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Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No 1545-0047
2014
Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Bon Secours-St Francis Xavier Hospital Inc		D Employer identification number 57-1067254
	Doing business as		E Telephone number (843) 724-2958
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1483 Tobias Gadson Blvd No 101	G Gross receipts \$ 234,849,284	
City or town, state or province, country, and ZIP or foreign postal code Charleston, SC 29407		F Name and address of principal officer David L Dunlap 1483 Tobias Gadson Blvd No 101 Charleston, SC 29407	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: www.rsfh.com		H(c) Group exemption number	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1998	M State of legal domicile SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities Operation of nonprofit hospital facility in Charleston, SC				
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13		
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7			
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,051			
6 Total number of volunteers (estimate if necessary)	6	163			
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	46,711			
b Net unrelated business taxable income from Form 990-T, line 34	7b	12,279			
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	86,703	Current Year	70,440
	9 Program service revenue (Part VIII, line 2g)	208,086,113	231,739,705		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	154,920	5,437		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,722,119	1,734,425		
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	212,049,855	233,550,007		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	246,167	157,526		
	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)	75,006,408	77,883,365		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0		
	b Total fundraising expenses (Part IX, column (D), line 25)	0	0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	93,525,756	100,049,802		
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	168,778,331	178,090,693			
19 Revenue less expenses Subtract line 18 from line 12	43,271,524	55,459,314			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	465,731,705	End of Year	228,205,793
	21 Total liabilities (Part X, line 26)	21,576,001	61,185,323		
	22 Net assets or fund balances Subtract line 21 from line 20	444,155,704	167,020,470		

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	2015-11-13 Date
	Bret D Johnson SVP & CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Amy Bibby	Preparer's signature Amy Bibby	Date	Check <input type="checkbox"/> if self-employed	PTIN P00445891
	Firm's name DIXON HUGHES GOODMAN LLP			Firm's EIN 56-0747981	
	Firm's address 500 Ridgefield Court Asheville, NC 28806			Phone no (828) 254-2254	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission
 Healing all people with compassion, faith, and excellence

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 153,736,507 including grants of \$ 157,526) (Revenue \$ 231,739,705)
 Bon Secours St Francis Hospital traces its mission back to 1882 when five Sisters of Charity of Our Lady of Mercy opened St Francis Infirmary in downtown Charleston as the first Catholic hospital in the state Bon Secours St Francis now is affiliated with the Bon Secours Health System, Inc and relocated to an expansive oak-graced campus west of the Ashley Known for compassionate and quality care, the hospital offers the latest medical technology and comprehensive acute care while honoring its commitment to caring for the "whole person" - physically, spiritually and emotionally Bon Secours St Francis contributed \$12,604,000 in community benefit in 2014 This benefit included charity care, unreimbursed Medicaid, numerous sponsorships and community outreach programs (see Schedule H for additional details) Overall, the hospital contributed over 10,000 volunteer staff hours for activities such as health fairs, career days and public programs that benefited 10,200 individuals in the community Hospital teammates gave back to the community in a number of ways The hospital hosted free skin, breast and prostate cancer screenings, and staff welcomed students from SCRUBS, a healthcare career exploration program Teammates participated in events such as the American Cancer Society's Relay for Life, Komen Charleston Race for the Cure, and the annual March of Dimes March for Babies, which benefits the Leukemia and Lymphoma Society Our teammates also organized blood drives for the American Red Cross and signed Holiday Cards for Heroes One of the hospital's teammates, Eric Jackson, won last year the President's Humanitarian Award, the highest honor Roper St Francis bestows on a teammate Jackson is an equipment tech and a mentor for teenagers from troubled neighborhoods

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)
 Please see Schedule O for a detailed statement of Program Service Accomplishments Please visit our website for a detailed community benefit report at http://www.ropersaintfrancis.com/about_us/mission_and_community_activities/annualreport.aspx

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

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 153,736,507

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		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? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . .</i>	21		No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . .</i>	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? <i>If "Yes," complete Schedule J . . .</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . .</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . .</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? <i>If "Yes," complete Schedule L, Part I . . .</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? <i>If "Yes," complete Schedule L, Part II . . .</i>	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? <i>If "Yes," complete Schedule L, Part III . . .</i>	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? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . .</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . .</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . .</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . .</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . .</i>	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? <i>If "Yes," complete Schedule R, Part I . . .</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . .</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . .</i>	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? <i>If "Yes," complete Schedule R, Part VI . . .</i>	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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (7); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes).

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed SC
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] 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, address, and telephone number of the person who possesses the organization's books and records. The Finance Department

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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	983,306	15,477,478	2,437,084

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 **59**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization 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
Charleston Emergency Services 2053 Shell Ring Circle Mt Pleasant, SC 29466	ER Physicians Services	4,795,428
Nurse Anesthesia of SC LLC PO Box 6633 High Point, NC 27262	Anesthesia Services	1,592,540
Huron Consulting Services LLC 3005 Momentum Place Chicago, IL 606895330	Consulting	1,520,567
Cogdell Spencer Advisors LLC 125 Doughty St Ste 620 Charleston, SC 29403	Property Management	1,342,214
Angelica Textile Services PO Box 535122 Atlanta, GA 303535122	Linen Rental	758,082

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 **5**

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	70,440				
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f	70,440				
Program Service Revenue	2a	Net Patient Service	621400	230,647,018	230,600,307	46,711	
	b	EHR Meaningful Use	600000	1,092,687	1,092,687		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		231,739,705			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,845		9,845	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	1,308,686			
			(ii) Personal				
			b Less rental expenses	1,009,444			
			c Rental income or (loss)	299,242			
	d	Net rental income or (loss)		299,242		299,242	
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			b Less cost or other basis and sales expenses	1,890	2,518		
			c Gain or (loss)	-1,890	-2,518		
	d	Net gain or (loss)		-4,408		-4,408	
	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	540,538				
		b Less cost of goods sold b	285,425				
		c Net income or (loss) from sales of inventory		255,113		255,113	
Miscellaneous Revenue		Business Code					
11a	Cafeteria Revenue	722210	1,121,866		1,121,866		
b	Miscellaneous Revenue	900099	58,204		58,204		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,180,070				
12	Total revenue. See Instructions		233,550,007	231,692,994	46,711	1,739,862	

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 domestic organizations and domestic governments See Part IV, line 21	157,526	157,526		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	917,056	76,455	840,601	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	153,109	153,109		
7	Other salaries and wages	65,747,708	50,975,898	14,771,810	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,670,103	1,294,874	375,229	
9	Other employee benefits	6,448,169	4,999,432	1,448,737	
10	Payroll taxes	2,947,220	2,285,056	662,164	
11	Fees for services (non-employees)				
a	Management	1,992,645	1,548,285	444,360	
b	Legal	175,899		175,899	
c	Accounting	95,664		95,664	
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)	16,788,102	15,136,993	1,651,109	
12	Advertising and promotion	763,288	608,548	154,740	
13	Office expenses	10,245,274	7,845,583	2,399,691	
14	Information technology	420,420		420,420	
15	Royalties				
16	Occupancy	4,800,131	4,473,437	326,694	
17	Travel	76,458		76,458	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	279,765		279,765	
20	Interest	1,309,721	1,309,721		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	8,098,062	8,098,062		
23	Insurance	802,835	642,268	160,567	
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	Medical supplies	32,350,457	32,350,457		
b	Bad debt expense	14,770,318	14,770,318		
c	Medical DSH tax	4,357,421	4,357,421		
d	Other expenses	2,723,342	2,653,064	70,278	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	178,090,693	153,736,507	24,354,186	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 <input type="checkbox"/> 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	25,450	1	25,550
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,512,518	4	31,792,101
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	2,770,735	8	3,110,065
	9 Prepaid expenses and deferred charges	427,153	9	423,170
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	197,211,709		
	b Less accumulated depreciation	85,332,554		
		110,658,648	10c	111,879,155
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11	317,960,415	13	75,642,651
	14 Intangible assets	379,130	14	379,130
15 Other assets See Part IV, line 11	3,997,656	15	4,953,971	
16 Total assets. Add lines 1 through 15 (must equal line 34)	465,731,705	16	228,205,793	
Liabilities	17 Accounts payable and accrued expenses	878,841	17	498,333
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	41,016,820
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties	11,616	24	7,331
	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	20,685,544	25	19,662,839
	26 Total liabilities. Add lines 17 through 25	21,576,001	26	61,185,323
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	444,155,704	27	167,020,470
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	444,155,704	33	167,020,470	
34 Total liabilities and net assets/fund balances	465,731,705	34	228,205,793	

Part XI Reconciliation 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	233,550,007
2	Total expenses (must equal Part IX, column (A), line 25)	2	178,090,693
3	Revenue less expenses Subtract line 2 from line 1	3	55,459,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	444,155,704
5	Net unrealized gains (losses) on investments	5	
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	-332,594,548
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	167,020,470

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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?		No
3b	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		

Additional Data

Software ID:

Software Version:

EIN: 57-1067254

Name: Bon Secours-St Francis Xavier Hospital Inc

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) John M Jordan Chair (See Sch O)	0 50 2 50	X						0	324,425	29,636
(1) Stanley Wilson MD Vice Chair (See Sch O)	0 50 49 50	X						0	572,182	49,623
(2) Sister Anne Lutz Board Member	0 50 2 50	X						0	0	0
(3) Richard Statuto Board Member	0 50 2 50	X						0	0	0
(4) Joseph G Piemont Board Member	0 50 2 50	X						0	0	0
(5) Katherine Duffy PhD Board Member	0 50 2 50	X						0	0	0
(6) Roberta Pinckney Board Member	0 50 2 50	X						0	0	0
(7) Shannon Honney MD Board Member (See Sch O)	0 50 49 50	X						0	220,816	19,405
(8) Julius R Ivester MD Board Member (through June)	0 50 2 50	X						0	0	0
(9) Brian Cuddy MD Board Member (from July)(See Sch O)	0 50 49 50	X						19,000	963,399	58,684
(10) Alison E Dillon MD Board Member (See Sch O)	0 50 2 50	X						57,455	0	0
(11) Angress Walker Board Member	0 50 2 50	X						0	0	0
(12) Mary Thornley Board Member	0 50 2 50	X						0	0	0
(13) Wills C Geils MD Board Member (See Sch O)	0 50 2 50	X						0	32,267	0
(14) David Dunlap President & CEO of CAHS	1 00 49 00			X				0	1,167,999	250,028
(15) Matthew Severance SVP Operations	1 00 49 00			X				0	736,801	194,372
(16) Steven Shapiro MD CMO & VP Med Affairs	1 00 49 00			X				0	622,233	109,792
(17) Bret Johnson CFO & SVP / Treasurer	1 00 49 00			X				0	669,558	202,137
(18) Allen Carroll CEO / Secretary	46 00 4 00			X				575,491	0	157,960
(19) Douglas Bowling CSO & VP	1 00 49 00			X				0	507,941	149,153
(20) John Sullivan VP Operations	1 00 49 00			X				0	395,084	189,764
(21) Gregory Edwards VP & General Council	1 00 49 00			X				0	501,631	128,056
(22) H Douglas Harrison VP Human Resources (through March)	1 00 49 00			X				0	244,199	58,829
(23) Melanie Stith VP Human Resources (from April)	1 00 49 00			X				0	201,787	51,673
(24) Michael Taylor CIO & VP (through April)	1 00 49 00			X				0	526,676	60,774

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Melinda Cardell CIO & VP (from April)	1 00 49 00			X				0	215,340	23,245
(1) Carolyn Donohue VP Nursing / Senior Nurse Exec RHI	1 00 49 00			X				0	209,491	33,373
(2) Pennie Peralta VP Nursing / Sr Nurse Exec SFX	47 00 3 00			X				264,694	0	69,882
(3) Diana Topjian VP Nursing/Sr Exec MPH (thru March)	1 00 49 00			X				416	123,820	1,353
(4) Tavia Buck VP Nursing/Sr Exec MPH (from April)	1 00 49 00			X				0	120,342	18,627
(5) Mark Dickson VP Mission	1 00 49 00			X				0	203,721	67,422
(6) Todd Shuman MD VP & CQO	1 00 49 00			X				0	389,279	70,191
(7) William Brown SFX Board Chair	1 00 0 00			X				0	0	0
(8) Sister Nancy Glynn SFX Board President	1 00 0 00			X				0	0	0
(9) Wanda Brockmeyer Director of Emergency Services	1 00 49 00					X		0	184,933	20,318
(10) C Scott Ferguson Director of Material Services	1 00 49 00					X		0	180,967	31,131
(11) Susan Oliver Director of Periop Endo	1 00 49 00					X		0	164,299	6,475
(12) Francis Wyckoff Jr Director of Pharmacy	1 00 49 00					X		0	216,267	41,290
(13) Joan Wherley Director of Imaging Services	1 00 49 00					X		0	179,878	34,676
(14) George Khoury MD Physician	1 00 49 00					X		11,500	1,252,465	62,894
(15) John Steichen MD Physician	1 00 49 00					X		18,750	1,152,280	60,910
(16) Stephen Rawe MD Physician	1 00 49 00					X		15,000	1,111,110	48,765
(17) Morgan Stuart MD Physician	1 00 49 00					X		17,500	929,199	60,108
(18) Robert Lowery MD Physician	1 00 49 00					X		3,500	921,537	57,504
(19) Peter DiNicola Dir Plant Eng, (Former Key EE)	1 00 49 00						X	0	235,552	19,034

SCHEDULE A
(Form 990 or 990EZ)

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.

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

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Bon Secours-St Francis Xavier Hospital Inc

Employer identification number
57-1067254

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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2014. 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 <input type="checkbox"/>		
b 33 1/3% support test—2013. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2014.** 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—2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a Average monthly value of securities	1a	
b Average monthly cash balances	1b	
c Fair market value of other non-exempt-use assets	1c	
d Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009. _____			
b From 2010. _____			
c From 2011. _____			
d From 2012. _____			
e From 2013. _____			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$ _____			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010. _____			
b From 2011. _____			
c From 2012. _____			
d From 2013. _____			
e From 2014. _____			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization Bon Secours-St Francis Xavier Hospital Inc

Employer identification number 57-1067254

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed and grant funds used.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements including checkboxes for preservation purposes, questions about easement details, monitoring, and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts.

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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 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		13,580,943		13,580,943
b Buildings		119,359,873	41,319,550	78,040,323
c Leasehold improvements		4,193,142	2,961,152	1,231,990
d Equipment		57,966,337	41,051,852	16,914,485
e Other		2,111,414		2,111,414
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				111,879,155

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 (losses) 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	Bon Secours St Francis Xavier Hospital is a not-for-profit organization as described in Section 501 (c)(3) of the Internal Revenue Code and is generally exempt from federal and state income taxes Accordingly, no provision for income taxes is made in the consolidated financial statements Although [the consolidated group] is generally exempt from federal and state income taxes, it evaluates whether there are any uncertain tax positions that fail to meet the more-likely-than-not threshold for recognition in the consolidated financial statements Uncertain tax positions may include the characterization of income, such as a characterization of income as passive, a decision to exclude reporting taxable income in a tax return, or a decision to classify a transaction, entity, or other position in a tax return as tax exempt The tax return benefit from an uncertain tax position is recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits The organization has no unrecognized tax positions as of December 31, 2014 and 2013, and does not expect that unrecognized tax benefits will materially increase within the next 12 months Tax years 2011 through 2013 are subject to examination by the federal and state taxing authorities, respectively There are no income tax examinations currently in process Interest and penalties related to uncertain tax positions, if any, would be recognized in the consolidated financial statements as income tax expense

SCHEDULE H (Form 990)

Hospitals

OMB No 1545-0047

2014

Complete if the organization answered "Yes" to Form 990, Part IV, question 20. Attach to Form 990. Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization: Bon Secours-St Francis Xavier Hospital Inc

Employer identification number: 57-1067254

Part I Financial Assistance and Certain Other Community Benefits at Cost

- 1a Did the organization have a financial assistance policy during the tax year?
1b If "Yes," was it a written policy?
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy...
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year...
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
6a Did the organization prepare a community benefit report during the tax year?
6b If "Yes," did the organization make it available to the public?

Table with 3 columns: Question ID, Yes, No. Rows correspond to questions 1a through 6b.

7 Financial Assistance and Certain Other Community Benefits at Cost

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community benefit expense, (d) Direct offsetting revenue, (e) Net community benefit expense, (f) Percent of total expense. Rows include Financial Assistance and Means-Tested Government Programs and Other Benefits.

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			9,721		9,721	0.010 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			9,721		9,721	0.010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		No
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount		
			14,770,318
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit		
			5,908,127
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements		

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	51,348,333
6	Enter Medicare allowable costs of care relating to payments on line 5	6	51,015,981
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	332,352
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 RSFH West Ashley Cancer Center LLC	Cancer Treatment	9.260 %	0 %	90.700 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
 How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Bon Secours St Francis Xavier Hospital

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <u>20 13</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C		No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www rsfh com/mission-department</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 13</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?		No
a	If "Yes" (list url) _____		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	Yes	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Bon Secours St Francis Xavier Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>299 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>399 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) _____		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) _____		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Bon Secours St Francis Xavier Hospital

Name of hospital facility or letter of facility reporting group

		Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		No
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)		
a	<input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why	Yes	
a	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b	<input type="checkbox"/> The hospital facility's policy was not in writing		
c	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d	<input type="checkbox"/> Other (describe in Section C)		

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		No

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of Facility (describe)
1 StFrancis Hospital Infusion Therapy 2085 Henry Tecklenburg Drive STE 110 Charleston, SC 29414	Infusion Therapy
2 StFrancis Hospital Rehab- Spine & Sport 2093 Henry Tecklenburg Drive Charleston, SC 29414	PT, OT, ST
3 StFrancis Hospital MRI Medical Plaza 2145 Henry Tecklenburg Drive STE 150 Charleston, SC 29414	MRI
4 StFrancis Hospital Pain Management 2093 Henry Tecklenburg Drive Charleston, SC 29414	Pain management for spine
5 StFrancis Hospital Breast Care 2145 Henry Tecklenburg Drive STE 103 Charleston, SC 29414	Mammography, bone density, breast ultrasound
6 StFrancis Hospital Cardiac Rehab 2097 Henry Tecklenburg Drive STE 309 Charleston, SC 29414	Cardiac rehab
7 StFrancis Hospital Diabetes Treatment 2093 Henry Tecklenburg Drive STE 201 Charleston, SC 29414	Diabetes self mgmt training & treatment
8 StFrancis Hospital PETCT & Radiation 2085 Henry Tecklenburg Drive STE 105/106 Charleston, SC 29414	PET/CT, CT, and radiation therapy
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
Part I, Line 3c	In addition to using the FPG to determine eligibility for free or discounted care, the system offers a 35% discount for patients who are uninsured A 10% prompt payment discount is offered to all self-pay or self-pay-after-insurance patients who pay the balance at one time Medical indigency adjustments are available to those that meet the established guidelines The Hospital will provide free care for patients with a signed charity care application who have income between 0 - 299% of FPG If a signed charity care application is not obtained, after 120 days of collection efforts, the hospital will use the Health Care Advisory Board's self pay compass program to automatically qualify patients for charity care through the use of an electronic scoring technique The hospital will provide free care for patients who have income of 350% and below of FPG as determined by the self pay compass program The Hospital will provide a 90% discount for patients with a signed charity care application who have income between 300 - 399% of FPG If a signed charity care application is not obtained, the hospital will not provide discounted care

Form and Line Reference	Explanation
Part I, Line 6a	The organization's community benefit report is made available through its corporate parent, CareAlliance Health Services d/b/a Roper St Francis Healthcare

Form and Line Reference	Explanation
Part I, Line 7	Worksheet 2 of the 2014 Schedule H instructions was used to compute a cost-to-charges ratio used to calculate charity care and unreimbursed Medicaid at cost

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$14,770,318

Form and Line Reference	Explanation
Part II, Community Building Activities	In 2014, the Hospital performed the following activities to build up the community 1 Collaborative partnerships with community groups to improve economic stability of the community

Form and Line Reference	Explanation
Part III, Line 3	For patients who do not turn in a signed charity care application, after 120 days of collection efforts, RSFH uses the Health Care Advisory Board's self pay compass program to automatically qualify patients for charity care through the use of an electronic scoring technique. The data received through this software is believed to err on the side of denying charity. The estimate of bad debt that could have been charity is based on the system error rate. Please note that patients who complete a full charity care application and qualify for charity under our policy are granted charity regardless of the score in the self-pay compass system.

Form and Line Reference	Explanation
Part III, Line 4	Bad debts reported on Part III, Line 2 are reported at gross charges per the organization's audited financial statements Please refer to the second footnote of the organization's audited financial statements for a description of receivables and bad debts

Form and Line Reference	Explanation
Part III, Line 8	The entire amount of Medicare shortfall qualifies as community benefit. Our treatment of Medicare patients, as described in IRS Rev. Rul. 69-545, indicates that Roper Hospital operates to promote the health of the community. By taking Medicare patients, the hospital promotes access to healthcare services, which is a community benefit. The organization uses the Medicare cost report to determine the costs reported on Part III, Line 5 and 6. Had we included revenues and costs from all Medicare programs including Medicare Part C, this would have resulted in a shortfall of \$3,006,471.

Form and Line Reference	Explanation
Part III, Line 9b	<p>The hospital uses the Health Care Advisory Board's Self Pay Compass Program to identify a patient's propensity to pay. Accounts with an FPL of 350% and below will be identified once the self pay accounts receivable billing process has been completed and prior to the account being referred to a collection agency. Accounts with FPL of 350% and below will be given a charity adjustment. Once an account has been referred to bad debt, the organization will make every effort to ensure that all self-pay collectors demonstrate consistent, compassionate, and professional service while conducting business on behalf of the health system. This will include, but is not limited to, guarantor notification and contact/collection attempts, discount opportunities, payment plan arrangements, account balance notifications, face to face meetings, and detailed bill generation. An outsourced self-pay billing agency will contact the guarantor to set up payment arrangements. Financial assistance discounts are offered to guarantors who meet the charity guidelines. Self pay patients receive a 35% discount off total charges. They are also eligible for a 10% prompt payment discount if they pay the balance during the discussion. Discounts may be combined if all requirements are met. In pursuit of collections, the hospital and its agents will not attach liens on property, garnish wages, pursue legal actions (unless recommended by the self pay billing entities), sell accounts, or send bankrupt guarantors to collection agencies.</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>Roper St Francis Healthcare identified community health needs by undergoing an assessment process in 2013 that complies with IRS Section 501(r) The Needs Assessment is posted on our website http://www.rsfn.com/About_Us/Mission_and_Community_Activities/Needs_Assessment.aspx and we invite the community to review and respond to this document so that our collaborative efforts can make living in our community more enjoyable and healthier As allowed by IRS guidelines, Roper St Francis Healthcare decided to produce a joint CHNA report in collaboration with its three Charleston area hospitals as those facilities define their communities to be the same Each hospital files a Schedule H and has a customized implementation plan attached The community needs assessment process consists of 5 steps data assessment, community input, prioritization and implementation strategy, reporting, and monitoring In the data assessment step, service areas were defined, external data research was completed and key findings were summarized Interviews were conducted with persons with special knowledge of public health, hospital personnel, local organizations, and community outreach advocates Our service area for this assessment is defined as the Tri-County area of Charleston, Berkeley, and Dorchester Counties We used the following sources in the data assessment process Nielson Claritas, 2012 County Health Rankings, Health Indicators Warehouse, The Advisory Board Company, Kids Count Data Center, Truven Health Analytics, and the USDA Data from these sources was used to identify at-risk populations, underserved populations, health need areas, and professional shortage areas See the answer to Schedule H, Part VI, question 4 for a description of the community served Subsequent to the data assessment step, the Community Needs Assessment Team entered into dialogue with key hospital administrators, physicians, those with knowledge/expertise in public health, and those serving underserved and chronic disease populations During the community input phase, the team conducted face-to-face interviews, phone interviews, and surveys in which respondents were able to comment and discuss general community health issues of their specific service area Through these numerous interviews and surveys, a summary of community input was created This summary would eventually be used to help focus in on priorities and ultimately, implementation strategies Respondents who participated in this phase included experts in the field of public health, hospital administration members, community outreach groups, and other local organizations Respondents included Dana Millet, Director of DHEC Lowcountry Region, Joseph Chambers, MD, Public Health expert and consultant, Thaddeus Bell, MD, with Closing the Gap in Healthcare Other respondents were from focus groups in the Charleston Promise Neighborhood (North Charleston), East Cooper Community Outreach (Mt Pleasant), Neighborhood House (Charleston), and Our Lady of Mercy Outreach Center (Johns Island) Collection and analysis of results from the CHNA data assessment, survey, interviews, and focus groups provided a strong foundation for identifying health needs and service gaps In June 2013, Roper St Francis Healthcare held multiple sessions with leading stakeholders to assess initial findings and establish priorities These various constituents included representatives from the Medical University of South Carolina's strategic planning team, leadership of Trident United Way's Health Council and 2-1-1 program, experts from Joseph P Riley Jr Center for Livable Communities at the College of Charleston, and public health consultants Twelve priority areas of need emerged for the Tri-County service area As part of the prioritization process, Roper St Francis Healthcare conducted an inventory of existing system-based outreach programs, community partnerships, and other collaborative resources that currently address each of the priority areas 1)Access to Services for Uninsured and Underinsured Access Health Tri-county Network, RSF Financial Assistance Policy and Patient Financial Services staff to assist, partnerships with Free Clinics such as Barrier Island Free Medical Clinic, Our Lady of Mercy Outreach and Crisis Ministries, new RSF Mt Pleasant Hospital and Physician Partners network development 2)Obesity, Nutrition, and Activity RSF Bariatric & Metabolic Services, Diabetes Treatment Center, Cardiac Rehabilitation Centers and related programs, Lowcountry Senior Center programs, Families for Healthy Heart program, Employee "Wellness Works" program with coaching available, partnering with community groups such as City of Charleston's "Lighten Up Charleston" and "Closing the Gap in Healthcare", farmers markets at hospitals 3)Mental Health "Highway to Hope" program with mobile van/partnership with mental health departments, Behavioral Health Unit, case management/assessment through Emergency Departments 4)Alco</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>hol and Drug Abuse Community investment support for community programs, addressed through Behavioral Health Unit and Physician Partners practices 5)Breast Center/Mammography Breast Cancer Center at Roper Hospital, RSF Cancer Center, "Ladies Night Out" community outreach programs 6)Maternal and Child Healthcare/Infant Mortality Prenatal Care programs throughout system, special focus on prenatal care and treatment through RSF Mt Pleasant and Bon Secours St Francis hospitals specifically, with outreach to rural communities, support and partnership with Our Lady of Mercy Outreach, Franklin C Fetter Clinic and others 7)Prevention/Wellness/Outreach Employee "Wellness Works" program with coaching available, Families for Healthy Heart program, Community Screenings and health fairs, partnerships and support for community wellness and prevention programs 8)High Prevalence of Chronic Disease Heart and Vascular treatments and programs, development of Palliative Care program, Cancer Center outreach and support programs 9)Lack of Transportation ITN (Independent Transportation Network), volunteers giving rides for medical appointments, support for CARTA public transportation and use of taxis throughout system when needed, development of Physician Partners network for closer proximity of population areas 10)Low Healthcare Literacy and Distrust Among Those with Limited Access Health Literacy training through Professional Development, Case Management and Nursing focus on discharge planning and instructions, "Closing the Gap in Healthcare" public education programs 11)Coordination of Care Across Settings "Transitions of Care" process throughout RSF, new grant through Duke Endowment for this, Case Management model for Access Health Tri-County Network, RSF Home Health, Palliative Care program and new Hospice program 12)Cultural Awareness and Effective Programs Professional Development programs for cultural competencies, development of Diversity program and educational efforts, support for "Closing the Gap in Healthcare" program, Mandatory on-line program for employees After examining the range of services currently available, the expertise, outreach, and capacity of the RSFH system, and the resources available to best address needs through other community organizations, Roper St Francis Healthcare senior leadership chose the following 6 issues as priorities to implement for its current CHNA Access to Services and Coverage for the Uninsured and Underserved, Mental Health, Maternal and Child Health, Prevention/Wellness/Outreach, High Prevalence of Chronic Disease, and Coordination of Care Across Settings For the needs identified through the CHNA that did not emerge as strategic priority areas of need (Obesity, Nutrition and Activity, Alcohol and Drug Abuse, Breast Cancer/Mammography, Lack of Transportation, Low Healthcare Literacy and Distrust Among Those with Limited Access, Cultural Awareness and Effective Programs), Roper St Francis Healthcare will continue to provide the support and services as listed in the inventory of community outreach and services to address these issues The Roper St Francis Community Needs Assessment Team developed implementation strategies for each health issue identified as a strategic priority This implementation plan (attached) will be rolled out over the next 3 years Strategies are be clearly defined with a matrix of which areas each RSFH hospital will address Some strategies may be addressed by more than one RSFH hospital or the system as a whole The team will develop a monitoring method to provide status and results of these efforts to improve community health RSFH is committed to conducting another health needs assessment in three years The Community Health Needs Assessment for fiscal December 31, 2013 was approved by the Board of Directors at its meeting held on October 12, 2013</p>

Form and Line Reference	Explanation
Part VI, Line 3	<p>The Hospital shall send anyone who requests information on the hospital's financial assistance program a letter outlining required information and a financial assistance application form. Requests for financial assistance may be proposed by sources other than the patient, such as the patient's physician, family members, social service organizations, community or religious groups, or hospital personnel. Statements to patients from the Hospital outline our charity care policy and our charity care policy is posted on our website. If patients indicate they are not able to pay their bill, we will provide the patient with a charity care application. Patients can also meet with a member of our financial counseling department to learn about their financial assistance options. Brochures are printed in English and Spanish telling patients to contact the financial counseling department. The Hospital wants its patients focus to be on health and recovery and not financial worry. There is absolutely no additional cost for our financial counseling assistance. Additionally, patients can meet with staff of the Medicaid program. The program staff will meet with patients individually to help them apply for publicly supported programs such as Medicaid, Medicare, and disability. Counselors meet with patients in the hospital as well as making home visits as appropriate. The staff can also help identify resources to help pay for medication. All of this information is posted on our website with the appropriate contact information.</p>

Form and Line Reference	Explanation
Part VI, Line 4	<p>The System's primary service area consists of Charleston, Berkeley, and Dorchester counties, and includes the major municipalities of Charleston, North Charleston, Mount Pleasant, and Summerville. Approximately 705,000 residents live within the primary service area, based on Esri estimates for 2014. According to Esri's forecasts, population in the primary service area is projected to grow 9.5% between 2014 and 2019. In 2014, 14% of households within the primary service area had income less than \$15K, 11% had income between \$15K and \$25K, 25% had income between \$25K and \$50K, 20% between \$50K and \$75K, 13% between \$75K and \$100K, and 17% above \$100K, compared to the national rates of 14%, 12%, 25%, 18%, 12%, and 19%, respectively. Within the primary service area, poverty continues to be an issue. According to the US Census Bureau's 2013 Small Area Health Insurance Estimates (SAHIE), an estimated 111,194 Tri-county residents lack health insurance. There is a vast overrepresentation of the uninsured living at or below the Federal Poverty Level. The US Department of Health and Human Services designated 6 medically underserved areas and 1 medically underserved population within our primary service area. From December 2013 to December 2014, the unemployment rate in the primary service area increased from 5.2% to 5.4%. This is a lower unemployment rate than the national average, which was 6.7% in December 2013 declining to 5.6% in December 2014. The secondary service area includes Colleton, Orangeburg, Georgetown, Hampton, Beaufort, Williamsburg, and Horry counties. In addition to the system's facilities, there are four other non-military hospitals in the primary service area.</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>We are the lowcountry's only non-governmental, not-for-profit healthcare system. With this distinction, we believe it is our responsibility to advocate for and respond to our neighbors' needs through community benefit. In keeping with our mission of healing all people with compassion, faith, and excellence, Roper St. Francis Healthcare (RSFH) strives to enrich the health of our community. We do this by offering charity care to those in need, reaching out to our neighbors with health fairs and educational materials, sponsoring organizations and events that promote wellness and community well-being, and marshalling our resources to advance the health and dignity of each person with whom we come in contact. The organization is committed to the enrichment of healthcare in our community as evidenced by the composition of our Board of Directors and Open Medical Staff. Our governing body is comprised of a 13-member Board of Directors. At least nine directors must have their primary residence in a community served by the system. Five directors must be physicians actively engaged in the full-time practice of medicine. The hospital extends medical staff privileges to all qualified physicians in the area for most of our departments. Surplus funds are returned to our community through the development of new facilities to serve population growth, the expansion of existing facilities, subsidizing care for those who are unable to pay, sponsorship of healthcare-related activities including outreach clinics and programs for the uninsured, and investing in technology to improve the quality of patient care.</p>

Form and Line Reference	Explanation
Part VI, Line 6	<p>CareAlliance Health Services (d/b/a Roper St Francis Healthcare (RSFH)) is a charitable health care delivery system based in Charleston, South Carolina. The 657-bed health system provides services at 90 facilities and doctors offices conveniently located throughout our region. One of these facilities is Bon Secours - St Francis Xavier Hospital, Inc, an acute care hospital with 204 licensed beds. CareAlliance was formed effective August 1, 1998, through the execution of an affiliation agreement between the following founding members - The Medical Society of South Carolina, - Bon-Secours Health System, Inc, and - Carolinas Healthcare System. CareAlliance is the sole corporate member and, through its by-laws, has the power to control the financial and business affairs of Bon Secours St Francis Xavier Hospital.</p>

Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	SC

Additional Data

Software ID:
Software Version:
EIN: 57-1067254
Name: Bon Secours-St Francis Xavier Hospital Inc

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Bon Secours St Francis Xavier Hospital	
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 6a Roper St Francis Healthcare decided to produce a joint CHNA report in collaboration with its three Charleston area hospitals as those facilities define their communities to be the same. These hospitals include Roper Hospital Inc, Bon Secours St Francis Xavier Hospital, and Mount Pleasant Hospital. Each of these hospitals has a customized implementation plan.
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 11 The organization has programs in place that address all of the community needs identified by the CHNA. However, RSFH senior leadership identified 6 issues as strategic priorities to address in the implementation plan for its current CHNA. For the needs that did not emerge as strategic priority areas, Roper St Francis Healthcare will continue to provide the current support and services as listed in Schedule H, Part VI, question 4.
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 13b A 10% prompt payment discount is also offered to all self-pay or self-pay-after-insurance patients who pay the account balance at one time.
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 16i The patient handbook provided with registration references the policy and includes contact information for patients who need assistance.
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 22d The hospital's FAP provides a minimum discount of 90% for individuals that qualify under the policy's provisions. The hospital has made plans to implement a method of determining Amounts Generally Billed (AGB) per the recently released Proposed Regulations under IRC Section 501(r), however given the high level of discount available under the current policy, the organization is confident that its policies are well within guidelines.
Part V, Section B, Line 16	Financial Assistance Policy Website Availability
Bon Secours St Francis Xavier Hospital Part V, Section B, line 16a website	www.rsfh.com/billing-financial_assistance
Bon Secours St Francis Xavier Hospital Part V, Section B, line 16b website	www.rsfh.com/billing-financial_assistance
Bon Secours St Francis Xavier Hospital Part V, Section B, line 16c website	www.rsfh.com/billing-financial_assistance

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Bon Secours-St Francis Xavier Hospital Inc

Employer identification number

57-1067254

Part I Questions Regarding Compensation

- 1a** Check the appropriate 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.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- 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), 501(c)(4), and 501(c)(29) organizations 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

8 Were any amounts reported in Form 990, Part VII, paid or accrued 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	Yes	
4a		No
4b	Yes	
4c		No
5a		No
5b		No
6a	Yes	
6b	Yes	
7	Yes	
8		No
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 in column(B) 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 4b	The Vice Presidents, CFO, and CEO participate in the 457(f) Plan. The following participants received compensation through a 457(f) Plan: Michael Taylor \$ 124,847 (from a related organization), Matthew Severance 52,227 (from a related organization), Steven Shapiro 26,600 (from a related organization), Allen Carroll 37,375 (from a related organization), Douglas Bowling 44,607 (from a related organization), Gregory Edwards 31,599 (from a related organization), H. Douglas Harrison 14,818 (from a related organization), Pennie Peralta 18,943 (from a related organization), David Dunlap 83,583 (from a related organization), and Bret Johnson 115,178 (from a related organization).
Part I, Line 6	Goals are developed each year to support the organization's strategic initiatives for people, quality, financial, growth and service. The Ad Hoc Compensation Committee approves the system goals annually and reports to the full Board of Directors. Progress on each metric is reported to the board each month on the corporate scorecard. At year end, the Ad Hoc Compensation Committee approves the final scorecard number and reports results to the full board. Annual incentives for the executives are based on 60% on the corporate scorecard and 40% on individual performance. Executives maintain an individual scorecard on the leader evaluation manager and discuss results monthly with the President/CEO. The President/CEO approves the individual executive scorecard. System Vice Presidents and the system CEO are eligible to participate in a long term incentive plan (LTIP). An LTIP typically takes place over a three year period and does not vest until the end of the third year. To receive payment, executives must still be employed by the system at the end of the plan period. Each LTIP has a financial and clinical objective that is aligned with the organization's strategic goals. Threshold, target, and maximum performance ranges are established for these objectives and are measured based on performance against similar organizations or compared to an internal metric such as an improvement over prior performance. These targets and objectives are approved by the Ad Hoc Compensation Committee. The incentive is earned based on the satisfaction of the threshold, target, or maximum performance ranges. The Ad Hoc Compensation Committee also approves the final LTIP performance score and the amount paid to executives under the plan. Results are reported to the full board annually.
Part I, Line 7	See the response to Line 6 above.
Part II, Line 1 Compensation from unrelated organizations	Carolinas Healthcare System provides the compensation of David L. Dunlap, CEO, Carealliance Health Services, Bret D. Johnson, CFO, Carealliance Health Services, and John Sullivan, CEO, Roper St. Francis Mt. Pleasant Hospital. Mr. Dunlap and Mr. Johnson are employees of Carolinas Healthcare System and their compensation is paid by Carealliance Healthcare Services, a related organization, through a management fee to Carolinas Healthcare System. Mr. Sullivan is also an employee of Carolinas Healthcare System, and his compensation is paid by Roper St. Francis Mt. Pleasant Hospital, a related organization, through a management fee to Carolinas Healthcare System. Additional information: CareAlliance Health Services has board representations from the 3 founding organizations: the Medical Society of SC (6 board members), Bon-Secours Health System, Inc (6 board members), and Carolinas Healthcare System (1 board member). None of the 13 appointed board members receive compensation for their membership. Additionally, 4 of the 6 board members appointed by the Medical Society of South Carolina also serve on the board of the Medical Society. None receive compensation for their services as a board member. It is the founding members' intent that the members of the Board of Directors are appointed to such positions because they have a willingness to serve the needs of the system as a whole and not the needs of any individual founding member.

Additional Data

Software ID:
Software Version:
EIN: 57-1067254
Name: Bon Secours-St Francis Xavier Hospital Inc

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 John M Jordan, Chair (See Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	284,425	40,000	0	15,576	14,060	354,061	0
1 Stanley Wilson MD, Vice Chair (See Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	405,402	158,883	7,897	30,526	19,097	621,805	0
2 Shannon Honney MD, Board Member (See Sch O)	(i)	0	0	0	0	0	0	0
	(ii)	157,202	53,027	10,587	6,689	12,716	240,221	0
3 Brian Cuddy MD, Board Member (from July)(See Sch O)	(i)	19,000	0	0	0	0	19,000	0
	(ii)	908,760	42,715	11,924	30,526	28,158	1,022,083	0
4 David Dunlap, President & CEO of CAHS	(i)	0	0	0	0	0	0	0
	(ii)	595,161	429,833	143,005	225,455	24,573	1,418,027	178,132
5 Matthew Severance, SVP Operations	(i)	0	0	0	0	0	0	0
	(ii)	423,641	252,539	60,621	164,076	30,296	931,173	145,166
6 Steven Shapiro MD, CMO & VP Med Affairs	(i)	0	0	0	0	0	0	0
	(ii)	377,693	204,012	40,528	96,286	13,506	732,025	60,452
7 Bret Johnson, CFO & SVP / Treasurer	(i)	0	0	0	0	0	0	0
	(ii)	337,964	211,888	119,706	170,590	31,547	871,695	144,292
8 Allen Carroll, CEO / Secretary	(i)	335,625	201,518	38,348	137,116	20,844	733,451	113,773
	(ii)	0	0	0	0	0	0	0
9 Douglas Bowling, CSO & VP	(i)	0	0	0	0	0	0	0
	(ii)	307,813	151,537	48,591	125,616	23,537	657,094	97,324
10 John Sullivan, VP Operations	(i)	0	0	0	0	0	0	0
	(ii)	223,036	138,268	33,780	165,478	24,286	584,848	43,596
11 Gregory Edwards, VP & General Council	(i)	0	0	0	0	0	0	0
	(ii)	305,134	162,091	34,406	101,834	26,222	629,687	78,247
12 H Douglas Harrison, VP Human Resources (through March)	(i)	0	0	0	0	0	0	0
	(ii)	87,470	136,876	19,853	57,961	868	303,028	41,055
13 Melanie Stith, VP Human Resources (from April)	(i)	0	0	0	0	0	0	0
	(ii)	172,488	29,074	225	18,377	33,296	253,460	0
14 Michael Taylor, CIO & VP (through April)	(i)	0	0	0	0	0	0	0
	(ii)	260,028	137,480	129,168	48,676	12,098	587,450	167,687
15 Melinda Cardell, CIO & VP (from April)	(i)	0	0	0	0	0	0	0
	(ii)	186,433	27,170	1,737	8,242	15,003	238,585	0
16 Carolyn Donohue, VP Nursing / Senior Nurse Exec RHI	(i)	0	0	0	0	0	0	0
	(ii)	193,443	0	16,048	23,420	9,953	242,864	0
17 Pennie Peralta, VP Nursing / Sr Nurse Exec SFX	(i)	169,334	74,959	20,401	51,487	18,395	334,576	46,075
	(ii)	0	0	0	0	0	0	0
18 Mark Dickson, VP Mission	(i)	0	0	0	0	0	0	0
	(ii)	144,128	56,490	3,103	39,581	27,841	271,143	0
19 Todd Shuman MD, VP & CQO	(i)	0	0	0	0	0	0	0
	(ii)	329,692	59,200	387	53,246	16,945	459,470	0

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

(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 in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Wanda Brockmeyer, Director of Emergency Services	(i)	0	0	0	0	0	0	0
	(ii)	150,011	25,916	9,006	9,612	10,706	205,251	0
1 C Scott Ferguson, Director of Material Services	(i)	0	0	0	0	0	0	0
	(ii)	149,392	28,119	3,456	9,355	21,776	212,098	0
2 Susan Oliver, Director of Penop Endo	(i)	0	0	0	0	0	0	0
	(ii)	137,828	23,888	2,583	3,340	3,135	170,774	0
3 Francis Wyckoff Jr, Director of Pharmacy	(i)	0	0	0	0	0	0	0
	(ii)	178,451	34,207	3,609	29,077	12,213	257,557	0
4 Joan Wherley, Director of Imaging Services	(i)	0	0	0	0	0	0	0
	(ii)	148,246	28,438	3,194	26,285	8,391	214,554	0
5 George Khoury MD, Physician	(i)	11,500	0	0	0	0	11,500	0
	(ii)	1,162,483	74,357	15,625	30,526	32,368	1,315,359	0
6 John Steichen MD, Physician	(i)	18,750	0	0	0	0	18,750	0
	(ii)	1,130,582	3,680	18,018	30,526	30,384	1,213,190	0
7 Stephen Rawe MD, Physician	(i)	15,000	0	0	0	0	15,000	0
	(ii)	1,098,125	800	12,185	30,526	18,239	1,159,875	0
8 Morgan Stuart MD, Physician	(i)	17,500	0	0	0	0	17,500	0
	(ii)	736,438	184,967	7,794	30,526	29,582	989,307	0
9 Robert Lowery MD, Physician	(i)	3,500	0	0	0	0	3,500	0
	(ii)	594,511	315,273	11,753	30,526	26,978	979,041	0
10 Peter DiNicola, Dir Plant Eng, (Former Key EE)	(i)	0	0	0	0	0	0	0
	(ii)	198,265	33,150	4,137	13,189	5,845	254,586	0

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2014

Open to Public Inspection

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.

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

Department of the Treasury Internal Revenue Service

Name of the organization Bon Secours-St Francis Xavier Hospital Inc

Employer identification number

57-1067254

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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

Table with 4 columns: (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

Table with 9 columns: (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 Benefiting Interested Persons.

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

Table with 5 columns: (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) Jessica Peralta	Family relationship to Officer Pennie Peralta	52,204	Compensation for employment		No
(2) Kimberly Taylor	Family Relationship to Officer Michael Taylor	26,156	Compensation for employment		No
(3) Patricia Ferguson	Family relationship to key employee Scott Ferguson	63,065	Compensation for employment		No
(4) Leah Brown	Family relationship to Board Chair William Glen Brown	11,684	Compensation for employment		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ 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

2014

Open to Public Inspection

Name of the organization
Bon Secours-St Francis Xavier Hospital Inc

Employer identification number

57-1067254

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Carolinas Healthcare System (CHS), an unrelated organization, provides the compensation of Mr David L Dunlap, CEO, CareAlliance Health Services, Mr Bret D Johnson, CFO, CareAlliance Health Services, and Mr John Sullivan, CEO, Roper St Francis Mt Pleasant Hospital Mr Dunlap and Mr Johnson are employees of CHS and their compensation is paid by CareAlliance Health Services, a related organization, through a management fee to CHS Mr Sullivan is also an employee of CHS, and his compensation is paid through a management fee by Roper St Francis Mt Pleasant Hospital

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	<p>The sole member of the corporation is CareAlliance Health Services, a South Carolina nonprofit, nonstock corporation, d/b/a Roper St Francis Healthcare Carealliance Health Services is in turn governed by a Board of Directors appointed by the "founding members" Please see the response to Line 7a below The bylaws of the organization specify certain qualifications of the thirteen member Board of Directors At least nine directors must have their primary residence in a community served by the system Five directors must be physicians actively engaged in the full time practice of medicine Five of the directors are appointed to the board of directors by virtue of positions held within MSSC, BSHSI and CHS (ex-officio directors) Each of the five ex-officio directors serves as a director of the organization for so long as such person holds his or her respective elected or appointed office in his or her respective founding member organization Directors serve three-year terms and are limited to three consecutive terms After an absence of at least one year, directors are again eligible for appointment to the Board of Directors for two consecutive complete terms</p>

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The organization is governed by a thirteen member Board of Directors appointed by the founding members. Subject to certain nominating and governance committee approvals, six directors are appointed by the Medical Society of South Carolina (MSSC), Bon Secours Health Systems, Inc (BSHSI) and one director is appointed by Carolinas Healthcare Systems (CHS). It is the founding members' intent that the members of the organization's Board of Directors are appointed to such positions because they have a willingness to serve the needs of the system as a whole and not the needs of any individual founding member.

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	<p>The following actions shall require the unanimous affirmative approval of all of the founding members (a) to amend the Articles of Incorporation or the by-laws, including without limitation, any change in the corporation's purposes, provided, however, that, subject to the procedures and voting requirements with respect to the admission of non-founding members, Schedule 3.1 may be amended with the approval of two (2) of the founding members to reflect the admission of a non-founding member, (b) to dissolve or liquidate the corporation and to determine the distribution of assets upon dissolution, (c) to merge or consolidate the corporation or to sell, convey, transfer, lease, or otherwise dispose of all or substantially all of its assets, (d) to appoint the president and chief executive officer of the corporation in a manner other than that established by the by-laws, (e) to alter or amend the corporation's ethical performance standards (defined below), or (f) to enter into any material agreement whereby a third party will (i) become an equity owner in any joint venture with the corporation or any system participant and will not be legally obligated to support the corporation's ethical performance standards, or (ii) manage a substantial part of the facilities, assets, or operations of the system and will not be legally obligated to comply with and support the corporation's ethical performance standards</p>

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The 2014 Form 990 was prepared by an independent accounting firm with assistance and oversight by management. Reviews were then conducted by senior management before drafts were sent to each member of the organization's governing body. A transmittal letter accompanied the drafts and provided highlights of the Form 990 to the organization's Board of Directors. After the governing body approved the Form 990 draft, a final version was filed with the Internal Revenue Service.

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The directors shall complete and return to the secretary an annual statement that each of them (a) has received a copy of the conflict of interest policy, (b) has read and understands the policy, (c) agrees to comply with this policy, (d) understands that the policy applies to all committees, and (e) understands that the organization is a charitable organization and must continuously engage primarily in activities which accomplish one or more of its tax-exempt purposes

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>An independent company, Towers Watson, provides research, advice and guidance to the compensation committee and senior leadership to ensure the organization's compensation programs for executives covered by the "Intermediate Sanctions Legislation" (IRC Section 4958) are aligned with its stated philosophy. Base salaries are targeted at the 50th percentile of the established comparator market, Total cash compensation (base salary plus annual incentive payments) are targeted at the 75th percentile of the established comparator market, Total direct compensation (total cash compensation plus long term incentive payments) will not exceed the 90th percentile of the established comparator market, Benefits are targeted at market median, and in aggregate, base salary, total cash compensation, total direct compensation and benefits comprise total compensation for executives. The compensation committee ensures that executive total compensation is reflective of the organization's stated compensation philosophy. The committee, in this process, authorizes and supports an annual three step process utilizing Towers Watson's resources:</p> <ol style="list-style-type: none"> 1) Salary levels, annual bonus targets/payments and long term incentive grants are compared rigorously each year with market data based on comparable positions and organizations. A. Comparable organizations are typically not-for-profit healthcare systems with similar operating revenues. Private sector employer data, when available, are also included in the analysis for "transferable skills positions". B. Historically, performance incentive payouts generally track with a normal bonus payout distribution. Incentive goals are primarily based on formally defined quantitative goals approved by the ad hoc Compensation Committee of the RSFH Board of Directors. 2) All recommended pay decisions are tested against these data and the organization's stated compensation philosophy. 3) A formal opinion letter is prepared by Towers Watson, representing that senior executives are compensated within the reasonableness standards mandated by the IRS. A similar process is performed by Towers Watson for the CEO and CFO positions. This letter provides a "safe harbor" for the organization's "directors" relative to the reasonableness of total executive compensation consistent with IRC Section 4958.

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	Photocopies of the Form 990 are available upon request at the organization's administrative office. In addition, recent filings of the Form 990 are available online at www.guidestar.org

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The organization's audited financial statements are published annually and are available to the public at www.dacbond.com

Return Reference	Explanation
Form 990, Part IX, Line 1	The majority of the grants expense shown on Page 10 of the 990 is an allocation from the parent company, Carealliance Health Services. All grants meeting disclosure requirements have been listed on Carealliance Health Service's Form 990.

Return Reference	Explanation
Form 990, Part XI, line 9	Pension allocation 1,670,102 Financial statement presentation adjustment -332,999,927 Benefits expense allocation from CAHS -1,264,723

Return Reference	Explanation
Form 990, Part XII, Line 2C	The process has not been changed from the prior year

Return Reference	Explanation
Form 990, Part XI, Line 9, Changes in net assets	Financial Statement Presentation Adjustment - Accounting Standards Update (ASU) 2013-04 required the reclassification of certain assets and liabilities among related entities. These reclasses net to zero when the entities are consolidated. Related Entities include: Care Alliance Health Services - 57-0831165 Roper Hospital, Inc - 57-0828733 Bon Secours - St Francis Xavier - 57-1067254 Roper St Francis Mt Pleasant Hospital - 57-0360499 Roper St Francis Physicians Network - 26-2946628

Return Reference	Explanation
Form 990, Part VII, Line 1	The following board members were compensated for services performed for the organization (or a related organization) not in the capacity of their positions on the board. No board member is compensated for his services as a board member. John M Jordan was compensated by the Medical Society of South Carolina for services as Chief Executive Officer. Stanley Wilson was compensated for medical services rendered to a related organization. Brian Cuddy was compensated for medical services rendered to a related organization. Shannon Honney was compensated for medical services rendered to a related organization. Alison E Dillon was compensated for medical services rendered to the organization. Wills C Geils was compensated for medical services rendered to a related organization.

Return Reference	Explanation
Form 990, Part III	<p>Creating Life Changing Moments in our Community The Roper St Francis 2014 Community Benefit Report Dear Friends, As we look back on the moments that shaped our 2014 community benefit, I am honored to share some of the highlights that reflect our commitment to meeting the priority needs identified in our Community Health Needs Assessment Through this strategic process we are working hard to create a healthier community for all of us In 2014, Roper St Francis gave over \$61 million dollars to our community This represents a \$10 million increase from the previous year This also reflects 7.7% of our net operating revenue, which is a very high percentage, even for not-for-profit community health systems such as Roper St Francis Thank you for your continued support, trust and faith in Roper St Francis Together we are creating life changing moments in our community Sincerely, David L Dunlap, FACHE President and Chief Executive Officer * Roper St Francis uses the Voluntary Hospital Association /Catholic Health Association's standardized community benefit valuation methodology</p>

Return Reference	Explanation
Form 990, Part III	<p>Our Community Benefit \$48,472,773 Charity Care at Cost \$7,620,320 Unreimbursed Medicaid Cost \$4,711,202 Community Outreach Programs \$603,308 Community Investment \$61,407,603 Total Community Benefit Expense In 2014, we provided 52,381 hours of staff time in support of wellness initiatives that touched 87,273 of our neighbors This includes participating in over 100 community healthfairs Community Health Needs Assessment Priorities The following are priorities identified in our recent Community Health Needs Assessment To see the full assessment, visit www.rsfh.com/mission Access to Services and Coverage for the Uninsured and Underinsured The AccessHealth Tri-county Network enrolled over 2,500 clients in 2014, providing patients with care navigation and a primary care medical home assignment AccessHealth believes in quality case management while coordinating with health clinics and organizations Access to Mental Health Services The local Mental Health Task Force has been in existence since 1998, and was created out of a need to better communicate with other agencies serving those with mental health issues From the beginning, Roper St Francis has been involved by contributing to the conversation and action steps Maternal and Child Health/Infant Mortality Roper St Francis provides the Our Lady of Mercy Outreach Center Prenatal Clinic on Johns Island and also recently opened the Maternal Fetal Medicine Clinic for high-risk pregnancies Prevention and Wellness Outreach From employee focused Wellness Works programs to community-based programs like Families for a Healthy Heart, to supporting urban gardening in areas without available and affordable healthy foods, Roper St Francis is a leader in prevention and wellness outreach High Prevalence of Chronic Disease We are implementing programs through our Physician Partners and beyond to diagnose, treat and control diabetes and obesity Recognizing the need for more access for the uninsured, we opened the "Transitions" or "Gap Clinic" These programs have been successful in assisting people who may not have seen a healthcare provider in years Coordination of Care across Settings With more emphasis on the outpatient setting, Roper St Francis has developed some of the best home health and hospice care services in the country based on our quality measures and comparative scores Roper Rehab Hospital In 2014, Roper Rehabilitation Hospital served 55 patients who did not have insurance coverage These patients ranged in age from 19 to 83 with an average age of 50, and their diagnoses included stroke, spinal cord injury, brain injury and amputation The average length of stay was 25.31 days Medication Support Bon Secours St Francis Hospital participates in the 340 B Drug Discount Program, a federal program that requires pharmaceutical makers to provide outpatient drugs to eligible healthcare organizations or covered entities, allowing them to optimize federal resources and reach more eligible patients, maximizing comprehensive services to unfunded patients Partners for Community Roper St Francis partners with several local agencies, such as those below, to assist and grow our community One80 Place, formally called Crisis Ministries, opened its new shelter and service center in 2014, with an expanded health clinic that was funded by the Medical Society of South Carolina while also receiving program and in-kind support from Roper St Francis Metanoia serves in the poorest section of the Tricounty area, providing housing, education and community development support Research has shown a link between poverty and healthcare issues Water Missions International provides water purification systems throughout the world in places most in need due to poverty and natural disasters Trident United Way has energized Roper St Francis employees for years to show their enormous support for our community In 2014, we raised over \$320,000 Roper St Francis Every Moment Matters www.rsfh.com</p>

Return Reference	Explanation
Form 990, Page 11, Part X, Line 20	Tax-exempt bonds are reported on CareAlliance Health Services (the parent organization) Form 990, Schedule K. Tax-exempt bond liabilities are issued to the parent entity and allocated among the subsidiary entities for financial reporting purposes.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2014

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Bon Secours-St Francis Xavier Hospital Inc

Employer identification number

57-1067254

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) Neurosciences Resonance Imaging Center LLC 1483 Tobias Gadson Blvd 101 Charleston, SC 29407	Inactive	SC	0	0	Bon Secours-St Francis Xavier Hospital

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
(1) CareAlliance Health Services 1483 Tobias Gadson Blvd 101 Charleston, SC 29407 57-0831165	Healthcare	SC	501(c)(3)	Line 3	N/A		No
(2) Roper Hospital Inc 1483 Tobias Gadson Blvd 101 Charleston, SC 29407 57-0828733	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(3) Roper St Francis Mt Pleasant Hospital 1483 Tobias Gadson Blvd 101 Charleston, SC 29407 57-0360499	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(4) Roper St Francis Hospital - Berkeley 125 Doughty Street 720 Charleston, SC 29403 26-3710229	Healthcare (future)	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(5) Roper St Francis Physicians Network 125 Doughty Street 760 Charleston, SC 29403 26-2946628	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(6) Roper St Francis Foundation 125 Doughty Street 760 Charleston, SC 29403 57-1068509	Supporting Org	SC	501(c)(3)	Line 11a, I	CareAlliance Health Services		No
(7) The Medical Society of South Carolina 69-B Barre Street Charleston, SC 29401 57-0288358	Supporting Org/Founding Member	SC	501(c)(3)	Line 11c, III-FI	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate 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	
(1) Lowcountry Surgery Center LLC (dba Roper St Francis Eye Surgery Center) 1483 Tobias Gadson Blvd 101 Charleston, SC 29407 58-1693021	Ambulatory Surgery Center	SC	N/A									

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
(1) Carealliance Medical Services Organization 225 Doughty Street Charleston, SC 29403 57-1012837	Inactive	SC	N/A	C					No

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

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 organization 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
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f		No
1g		No
1h		No
1i	Yes	
1j		No
1k		No
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s	Yes	

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

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) Disproportionate 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: 57-1067254
Name: Bon Secours-St Francis Xavier Hospital 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) CareAlliance Health Services 1483 Tobias Gadson Blvd 101 Charleston, SC 29407 57-0831165	Healthcare	SC	501(c)(3)	Line 3	N/A		No
(1) Roper Hospital Inc 1483 Tobias Gadson Blvd 101 Charleston, SC 29407 57-0828733	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(2) Roper St Francis Mt Pleasant Hospital 1483 Tobias Gadson Blvd 101 Charleston, SC 29407 57-0360499	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(3) Roper St Francis Hospital - Berkeley 125 Doughty Street 720 Charleston, SC 29403 26-3710229	Healthcare (future)	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(4) Roper St Francis Physicians Network 125 Doughty Street 760 Charleston, SC 29403 26-2946628	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
(5) Roper St Francis Foundation 125 Doughty Street 760 Charleston, SC 29403 57-1068509	Supporting Org	SC	501(c)(3)	Line 11a, I	CareAlliance Health Services		No
(6) The Medical Society of South Carolina 69-B Barre Street Charleston, SC 29401 57-0288358	Supporting Org/Founding Member	SC	501(c)(3)	Line 11c, III-FI	N/A		No