentucky Health System Foundation Inc	611381952	7	Yes		Yes		Yes		222500
(H) Our Lady of Bellefonte Hospital Inc	611356023	3	Yes		Yes		Yes		11645577
(I) Frances Schervier Home and Hospital	131740397	9	Yes		Yes		Yes		9519799
(J) Schervier Housing Development Fund Corporation	133098867	9	Yes		Yes		Yes		0
(K) Bon Secours Memorial Regional Medical Center Inc	541744931	3	Yes		Yes		Yes		10093934
(L) Bon Secours Richmond Community Hospital Incorporated	540647482	3	Yes		Yes		Yes		1789484
(M) Bon Secours Richmond Health Care Foundation	541201346	7	Yes		Yes		Yes		3785882
(N) Bon Secours St Francis Medical Center Inc	311716973	3	Yes		Yes		Yes		6473056

Form 990, Sch A, Part I, Line 11h - 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)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(AE) Bon Secours St Marys Hospital of Richmond Inc	540793767	3	Yes		Yes		Yes		50350603
(A) Bon Secours St Francis Health System Foundation Inc	260012031	7	Yes		Yes		Yes		100000
(B) St Francis Hospital Inc	582504530	3	Yes		Yes		Yes		38090470
(C) St Francis Physician Services Inc	134290167	9	Yes		Yes		Yes		0
(D) Bon Secours Maria Manor Nursing Care Center Inc	650061820	9	Yes		Yes		Yes		1111119
(E) Bon Secours St Petersburg Home Care Services Inc	134334363	9	Yes		Yes		Yes		0
(F) Congregation of Bon Secours of Paris Incorporated	453662533	1	Yes		Yes		Yes		0
(G) Sisters of Bon Secours of the US Incorporated	520715234	1	Yes		Yes		Yes		1782317

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		11,566,081		11,566,081
b Buildings		60,285,491	6,391,653	53,893,838
c Leasehold improvements		1,537,289	1,230,405	306,884
d Equipment		354,190,912	186,245,840	167,945,072
e Other		19,056,173	400,000	18,656,173
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				252,368,048

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Inv in Roper St Francis	95,818,680	C
(2) Community Program Loans	21,484,121	C
(3) Other Mission Related JV Partnerships	11,096,466	C
(4) Inv in Memorial Region Med Ctr	9,238,222	C
(5) Inv in Mary Immaculate Hospital JV	9,202,344	C
(6) Innovations Institute Investment	10,000,000	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	156,839,833	

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) Due from Affiliates	516,879,733
(2) Prepaid ground lease & amortization - Shannon Health	19,677,899
(3) Actuarial Value of Excess Recoverables	12,845,658
(4) Capital Accumulation	5,788,874
(5) Other Misc Assets	475,394
(6) HPL/GL Asset	300,560
(7) Misc A/R	55,763
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	556,023,881

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
Pension Liability	105,490,268
Worker's Comp Liability	52,327,765
Due to Affiliates	32,518,741
HPL/GL Liability	821,746
MOB Deferred Costs & Other	418,867
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	191,577,387

2. Liability for uncertain tax positions 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 Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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

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

Return Reference	Explanation
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 ASC 740 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 de-recognition of tax positions taken or expected to be taken in a tax return The adoption of ASC 740 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 $61,513 and $66,681 of net operating loss carryforwards as of August 31, 2014 and 2013, respectively, which expire in varying periods through 2034 and are available to offset future taxable income The System's deferred tax assets are fully reserved at August 31, 2014 and 2013 Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other 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 its grants and other assistance 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
(1)	Central America & the Caribbean	0	1	Program services	Off Shore Captive Management	20,937,406
(2)	South America	0	1	Program Services	Travel expenses relating to Community & Health Care Initiatives in Peru	12,638
(3)	Europe (Including Iceland & Greenland)	0	2	Program Services	Travel expenses relating to accounting systems upgrade - Sisters of Bon Secours in Ireland	4,217
(4)						
(5)						
3a	Sub-total	0	4			20,954,261
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	4			20,954,261

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 non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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 organization may 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, Information 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

Additional Data

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

Part V **Supplemental Information**

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).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 . . . . . ▶ 30

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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

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
Americares Foundation Inc 88 Hamilton Ave Stamford, CT 06902	06-1008595	501(C)(3)	10,000				Employee Hardship Assistance

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
Americares Foundation Inc 88 Hamilton Ave Stamford, CT 06902	06-1008595	501(C)(3)	62,334				Philippines Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bernadine Franciscan Sisters 450 St Bernardine St Reading,PA 196071737	23-1691743	501(C)(3)	20,000				Hurricane Relief in Haiti

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 Baltimore Hospital 2000 West Baltimore Street Baltimore, MD 21223	52-1909599	501(C)(3)	53,000				DinnerTime Express - Healthy Eating

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 Works 26 North Fulton Avenue Baltimore, MD 21223	52-1732800	501(C)(3)	100,000				Working Families Initiative

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
Mary Immaculate Hospital Inc 7007 Harbour View Blvd Suffolk, VA 23435	54-0548200	501(C)(3)	22,925				Health Education and Literacy

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 Foundation 150 Kingsley Lane Norfolk,VA 23505	52-1694731	501(C)(3)	100,000				Nurse Navigator and After-Care RN

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Richmond Health Care Foundation 8580 Magellan Pkwy Richmond, VA 23227	54-1201346	501(C)(3)	39,500				Armstrong Prioroties Freshmen Academy

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Richmond Health Care Foundation 8580 Magellan Pkwy Richmond, VA 23227	54-1201346	501(C)(3)	100,000				Congregational Wellness and Navigation Network

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Maria Manor Nursing Care Center 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	56,075				Community Wealth Building and Growing Healthy Food

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
Maria Manor Nursing Care Center 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	100,000				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
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	5,000				Elmer Farnsworth Fund

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	10,000				LCWR National Conference

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	102,336				Peru Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-1301091	501(C)(3)	150,000				General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	1,580,317				Peru Construction

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
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
Good Samaritan Foundation for Better Health 255 Lafayette Avenue Suffern, NY 10901	13-3400353	501(C)(3)	94,000				Garden Ministry at 4 Sites

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Anthony Community Hospital 15-19 Maple Ave Warwick, NY 10990	14-1340100	501(C)(3)	34,000				Population Health at St Anthony's

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 Nursing Center 2975 Independence Ave Bronx, NY 10463	13-1740397	501(C)(3)	100,000				Healthy Communities - Active Design

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 Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	20,000				Benevolent Fund Employee Hardship Assistance

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 Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	34,500				Chronic Disease Prevention

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 Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	50,000				Employee Wellness Trail

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 Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	50,000				Ironton Community Project

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	68,000				Oral Health

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Francis Hospital inc One St Francis Drive Greenville, SC 29601	58-2504530	501(C)(3)	48,000				Access to Care and Parish Wellness Programs

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 St Francis Health System Foundation One St Francis Drive Greenville, SC 29601	26-0012031	501(C)(3)	25,000				Access to Urgent Care for Unisured Children

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 St Francis Health System Foundation One St Francis Drive Greenville, SC 29302	26-0012031	501(C)(3)	75,000				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
Catholic Medical Mission Board 1129 20th Street NW Washington, DC 20036	13-5602319	501(C)(3)	63,193				Bon Secours Bridge Funding

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 Board 1129 20th Street NW Washington, DC 20036	13-5602319	501(C)(3)	18,000				Community Action Stops Abuse

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 Board 1129 20th Street NW Washington, DC 20036	13-5602319	501(C)(3)	162,500				Maternal & Child health community program in Peru

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 Board 1129 20th Street NW Washington, DC 20036	13-5602319	501(C)(3)	60,000				Philippines Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Relief Service 228 W Lexington Street Baltimore, MD 21201	13-5563422	501(C)(3)	167,000				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
Catholic Relief Service 228 W Lexington Street Baltimore, MD 21201	13-5563422	501(C)(3)	50,000				Philippines Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
International Rescue 122 East 42nd St New York, NY 10168	13-5660870	501(C)(3)	20,000				Philippines Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mercy Housing 1999 Broadway Denver,CO 80202	47-0646706	501(C)(3)	80,000				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 Haiti 7130 Glen Forest Drive Richmond, VA 23226	27-2368581	501(C)(3)	70,000				Midwives for Haiti 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
Our Lady of Bellefonte Hospital 1000 St Christopher Dr Ashland, KY 41101	61-1356023	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
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
Our Lady of Bellefonte Hospital Inc 1000 St Christopher Dr Ashland, KY 41101	61-1356023	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
Sisters Academy of Baltimore 139 First Avenue Baltimore, MD 21227	34-1975939	501(C)(3)	5,000				Sister's Academy General Support

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	59,663				Ministry Program for FY14

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	25,000				Compassionate Care Fund

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Mercy North East Community 2715 Brainbridge Ave Bronx, NY 104584075	86-1164387	501(C)(3)	9,000				All Africa Conference-Sister to Sister

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Mary's Health Wagon Inc 119 Number Ten Street Clinchco,VA 24226	04-3739083	501(C)(3)	25,000				Annual Pledge for Lung 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
The Rose Foundation 6008 College Avenue Oakland,CA 94618	94-3179772	501(C)(3)	5,000				Environmental Health Network

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Safety Net Hospitals for Pharmaceutical Access PO Box 79727 Baltimore, MD 21279	20-5913680	501(C)(3)	5,000				Alliance Donation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
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

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

Return Reference	Explanation
Part I, Line 1a	During the applicable fiscal year, the Board and Committee Members of the filing organization received gift cards in the amount of $400 Those members who were also paid employees of the filing organization received tax gross-ups to offset the tax impact of this gift
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 Stauto, $240,086, Janice Burnett, $22,770, Timothy Davis, $122,307, Marlon Priest, MD, $69,110, Peter Bernard, $183,101, Matthew Toddy, $78,753, Mark Nantz, $24,869, Samuel Ross, MD, $21,465, Michael Kerner, $124,395

Additional Data

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 President/CEO	(I)	1,119,573	344,173	291,349	497,143	30,542	2,282,780	161,450
	(II)	0	0	0	0	0	0	0
Janice Burnett Treasurer/CFO	(I)	475,901	124,998	46,866	91,690	19,864	759,319	18,660
	(II)	0	0	0	0	0	0	0
Martha Riva Secretary/SVP Governance	(I)	316,103	86,159	42,610	48,777	30,041	523,690	0
	(II)	0	0	0	0	0	0	0
Timothy Davis EVP, CHRAO	(I)	599,174	155,672	577,442	127,775	19,803	1,479,866	94,650
	(II)	0	0	0	0	0	0	0
Marlon Priest MD EVP, CMO	(I)	618,602	160,810	99,073	124,548	20,886	1,023,919	72,946
	(II)	0	0	0	0	0	0	0
Lawrence Hubbard SVP/CIO (Sep-Dec),SVP (Jan-Aug)	(I)	374,924	99,856	92,436	15,300	20,105	602,621	0
	(II)	0	0	0	0	0	0	0
Laisy Williams-Carlson Reg CIO (Sep-Dec),SVP/CIO (Jan-Aug)	(I)	235,117	59,999	47,748	14,614	14,327	371,805	0
	(II)	0	0	0	0	0	0	0
Peter Bernard EVP - CEO VA Health System	(I)	785,237	199,179	233,489	166,098	28,078	1,412,081	145,125
	(II)	0	0	0	0	0	0	0
Mark Nantz CEO - SFHS	(I)	601,773	275,781	67,925	82,500	19,135	1,047,114	22,875
	(II)	0	0	0	0	0	0	0
Michael Kerner CEO - HRHS	(I)	518,825	136,519	168,814	88,967	27,596	940,721	99,095
	(II)	0	0	0	0	0	0	0
Matthew Toddy EVP, General Counsel	(I)	539,851	140,738	121,648	90,344	24,178	916,759	56,873
	(II)	0	0	0	0	0	0	0
Samuel Ross MD CEO - BHS	(I)	544,818	78,880	67,374	64,863	19,489	775,424	9,962
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	South Carolina Jobs-Economic Development Authority	57-6000286	837031QH9	01-15-2008	69,925,000	Construct and equip facility		X		X		X
B	Economic Development Authority of Henrico County Virginia	54-1197472	42605PBV6	10-19-2010	80,412,256	Refund bonds issued 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 Ches)		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				8,260,000
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	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 ▶	0 520 %		0 010 %		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 %		0 %		0 %			
6	Total of lines 4 and 5	0 520 %		0 010 %		0 %			
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 the 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
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. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name South Carolina Jobs-Economic Development Authority Date the Rebate Computation was Performed 04/08/2013 Issuer Name Economic Development Authority of Henrico County, Virginia Date the Rebate Computation was Performed 04/08/2013 Issuer Name Economic Development 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 Computation was Performed 06/17/2014 Issuer Name Economic Development Authority of Hanover County Date the Rebate Computation was Performed 06/17/2014

Return Reference	Explanation
Part I, Column (f)	2008D Hanover Bonds - D1 refund bonds issued on 12-30-02 (2002B Econ Dev Auth Hanover Co, VA) and D2 refund bonds issued on 9-28-05 (2005 Econ Dev Auth Hanover Co, VA) 2013 South Carolina Bonds - construct & equip facility and refund bonds issued on 11-15-02 (2002A South Carolina JEDA) 2013 Norfolk Bonds - construct & equip facility and refund bonds issued on 08-01-97 (1997 Peninsula Ports Auth of VA) 2013 Henrico Bonds - construct & equip facility and refund bonds issued on 11-15-02 (2002A Econ Dev Auth of Henrico Co , VA) 2013 Russell Bonds - construct & equip facility and refund bonds issued on 11-15-02 (2002A City of Russell, KY)

Return Reference	Explanation
Part II, Line 3	The difference in Issue Price listed in Part I, section E is different from Total Proceeds of Issue listed in Part II, row 3 for Column A - 2008A South Carolina bonds because of investment earnings on the Project Fund 2011 Norfolk bonds because of investment earnings on the Expense and Project Fund

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

Return Reference	Explanation
Part IV, Line 2c	Issuer Name South Carolina Jobs-Economic Development Authority Date the Rebate Computation was Performed 04/08/2013 Issuer Name Economic Development Authority of Henrico County, Virginia Date the Rebate Computation was Performed 04/08/2013 Issuer Name Economic Development 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 Computation was Performed 06/17/2014 Issuer Name Economic Development Authority of Hanover County, Virginia Date the Rebate Computation was Performed 06/17/2014

Return Reference	Explanation
Additional Information	2011 Norfolk - $480,000 deposited into Expense Fund for COI upon closing Only $417,573 was paid for COI Residual balance of $63,437 (includes $10 interest earnings) was transferred into the Project Fund and reimbursed for capital expenditures in June 2013

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	17,760,000	9,560,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	124,715,000	72,460,010	200,846,700	21,635,500
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	1,131,056	417,573		
8	Credit enhancement from proceeds	157,532			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds		1,162,437	8,266,938	11,767,093
11	Other spent proceeds	123,426,412	70,880,000	192,579,732	9,868,407
12	Other unspent proceeds				
13	Year of substantial completion		2011	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 %		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 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
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			Goldman Sachs					
c	Term of hedge			13 000000000000					
d	Was the hedge superintegrated?				X				
e	Was the 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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Economic Development Authority of Henrico County Virginia	54-1197472	42605PDJ1	01-11-2013	62,929,133	Construct/Equip facility and refund bonds*		X		X		X
B	City of Russell Kentucky		782563AY6	01-11-2013	42,941,199	Construct/Equip facility and refund bonds*		X		X		X
C	Economic Development Authority of Henrico County Virginia	54-1197472	NoCUSIPno	07-11-2013	26,505,000	Refund bonds issued 10-17-08 (2008D Henrico)		X		X		X
D	Virginia Small Business Financing Authority	54-1300845	NoCUSIPno	07-11-2013	40,740,000	Refund bonds issued 10-19-10 (2010 VSBFA)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			7,825,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	62,929,133	42,941,199	26,505,000	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	20,730,675	4,094,261		
11	Other spent proceeds	42,198,458	38,846,938	26,505,000	40,740,000
12	Other unspent proceeds				
13	Year of substantial completion	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				
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							
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 %		0 %				
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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the 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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

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

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

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefitting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Premier Inc	Chief Exec Officer Rich Statuto is also the Board Chair of Premier	4,765,027	Consulting and analysis		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, line 2	Please see the description on Form 990, Part III, Line 4b
Form 990, Part VI, Section A, line 6	Bon Secours, Inc is the sole member of Bon Secours Health System, Inc
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
Form 990, Part VI, Section A, line 7b	Certain authorities of Bon Secours Health System, Inc are reserved to its Member, Bon Secours, Inc
Form 990, Part VI, Section B, line 11	The process the organization uses to review the Form 990 consists of a review by the organization's Audit and Compliance Committee and providing the form to the Board of Directors to allow for a thorough review by both prior to the filing date The organization'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 was filed
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)
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
Form 990, Part VI, Section C, line 19	BSHSI provides any documents open to public inspection upon request
Form 990, Part XI, line 9	Transfers To/From Affiliates 32,312,595 Add'l Minimum Pension Liability -7,186,067 Changes in Minority Interest JVs 778,515 Other Changes in Net Assets 559,442 Addition of Net Assets of Consolidated Entities 3,942,562

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493195012185

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

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

(a) Name, address, and EIN (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 Associates Services LLC 1505 Marriottsville Road Marriottsville, MD 211041301 52-2321591	Healthcare	MD	0	3,020,557	Bon Secours Health System Inc
(2) Townley IV Farm LLC 1402 Stapleton Road Gladstone, VA 245533138 54-1833386	Farm	VA	4,150	6,857,045	Bon Secours Health System Inc
(3) Bon Secours Good Helpcare LLC 1505 Marriottsville Road Marriottsville, MD 211041301 46-0889532	Accountable Care Org	MD	166,667	0	Bon Secours Health System Inc
(4) Bon Secours Richmond LLC 8580 Magellan Parkway Richmond, VA 23227 54-1570244	Richmond Health System Parent Org	VA	-52,190	7,350,451	Bon Secours Health System Inc
(5) Shannon HealthMOB 3 Richland Medical Park Suite 120 Columbia, SC 29203 57-1127828	Rental Activity	SC	3,479,973	24,521,888	Bon Secours Health System Inc

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(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" on 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	Yes	
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 related 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" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Bon Secours Inc 1505 Marriottsville Road Marriottsville, MD 21104 52-1301091	Parent of Bon Secours Health System, Inc	MD	501(c)3	Line 11a, I	Sisters of Bon Secours of the US		No
(1) Bon Secours New York Health System 2975 Independence Avenue Bronx, NY 10463 91-2135196	Local System Parent Org	NY	501(c)3	Line 11a, I	Bon Secours Health System Inc	Yes	
(2) Bon Secours Charity Health System Inc 255 Lafayette Avenue Suffern, NY 10901 91-2135195	Local System Parent Org	NY	501(c)3	Line 11a, I	Bon Secours Health System Inc	Yes	
(3) Bon Secours Kentucky Health System Inc St Christopher Dr Ashland, KY 41101 61-1356024	Local System Parent Org	KY	501(c)3	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
(4) Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health 2000 West Baltimore Street Baltimore, MD 21223 80-0728893	Local System Parent Org	MD	501(c)3	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
(5) Bon Secours St Francis Health System Inc 1 St Francis Drive Greenville, SC 29601 58-2504528	Local System Parent Org	SC	501(c)3	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
(6) Bon Secours Hampton Roads Health System 7007 Harbour View Blvd Portsmouth, VA 23435 52-1538513	Local System Parent Org	VA	501(c)3	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
(7) Bon Secours Baltimore Health System Foundation Inc 26 North Fulton Avenue Baltimore, MD 21223 38-3843816	Grant Making Foundation	MD	501(c)3	Line 11c, III-FI	Bon Secours Baltimore Health System	Yes	
(8) The Bon Secours of Maryland Foundation Inc (dba Bon Secours Community Work 26 North Fulton Avenue Baltimore, MD 21223 52-1732800	Grant Making Foundation	MD	501(c)3	Line 11c, III-FI	Bon Secours Baltimore Health System	Yes	
(9) Mary Immaculate Foundation 7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)3	Line 11c, III-FI	Mary Immaculate Hospital	Yes	
(10) Bon Secours DePaul Health Foundation 7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)3	Line 7	Bon Secours DePaul Medical Center	Yes	
(11) Bon Secours Maryview Foundation 7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)3	Line 7	Bon Secours Hampton Roads Health System	Yes	
(12) Our Lady of Bellefonte Hospital Inc 1000 St Christopher Dr Ashland, KY 41101 61-1356023	Acute Care Hospital	KY	501(c)3	Line 3	Bon Secours Kentucky Health System	Yes	
(13) Bon Secours Baltimore Hospital 2000 West Baltimore Street Baltimore, MD 21223 52-1909599	Health Care	MD	501(c)3	Line 3	Bon Secours Baltimore Health System	Yes	
(14) Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463 13-1740397	Long term nursing care	NY	501(c)3	Line 9	Bon Secours NY Health System	Yes	
(15) Bon Secours Community Hospital 160 E Main Street Port Jervis, NY 12771 14-1347717	Health Care	NY	501(c)3	Line 3	Bon Secours Charity Health System	Yes	
(16) Good Samaritan Hospital of Suffern NY 255 Lafayette Avenue Suffern, NY 10901 13-1740104	Acute Care Hospital	NY	501(c)3	Line 3	Bon Secours Charity Health System	Yes	
(17) St Anthony Community Hospital 15-19 Maple Ave Warwick, NY 10990 14-1340100	Hospital	NY	501(c)3	Line 3	Bon Secours Charity Health System	Yes	
(18) St Francis Hospital Inc One St Francis Drive Greenville, SC 29601 58-2504530	Health Care	SC	501(c)3	Line 3	Bon Secours St Francis Health System Inc	Yes	
(19) Mary Immaculate Hospital Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-0548200	Health Care	VA	501(c)3	Line 3	Bon Secours Health System Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(21) Bon Secours DePaul Medical Center Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System	Yes	
(1) Maryview Hospital 7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)3	Line 3	Bon Secours Hampton Roads Health System	Yes	
(2) Bon Secours Memorial Regional Medical Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
(3) Bon Secours St Mary's Hospital 8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
(4) Bon Secours Richmond Community Hospital 8580 Magellan Parkway Richmond, VA 23227 54-0647482	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
(5) Bon Secours St Francis Medical Center 8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)3	Line 3	Bon Secours Richmond Health System	Yes	
(6) Our Lady of Bellefonte Hospital Foundation St Christopher Dr Ashland, KY 41101 61-1381952	Grant Making Foundation	KY	501(c)3	Line 7	Bon Secours Kentucky Health System	Yes	
(7) Bon Secours Baltimore Development 26 North Fulton Avenue Baltimore, MD 21223 76-0785344	Community Housing	MD	501(c)3	Line 7	Unity Properties Inc	Yes	
(8) Unity Properties Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1857768	Low Income Housing	MD	501(c)3	Line 7	Bon Secours of Maryland Foundation	Yes	
(9) Bon Secours Community Hospital Foundation 160 E Main Street Port Jervis, NY 12771 81-0667395	Grant Making Foundation	NY	501(c)3	Line 7	Bon Secours Community Hospital	Yes	
(10) Good Samaritan Foundation for Better Health Inc 255 Lafayette Avenue Suffern, NY 10901 13-3400353	Grant Making Foundation	NY	501(c)3	Line 7	Bon Secours Charity Health System	Yes	
(11) The Bon Secours Warwick Health Foundation 20 Grand Street Warwick, NY 10990 14-1972807	Grant Making Foundation	NY	501(c)3	Line 7	St Anthony Community Hospital	Yes	
(12) Bon Secours St Francis Health System Foundation One St Francis Drive Greenville, SC 29601 26-0012031	Grant Making Foundation	SC	501(c)3	Line 7	St Francis Hospital Inc	Yes	
(13) Bon Secours Richmond Health Care Foundation 8580 Magellan Parkway Richmond, VA 23227 54-1201346	Grant Making Foundation	VA	501(c)3	Line 7	Bon Secours Richmond Health Corp	Yes	
(14) Bon Secours St Petersburg Home Care Services Inc 10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Home Care Services	FL	501(c)3	Line 9	Maria Manor Nursing Care Center	Yes	
(15) Bon Secours Maria Manor Nursing Care Center 10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Nursing Home	FL	501(c)3	Line 9	Bon Secours Health System Inc	Yes	
(16) Bellefonte Physician Services Inc St Christopher Dr Ashland, KY 41101 35-2320780	Physician Practices	KY	501(c)3	Line 9	Bon Secours Kentucky Health System	Yes	
(17) Bon Secours Housing 26 North Fulton Avenue Baltimore, MD 21223 52-1442707	Low Income Housing	MD	501(c)3	Line 9	Bon Secours of Maryland Foundation	Yes	
(18) Bon Secours Housing II 26 North Fulton Avenue Baltimore, MD 21223 52-1543174	Low Income Housing	MD	501(c)3	Line 9	Bon Secours of Maryland Foundation	Yes	
(19) Schervier Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY 10463 13-3098867	Housing	NY	501(c)3	Line 9	Bon Secours NY Health System	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(41) St Francis Center at the Knolls Inc(dba Mount Alverno Center) 20 Grand Street Warwick, NY 10990 06-1370576	Long term Care	NY	501(c)3	Line 9	Bon Secours Charity Health System	Yes	
(1) Villa Francis at the Knolls (dba Schervier Pavilion) 20 Grand Street Warwick, NY 10990 06-1381994	Skilled Nursing	NY	501(c)3	Line 9	Bon Secours Charity Health System	Yes	
(2) Bon Secours Charity Health System Medical Group PC 255 Lafayette Avenue Suffern, NY 10901 22-3636986	Physician Practices	NY	501(c)3	Line 9	Bon Secours Charity Health System	Yes	
(3) St Francis Physician Services Inc One St Francis Drive Greenville, SC 29601 13-4290167	Physician Services	SC	501(c)3	Line 9	St Francis Health System Inc	Yes	
(4) Mary Immaculate Nursing Center Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)3	Line 9	Mary Immaculate Hospital	Yes	
(5) Bon Secours - Maryview Nursing Care Center 7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)3	Line 9	Bon Secours Hampton Roads Health System	Yes	
(6) Bayley Properties 7007 Harbour View Blvd Suffolk, VA 23435 54-1424748	Title Holding Company	VA	501(c)2		Bon Secours DePaul Medical Center	Yes	
(7) Laburnum Properties 8580 Magellan Parkway Richmond, VA 23227 52-1260700	Title Holding Company	VA	501(c)2		Bon Secours Richmond Health System	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of K-1 (Form 1065)	(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 in Box 20 of K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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									
Shannon HealthMOB Limited Partnership #1 3 Richland Medical Park Ste 120 Columbia, SC 29203 57-1127282	Rental Real Estate	SC	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	20,937,406	121,242,661	100 000 %		No
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	203,117	1,873,600	100 000 %		No
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	Unity Properties Inc	C	-101	350,100	100 000 %		No
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	Unity Properties Inc	C	-57		100 000 %		No
Professional Health Care Management Inc & Subs 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	Bon Secours Hampton Roads Health System Inc	C	607,694	8,458,609	100 000 %		No
OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	Mary Immaculate Hospital Inc	C	84,944	1,202,699	100 000 %		No
Bon Secours Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	Bon Secours DePaul Medical Center Inc	C	731,465	2,425,991	100 000 %		No
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	6,360	259,688	83 000 %		No
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	24,992,541	29,264,896	83 000 %		No
RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	Bon Secours Richmond Health System Inc	C	533,360	62,954	83 000 %		No
Schervier Apartments LLC 2975 Independence Avenue Bronx, NY 10463 47-1364217	Low Income Housing	NY	Bon Secours New York Health System	C			100 000 %		No

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 Hospital Baltimore Inc	B	53,000	Cost
Bon Secours of Maryland Foundation Inc	B	100,000	Cost
Good Samaritan Foundation For Better Health Inc	B	94,000	Cost
Bon Secours Maryview Foundation	B	100,000	Cost
Bon Secours Kentucky Health System Foundation Inc	B	222,500	Cost
Frances Schervier Home and Hospital	B	100,000	Cost
Bon Secours Richmond Health Care Foundation	B	139,500	Cost
Bon Secours St Francis Health System Foundation Inc	B	100,000	Cost
St Francis Hospital Inc	B	48,000	Cost
Bon Secours Maria Manor Nursing Care Center Inc	B	156,075	Cost
Bon Secours Hospital Baltimore Inc	D	2,040,463	Fair Market Value
Bon Secours of Maryland Foundation Inc	D	848,472	Fair Market Value
Bon Secours Charity Health System Medical Group PC	D	19,397,248	Fair Market Value
Bon Secours Community Hospital	D	1,877,905	Fair Market Value
Good Samaritan Hospital of Suffern NY	D	9,729,274	Fair Market Value
St Anthony Community Hospital Warwick New York	D	1,077,516	Fair Market Value
St Francis Center at the Knolls Inc dba Mt Alverno Center	D	1,431,517	Fair Market Value
The Bon Secours Warwick Health Foundation	D	72,407	Fair Market Value
Villa Frances at the Knolls Inc dba Schervier Pavilion	D	1,350,179	Fair Market Value
Bon Secours DePaul Health Foundation	D	73,735	Fair Market Value
Bon Secours DePaul Medical Center Inc	D	13,901,750	Fair Market Value
Bellefonte Physician Services Inc	D	13,993,181	Fair Market Value
Frances Schervier Home and Hospital	D	7,567,498	Fair Market Value
Bon Secours Richmond Health Care Foundation	D	3,479,164	Fair Market Value
St Francis Hospital Inc	D	6,101,175	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 Baltimore Health System Foundation	D	665,500	Fair Market Value
St Francis Physician Services Inc	D	46,688,467	Fair Market Value
Laburnum Properties	D	316,056	Fair Market Value
RHS Management Corporation	D	126,374	Fair Market Value
Bon Secours Richmond Health System Inc	D	1,543,738	Fair Market Value
Bon Secours-Virginia Healthsource Inc	D	7,997,535	Fair Market Value
Bon Secours Hospital Baltimore Inc	L	3,758,280	Cost
Bon Secours Community Hospital	L	2,777,534	Cost
Good Samaritan Hospital of Suffern NY	L	9,224,851	Cost
St Anthony Community Hospital Warwick New York	L	1,787,219	Cost
Bon Secours DePaul Medical Center Inc	L	2,527,747	Cost
Maryview Hospital	L	18,105,673	Cost
Mary Immaculate Hospital Incorporated	L	2,105,976	Cost
Bellefonte Physician Services Inc	L	331,897	Cost
Our Lady of Bellefonte Hospital Inc	L	6,124,113	Cost
Frances Schervier Home and Hospital	L	657,186	Cost
Bon Secours Memorial Regional Medical Center Inc	L	237,378	Cost
Bon Secours Richmond Community Hospital Incorporated	L	5,825	Cost
Bon Secours Richmond Health Care Foundation	L	167,218	Cost
Bon Secours St Marys Hospital of Richmond Inc	L	35,516,600	Cost
St Francis Hospital Inc	L	14,697,027	Cost
Bon Secours Maria Manor Nursing Care Center Inc	L	315,695	Cost
St Francis Physician Services Inc	L	505,099	Cost
Good Samaritan Hospital of Suffern NY	Q	33,735,980	Fair Market Value
St Anthony Community Hospital Warwick New York	Q	3,916,587	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 Community Hospital	Q	5,368,707	Fair Market Value
Villa Frances at the Knolls Inc dba Schervier Pavilion	Q	2,276,805	Fair Market Value
St Francis Center at the Knolls Inc dba Mt Alverno Center	Q	449,461	Fair Market Value
Bon Secours Charity Health System Medical Group PC	Q	3,234,800	Fair Market Value
Frances Schervier Home and Hospital	Q	2,978,355	Fair Market Value
Maryview Hospital	Q	26,335,545	Fair Market Value
Bon Secours Maryview Nursing Care Center	Q	941,836	Fair Market Value
Province Place of Maryview LLC	Q	574,285	Fair Market Value
Province Place of DePaul LLC	Q	738,902	Fair Market Value
Professional Health Care Management Services Inc & Subs	Q	95,445	Fair Market Value
Mary Immaculate Hospital	Q	10,526,324	Fair Market Value
Mary Immaculate Nursing Center	Q	746,721	Fair Market Value
Bon Secours DePaul Medical Center	Q	13,890,356	Fair Market Value
St Francis Hospital Inc	Q	49,983,978	Fair Market Value
Upstate Surgery Center LLC	Q	147,624	Fair Market Value
St Francis Physician Services Inc	Q	9,019,559	Fair Market Value
Our Lady of Bellefonte Hospital Inc	Q	17,554,318	Fair Market Value
Bellefonte Physician Services Inc	Q	2,891,180	Fair Market Value
Bon Secours Hospital Baltimore Inc	Q	10,085,678	Fair Market Value
BS of Maryland Foundation - dba Community Works	Q	135,413	Fair Market Value
Maria Manor Nursing Care Center	Q	2,968,381	Fair Market Value
Bon Secours St Petersburg Home Care Services	Q	75,129	Fair Market Value
Memorial Regional Med Center	Q	31,601,860	Fair Market Value
St Mary's Hospital	Q	49,672,285	Fair Market Value
Bon Secours Richmond Community Hospital	Q	3,669,976	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 St Francis Medical Center	Q	24,364,211	Fair Market Value
RHS Management Corporation	Q	83,776	Fair Market Value
Bon Secours-Virginia Healthsource Inc & Subs	Q	4,701,922	Fair Market Value
St Mary's MRI Center LP	Q	150,290	Fair Market Value
RI LP	Q	236,629	Fair Market Value
Broad64 Imaging LLC	Q	154,592	Fair Market Value
Richmond Radiation Oncology Center I LLC	Q	231,852	Fair Market Value
Bon Secours Richmond Health System Inc	Q	1,119,706	Fair Market Value
Bon Secours Place at St Petersburg LLP	Q	700,499	Fair Market Value
Maryview Hospital	J	2,262,684	Fair Market Value