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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)

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at *www IRS gov/form990*

OMB No 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 09-01-2015 , and ending 08-31-2016

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Bon Secours Health System Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
8990 Old Annapolis Road

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

D Employer identification number
52-1301088

E Telephone number
(410) 442-5511

G Gross receipts $ 315,188,749

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ bonsecours com

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

L Year of formation 1983

M State of legal domicile MD

Part I Summary

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

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	1,098
6	Total number of volunteers (estimate if necessary)	**6**	19
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	595,046
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	496,807

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,663	0
9	Program service revenue (Part VIII, line 2g)	229,681,336	278,260,659
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,125,550	2,573,196
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,435,200	31,855,094
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	293,245,749	312,688,949
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,727,350	5,405,139
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)	143,438,041	168,270,913
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	232,070,856	161,290,590
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	392,236,247	334,966,642
19	Revenue less expenses Subtract line 18 from line 12	-98,990,498	-22,277,693

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,299,722,360	1,288,224,190
21	Total liabilities (Part X, line 26)	1,293,179,357	1,316,856,033
22	Net assets or fund balances Subtract line 21 from line 20	6,543,003	-28,631,843

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2017-07-10

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
John W Sadoff Jr	John W Sadoff Jr			P00540589

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code See Additional Data)	(Expenses $	297,335,765	including grants of $	5,405,139) (Revenue $	288,629,948)
4b	(Code See Additional Data)	(Expenses $	5,202,741	including grants of $	) (Revenue $	288,113)
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 ▶**		302,538,506			

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	317		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	1,098		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				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?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			Yes	
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	
b	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.*)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		No

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Laura Ellison 8990 Old Annapolis Road Columbia, MD 21045 (443) 367-3835

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			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								16,849,682	0	1,702,613

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 ▶ 356

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
Shiftwise PO Box 70870 St Paul, MN 55170	Staffing Support	14,378,124
Infor PO Box 1450 Minneapolis, MN 55485	Consulting Services	2,394,459
Sunquest Information Sys Inc PO Box 75214 Charlotte, NC 28275	IT Maintenance Services	2,375,354
American Well Corporation 75 State Street 26th Floor Boston, MA 02109	TeleHealth Services	2,125,750
Deloitte Consulting LLP 200 Berkeley Street Boston, MA 02116	Consulting Services	2,105,135

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 ▶ 179

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f				
	g	Noncash contributions included in lines 1a-1f $				
	h	**Total.** Add lines 1a-1f . . . . . ▶				
Program Service Revenue		Business Code				
	2a	Corp Mgmt & IS Fees 900099	255,696,090	255,696,090		
	b	Charity Service Fees 900099	22,276,456	22,276,456		
	c	Acc Care Org - Reimb 900099	288,113	288,113		
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	278,260,659			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,647,259			3,647,259
	4	Income from investment of tax-exempt bond proceeds . . ▶				
	5	Royalties . . . . . ▶				
		(i) Real / (ii) Personal				
	6a	Gross rents: 11,286,432				
	b	Less rental expenses: 1,425,737				
	c	Rental income or (loss): 9,860,695				
	d	Net rental income or (loss) . . . . . ▶	9,860,695		-122,367	9,983,062
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses: 1,074,063				
	c	Gain or (loss): -1,074,063				
	d	Net gain or (loss) . . . . . ▶	-1,074,063			-1,074,063
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . . ▶				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . . . ▶				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . . ▶				
		Miscellaneous Revenue / Business Code				
	11a	Rebates & Billings 900099	12,507,453			12,507,453
	b	Premier & Other Pships 900099	10,941,571	10,657,402	284,169	
	c	Interest from Bonds 900099	1,841,910			1,841,910
	d	All other revenue	-3,296,535		433,244	-3,729,779
	e	**Total.** Add lines 11a–11d . . . . . ▶	21,994,399			
	12	**Total revenue.** See Instructions . . . . . ▶	312,688,949	288,918,061	595,046	23,175,842

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	5,405,139	5,405,139		
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	8,269,244	7,442,319	826,925	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	129,469,267	116,522,340	12,946,927	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,672,026	3,304,823	367,203	
9 Other employee benefits	19,345,062	17,410,556	1,934,506	
10 Payroll taxes	7,515,314	6,763,783	751,531	
11 Fees for services (non-employees)				
a Management				
b Legal	653,680	588,312	65,368	
c Accounting	1,729,929	1,556,936	172,993	
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)				
12 Advertising and promotion	624,540	562,086	62,454	
13 Office expenses	4,323,749	3,891,374	432,375	
14 Information technology	44,949,178	40,454,260	4,494,918	
15 Royalties				
16 Occupancy	8,500,906	7,650,815	850,091	
17 Travel	4,216,876	3,795,188	421,688	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,487,224	2,238,502	248,722	
20 Interest	6,293,922	6,293,922		
21 Payments to affiliates	6,218,662	5,596,796	621,866	
22 Depreciation, depletion, and amortization	43,331,318	38,998,186	4,333,132	
23 Insurance	197,358	177,622	19,736	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Purchased Services	35,977,328	32,379,595	3,597,733	
b Recruitment	1,004,526	904,073	100,453	
c Professional Dues	587,440	528,696	58,744	
d Federal Income Tax	112,640		112,640	
e All other expenses	81,314	73,183	8,131	
25 **Total functional expenses.** Add lines 1 through 24e	334,966,642	302,538,506	32,428,136	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	1,448,457	1	
	2	Savings and temporary cash investments	67,909,390	2	45,613,262
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	14,035,760	4	5,952,709
	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	51,700	7	14,437
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	20,277,519	9	11,583,178
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 466,899,071			
	b	Less accumulated depreciation — 10b: 279,450,894	193,652,045	10c	187,448,177
	11	Investments—publicly traded securities	161,508,160	11	194,242,973
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	231,760,761	13	214,147,912
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	609,078,568	15	629,221,542
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,299,722,360	16	1,288,224,190
Liabilities	17	Accounts payable and accrued expenses	111,575,016	17	119,697,018
	18	Grants payable		18	
	19	Deferred revenue	74,822,407	19	86,173,294
	20	Tax-exempt bond liabilities	822,224,366	20	794,173,742
	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	15,564,069	23	13,678,319
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	268,993,499	25	303,133,660
	26	**Total liabilities.** Add lines 17 through 25	1,293,179,357	26	1,316,856,033
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,543,003	27	-28,631,843
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	6,543,003	33	-28,631,843
	34	Total liabilities and net assets/fund balances	1,299,722,360	34	1,288,224,190

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	312,688,949
2	Total expenses (must equal Part IX, column (A), line 25)	2	334,966,642
3	Revenue less expenses Subtract line 2 from line 1	3	-22,277,693
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,543,003
5	Net unrealized gains (losses) on investments	5	2,621,292
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	-15,518,445
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-28,631,843

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 52-1301088

Name: Bon Secours Health System Inc

Form 990, Part III, Line 4a

4a (Code) (Expenses $ 297,335,765 including grants of $ 5,405,139) (Revenue $ 288,629,948)

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

Form 990, Part III, Line 4b

4b	(Code	) (Expenses $	5,202,741	including grants of $	) (Revenue $	288,113)	

Bon Secours Good Helpcare, LLC d b a Good Help ACO, is an Accountable Care Organization (ACO) that received approval from the Centers for Medicare and Medicaid Services (CMS) to participate in the Medicare Shared Savings Program (MSSP), effective January 1, 2013 Part of the Affordable Care Act of 2010, the MSSP is intended to facilitate cooperation among health care providers for the coordination of care for Medicare Fee-for-Service beneficiaries The goal of coordinated care is to ensure the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors Good Help ACO is designed to allow participating providers to provide appropriate coordinated care at a time when it is needed and in a setting that is both convenient and appropriate

Form 990, Part III, Line 4c

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

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			
Chris Allen Board Member (Sep-Dec)	4 00 0 00	X						400	0	0
Richard Blair Board Member	4 00 0 00	X						400	0	0
Denise Brooks-Williams Board Member (Jan-Aug)	3 00 0 00	X						0	0	0
Charles Brown III Chairman	13 00 2 00	X		X				50,400	0	0
Sr Elaine Davia Board Member	46 00 4 00	X						400	0	0
Marcia Dush Board Member	3 00 0 00	X						400	0	0
Stephanie Ferguson PhD Board Member	3 00 0 00	X						400	0	0
David Jimenez Board Member	4 00 0 00	X						400	0	0
Clarion Johnson MD Board Member (Jan-Aug)	3 00 0 00	X						0	0	0
Gerard Kells Board Member	3 00 0 00	X						400	0	0

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			
Robert Kuramoto MD Board Member	4 00 0 00	X						400	0	0
Peter Maddox Board Member	3 00 0 00	X						400	0	0
Jennifer O'Brien Board Member	4 00 0 00	X						0	0	0
Dina Richard Board Member (Jan-Aug)	3 00 0 00	X						0	0	0
Susan Sandlund PhD Board Member	5 00 0 00	X						400	0	0
Donald Seitz MD Board Member (Sep-Dec)	3 00 0 00	X						400	0	0
Sr Mary Shimo Board Member	3 00 3 00	X						400	0	0
Richard Statuto President/CEO	50 00 0 00	X		X				2,652,445	0	544,556
Sr Alice Talone Board Member	3 00 0 50	X						400	0	0
Carol Taylor PhD Board Member	3 00 0 00	X						3,333	0	0

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			
Janice Burnett Treasurer / CFO	48 00 2 00			X				994,803	0	127,505
Martha Riva JD Secretary / SVP Governance	47 50 2 50			X				730,674	0	85,632
Timothy Davis EVP, CHRAO	46 00 4 00				X			1,652,431	0	96,308
Marlon Priest MD EVP, CMO	50 00 0 00				X			1,484,428	0	37,981
Laishy Williams-Carlson SVP, CIO	50 00 0 00				X			545,883	0	70,119
Mark Nantz EVP, Strategy & Growth	50 00 0 00					X		1,292,681	0	127,721
Matthew Toddy EVP, Legal Affairs	50 00 0 00					X		1,161,344	0	162,958
Samuel Ross MD EVP, CEO - BHS	12 50 37 50					X		1,153,509	0	95,732
Michael Kerner CEO - HRHS	0 10 49 90					X		1,121,910	0	124,973
Toni Ardabell CEO - VA	0 10 49 90					X		1,046,319	0	74,999

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			
Lawrence Hubbard Former Key Employee	0 00 5 00						X	697,288	0	32,216
Peter Bernard Former Highest Paid Employee	0 00 0 00						X	2,257,034	0	121,913

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

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 331/3% 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 331/3% 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 32

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 (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total32					618,657,099	

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2014 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2015.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2014.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2015.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2014.** 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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2015** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2014** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2015.** 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—2014.** 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*	1	Yes	
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)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
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*	3b		
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*	3c		
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*	4a		No
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*	4b		
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*	4c		
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)*	5a	Yes	
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6	Yes	
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)*	7		No
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)*	8		No
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.***	9a		No
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.***	9b		No
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.***	9c		No
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*	10a		No
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)*	10b		
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?	11a		No
b	A family member of a person described in (a) above?	11b		No
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*	11c		No

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

		Yes	No
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*	1		
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*	2		

Section C. Type II Supporting Organizations

		Yes	No
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)*	1		

Section D. All Type III Supporting Organizations

			Yes	No
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?	1	Yes	
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)*	2	Yes	
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*	3	Yes	

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).

			Yes	No
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*	2a	Yes	
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*	2b	Yes	
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*	3a	Yes	
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*	3b	Yes	

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

1 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 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) ☐

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

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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2016.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 5a	The following organizations were added to the listing of supported organizations for the r easons provided below All actions were accomplished through the applicable Board of Direc tors' approvals Added Bon Secours Health System Foundation, Inc 47-4765376, Newly creat ed organization Chesapeake Medical Group 54-1857174, This organization was previously cla ssified as a 509(a)(3) organization The classification was updated to a 509(a)(2) during the fiscal year The entity meets all other criteria to be reported as a supported organiz ation Subtracted The following organizations were substrated from the listing of support ed organizations because an unrelated nonprofit entity acquired a majority membership inte rest in Bon Secours Charity Health System, a nonprofit corporation which is the parent tha t controls the selection of directors of these organizations Good Samaritan Hospital of S uffern, NY 13-1740104 Bon Secours Charity Health System Medical Group, PC 22-3636986 Bon S ecours Community Hospital 14-1347717 Good Samaritan Foundation For Better Health, Inc 13-3400353 St Anthony Community Hospital, Warwick, New York 14-1340100 St Francis Center at the Knolls, Inc 06-1370576 The Bon Secours Warwick Health Foundation 14-1972807 Villa Fr ances at the Knolls, Inc 06-1381994

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 6	The filing organization did provide support in the form of grants and other assistance to organizations other than their supported organizations The organization regularly provide s financial support to charitable and religious organizations with similar tax exempt purp oses

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section D, Line 3	The filing organization maintains a close and continuous working relationship with the Sis ters of Bon Secours in the United States because members of the order serve on its board a nd because the Congregation is the founding and participating entity in the filing organiz ation's canonical sponsor The filing organization maintains a close and continuous workin g relationship with its other supported organizations through the Governance Steering Comm ittee, which is comprised of the BSHSI Board Chair, BSHSI President/CEO, and the Board Cha irs, Board Presidents, and CEOs of each local system The committee meets quarterly to bri ng together governance leadership throughout the system for education, sharing and working toward governance best practices The local board chairs and presidents also meet with th e BSHSI Board Chair in executive session at each meeting The supported organizations have a significant voice in the use of the filing organization's income and assets Representa tives of the supported organizations have clear channels of communication to relay to the filing organization's staff and leadership the resources they want and need in order to ca rry out their operations in furtherance of their shared health care mission Supported org anizations communicate their needs through the annual budget approval process and through ad hoc requests as needs arise The filing organization's staff and leadership take accoun t of the information they receive from the supported organizations in developing budgets a nd proposed allocations of resources to be presented to the filing organization's Board fo r debate and approval

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section E, Line 2a	Substantially all of the filing organization's activities directly furthered the exempt pu rposes of the Sisters of Bon Secours in the United States and the other supported organiza tions because the activities were all carrying out the shared health care mission of the B on Secours Health System The filing organization developed system-wide policies, provided services such as electronic health records system maintenance, procurement, accounting, a nd legal to support the delivery of health care to the communities served and to enable th e Sisters of Bon Secours to carry out their faith-based health care mission consistently a nd effectively across the system

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section E, Line 2b	The filing organization's supported organizations would have engaged in the filing organiz ation's activities but for the filing organization's involvement because the functions and services performed by the filing organization are all important to sound operations that deliver quality health care that is compliant with legal and regulatory requirements and t he faith-based mission of the Bon Secours Health System

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section E, Line 3a	The filing organization had the power to appoint or elect a majority of the officers and directors of its supported organizations, other than the Sisters of Bon Secours of the United States, which has the authority, through its relationship with the filing organization's sole member, to appoint the board of the filing organization The filing organization exercises this power through its control over the parent entities of the local health systems which in turn have control over the supported organizations

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section E, Line 3b	The supported organizations are subject to the general supervision or control of filing or ganization Per the governing documents of each of the supported organizations, the filing organization has the power to approve strategic plans, capital budgets, operating budgets , as well as change the philosophy, objectives or purposes of the organizations

Additional Data

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

Form 990, Sch A, Part I, Line 11g - 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		
(A) Bon Secours Hospital Baltimore Inc	521909599		Yes		11,773,263	0
(A) Bon Secours Housing Inc	521442707		Yes		0	0
(B) Bon Secours Housing II Inc	521543174		Yes		0	0
(C) Bon Secours of Maryland Foundation Inc	521732800		Yes		632,668	0
(D) Unity Properties Inc	521857768		Yes		0	0
(E) Bon Secours DePaul Health Foundation	541843876		Yes		190,350	0
(F) Bon Secours DePaul Medical Center Inc	541820093		Yes		14,312,610	0
(G) Bon Secours Maryview Foundation	521694731		Yes		51,000	0
(H) Bon Secours Maryview Nursing Care Center	521578169		Yes		99,993	0
(I) Maryview Hospital	540506463		Yes		56,103,751	0
(J) Mary Immaculate Hospital Incorporated	540548200		Yes		5,209,081	0
Mary Immaculate (K) Nursing Center Inc	541516476		Yes		92,207	0
(L) Bellefonte Physician Services Inc	352320780		Yes		16,954,264	0
(M) Bon Secours Kentucky Health System Foundation Inc	611381952		Yes		155,250	0
(N) Our Lady of Bellefonte Hospital Inc	611356023		Yes		16,873,521	0

Form 990, Sch A, Part I, Line 11g - 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		
Frances Schervier (P) Home and Hospital	131740397		Yes		5,795,017	0
Schervier Housing Development Fund (A) Corporation	133098867		Yes		0	0
(B) Bon Secours Memorial Regional Medical Center Inc	541744931		Yes		12,165,710	0
(C) Bon Secours Richmond Community Hospital Incorporated	540647482		Yes		2,011,998	0
(D) Bon Secours Richmond Health Care Foundation	541201346		Yes		1,395,613	0
(E) Bon Secours St Francis Medical Center Inc	311716973		Yes		8,397,883	0
(F) Bon Secours St Marys Hospital of Richmond Inc	540793767		Yes		95,292,463	0
(G) Chesapeake Hospital Corporation	237424835		Yes		18,836,110	0
(H) Bon Secours St Francis Health System Foundation Inc	260012031		Yes		0	0
(I) St Francis Hospital Inc	582504530		Yes		40,000	0
(J) Bon Secours Maria Manor Nursing Care Center Inc	650061820		Yes		346,417,066	0
(K) Bon Secours St Petersburg Home Care Services Inc	134334363		Yes		1,709,798	0
(L) Bon Secours Health System Foundation Inc	474765376		Yes		0	0
(M) Congregation of Bon Secours of Paris Incorporated	453662533		Yes		0	0
(N) Sisters of Bon Secours of the US Incorporated	520715234		Yes		10,000	0

Form 990, Sch A, Part I, Line 11g - 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)	Amount of other support (see (vi) instructions)
			Yes	No		
(AE) Chesapeake Medical Group	541857174		Yes		84,680	0
(A) Rappahannock General Hospital Foundation Inc	541210450		Yes		4,052,803	0

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on 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*.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on 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

			Amount
b	If "Yes," explain the arrangement in Part XIII and complete the following table		
c	Beginning balance	1c	
d	Additions during the year	1d	
e	Distributions during the year	1e	
f	Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, 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	b (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 on 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" on 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)	Accumulated (c)depreciation	(d)Book value
1a Land		11,241,726		11,241,726
b Buildings		62,225,916	7,584,778	54,641,138
c Leasehold improvements		2,101,535	1,420,496	681,039
d Equipment		371,949,252	270,045,620	101,903,632
e Other		19,380,642	400,000	18,980,642
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				187,448,177

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Inv in Roper St Francis	96,073,830	C
(2) Inv in Charity Health System	52,163,663	C
(3) Community Programs Loans	23,862,762	C
(4) Inv in Premier	9,963,261	C
(5) Inv in Innovation Institute	10,169,403	C
(6) Inv in Memorial Regional Med Center	9,238,222	C
(7) Inv in Mary Immaculate Hospital JV	9,202,344	C
(8) Inv in Shannon Premiums Amort	1,974,427	C
(9) Inv in Envera	1,500,000	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	214,147,912	

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

(a) Description	(b) Book value
(1) Due from Affiliates	527,896,865
(2) HPL/GL Asset	47,282,197
(3) Ground Lease & Amortization	18,616,619
(4) Actuarial Value of Excess Recoverables	14,861,831
(5) Rebates Receivable	7,220,316
(6) BSHSI Cyber A/R	6,500,000
(7) Capital Accumulation	4,963,649
(8) Rent Receivable	346,041
(9) Other Miscellaneous Assets	1,534,024
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* . . . . . ▶	629,221,542

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

1. (a) Description of liability	(b) Book value
Federal income taxes	
Pension Liability	138,504,806
Worker's Comp Liability	62,099,668
Due to Affiliates	49,743,960
HPL/GL Liability	47,282,197
Charity WMC Deposit	3,700,000
Capital Lease	915,336
Unclaimed Property	750,000
MOB Deferred Costs & Other	137,693
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	303,133,660

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

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

Complete if the organization answered 'Yes' on 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' on 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
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Form 990, Schedule D, Part VIII - Investments Program Related

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Inv in Roper St Francis	96,073,830	C
(2)Inv in Charity Health System	52,163,663	C
(3)Community Programs Loans	23,862,762	C
(4)Inv in Premier	9,963,261	C
(5)Inv in Innovation Institute	10,169,403	C
(6)Inv in Memorial Regional Med Center	9,238,222	C
(7)Inv in Mary Immaculate Hospital JV	9,202,344	C
(8)Inv in Shannon Premiums Amort	1,974,427	C
(9)Inv in Envera	1,500,000	C

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
(1) Due from Affiliates	527,896,865
(2) HPL/GL Asset	47,282,197
(3) Ground Lease & Amortization	18,616,619
(4) Actuarial Value of Excess Recoverables	14,861,831
(5) Rebates Receivable	7,220,316
(6) BSHSI Cyber A/R	6,500,000
(7) Capital Accumulation	4,963,649
(8) Rent Receivable	346,041
(9) Other Miscellaneous Assets	1,534,024

Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
Pension Liability	138,504,806
Worker's Comp Liability	62,099,668
Due to Affiliates	49,743,960
HPL/GL Liability	47,282,197
Charity WMC Deposit	3,700,000
Capital Lease	915,336
Unclaimed Property	750,000
MOB Deferred Costs & Other	137,693

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Schedule D, Part X, Line 2 requires that the organization provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under ASC 740 ASC 740 addresses the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return The adoption of ASC 740 by BSHSI on September 1, 2007 did no t have a material impact on BSHSI's consolidated financial statements As the organization does not conduct a separate audit of its financial statements, below is the related state ment from the Bon Secours Health System, Inc consolidated audited financial statements T he System and most of its subsidiaries (including certain joint venture entities) are exem pt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended The system accounts for uncertain tax positions in accordance with ASC Topic 740, Income Taxes The System's taxable subsidiaries had approximately $89,895 and $84,748 of net operating loss carryforwards as of August 31, 2016 and 2015, respectively, which e xpire in varying periods through 2036 and are available to offset future taxable income T he System accounts for income taxes under the asset and liability method Under this metho d, deferred tax assets and liabilities are recognized for the estimated future tax consequ ences attributable to differences between the financial statement carrying amounts of exis ting assets and liabilities and their respective tax bases Deferred tax assets and liabil ities are measured using enacted tax rates expected to be in effect during the year in whi ch those temporary differences are expected to be recovered or settled The effect on defe rred tax assets and liabilities of a change in tax rates is recognized in income in the pe riod that includes the enactment date Income tax liabilities are recorded for the impact of positions taken on income tax returns, which management believes are not more likely th an not to be sustained on tax audit Interest and penalties related to income taxes are ac counted for as income tax expense The System's deferred tax assets are fully reserved at August 31, 2016 and 2015 as the System considers it more likely than not that these amount s will not be recognized

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I General Information on Activities Outside the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

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

	(a) Region	**(b)** Number of offices in the region	**(c)** Number of employees, agents, and independent contractors in region	**(d)** Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	**(e)** If activity listed in (d) is a program service, describe specific type of service(s) in region	**(f)** Total expenditures for and investments in region
(1)	Central America & the Caribbean	1	0	Program Services	Off-Shore Captive Management	8,045,534
(2)	Central America & the Caribbean	0	0	Program Services	Support of Medical Clinic	325,933
(3)						
(4)						
(5)						
3a	Sub-total	1	0			8,371,467
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	1	0			8,371,467

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1	**(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)
(1)			Central America and the Caribbean	Madre De Crisco in Trujillo Peru Clinic	325,933	Wire Transfer			
(2)									
(3)									
(4)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 1

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*	☑ Yes	☐ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)*	☐ Yes	☑ No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, Line 2	Grantees submit progress reports on the anniversary date on w hich the grant w as received The evaluation report includes 1) progress tow ard the deployment of the stated goals and objectives, 2) progress tow ards the achievement of desired outcome as demonstrated by Proj ect Work Plan, 3) an accurate accounting of the revenue and expenses and the amount of the mission fund aw ard expensed, and 4) a summary past, current and future funding sources an d efforts to secure sustaining sources of funding

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 39

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

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

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

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

Additional Data

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

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Bon Secours of Maryland Foundation Inc (dba Bon Secours Community Wor 26 North Fulton Avenue Baltimore, MD 21223	52-1732800	501(C)(3)	45,000				Community Works Youth Programming Strategic Plan
The Bon Secours of Maryland Foundation Inc (dba Bon Secours Community Wor 26 North Fulton Avenue Baltimore, MD 21223	52-1732800	501(C)(3)	100,000				Working Families Initiative
Bon Secours Hospital Baltimore Inc 2000 West Baltimore Street Baltimore, MD 21223	52-0591555	501(C)(3)	245,050				Lease Buyouts

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours DePaul Health Foundation 7007 Harbour View Blvd Suffolk, VA 23435	54-1843876	501(C)(3)	40,000				Community Passport to Healthy Teen Engagement
Bon Secours DePaul Health Foundation 7007 Harbour View Blvd Suffolk, VA 23435	54-1843876	501(C)(3)	15,350				Community Store House Pantry
Mary Immaculate Hospital 7007 Harbour View Blvd Suffolk, VA 23435	54-0548200	501(C)(3)	33,650				Health, Education and Literacy (HEAL)

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Maryview Foundation 7007 Harbour View Blvd Suffolk,VA 23435	52-1694731	501(C)(3)	51,000				Psychiatric Nurse Practitioner and Foundation Clinic
Bon Secours Richmond Health Care Foundation 8580 Magellan Parkway Richmond,VA 23227	54-1201346	501(C)(3)	65,000				Bridging the Digital Divide
Bon Secours Richmond Health Care Foundation 8580 Magellan Parkway Richmond,VA 23227	54-1201346	501(C)(3)	75,000				Employee Assistance Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Richmond Health Care Foundation 8580 Magellan Parkway Richmond,VA 23227	54-1201346	501(C)(3)	100,000				Urban Agricultural Certification
Memorial Regional Medical Center Inc 8580 Magellan Pkwy Richmond,VA 23227	54-1744931	501(C)(3)		95,627	Book Value	Medical Equipment	Medical Equipment/Pyxis
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg,FL 33716	65-0061820	501(C)(3)	43,000				Diabetes Access Monitoring Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	10,000				FAB Families
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	20,000				Healthy Bucs
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	7,000				Healthy Food Options for Expectant Mothers

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	20,000				Maintaining Independent Living for Vulnerable Seniors
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	11,000				St Petersburg and Pinellas County Housing Need Assessment
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	10,000				The Fruit and Vegetable Prescription Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	10,000				The Healing Gardens at CASA
Good Samaritan Hospital of Suffern NY 255 Lafayette Avenue Suffern, NY 10901	13-1740104	501(C)(3)	100,000				Garden Ministry
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	41,600				Community Garden Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	39,995				Continuing Health Community Initiative
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	40,000				Garden and Nutrition Program Kingsbridge Heights Community Center
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	33,400				Increase Access to Fresh Produce

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	25,000				Mental Health Outreach Worker
Bon Secours Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	30,000				Bellefonte Women's Center Rural Health Initiative
Bon Secours Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	37,250				Community Partners Dental Program

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	50,000				FIT Families Facing It Together
Bon Secours Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	7,000				Human Traffic Resource Coalition
Bon Secours Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	21,000				Ironton OH Community

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Kentucky Health System Foundation Inc 1000 Ashland Drive Ashland, KY 41101	61-1381952	501(C)(3)	10,000				Lawrence County OH ~ Healthy Weight Program
St Francis Hospital Inc One St Francis Drive Greenville, SC 29601	58-2504530	501(C)(3)	72,705				Healthy Communities Navigator
Bon Secours St Francis Health System Foundation One St Francis Drive Greenville, SC 29601	26-0012031	501(C)(3)	10,000				Young Life Transportation Initiative

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Francis Hospital Inc One St Francis Drive Greenville, SC 29601	58-2504530	501(C)(3)		209,130	Book Value	Medical Equipment	Medical Equipment/Pyxis
St Francis Hospital Inc One St Francis Drive Greenville, SC 29601	58-2504530	501(C)(3)	731,400				Lease Buyouts
Roper St Francis Health System 315 Calhoun St Charleston, SC 29601	57-1068509	501(C)(3)	100,000				Access Tri County Health Network

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Roper St Francis Health System 315 Calhoun St Charleston,SC 29601	57-1068509	501(C)(3)	50,000				Continuing Access to Breast Screening
American Hospital Assocation PO Box 75315 Chicago,IL 60675	36-0726140	501(C)(3)	25,000				Assn for Community Health Improvement Conference Sponsorship
Catholic Medical Mission Board 1129 20th Street NW Washington,DC 20036	13-5602319	501(C)(3)	570,000				1st 1000 Days Program in Peru

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville,MD 21104	52-0715237	501(C)(3)	72,818				FY16 Volunteer Ministry Program
Mercy Housing 1999 Broadway Denver,CO 80202	47-0646706	501(C)(3)	25,000				Strategic Healthcare Partnership Initiave
Crossover Healthcare Ministries 8600 Quioccasin Rd Ste 102 Richmond,VA 23229	54-1371067	501(C)(3)	5,000				Board Member Donations Outgoing Members Allen Seitz

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Midwives for Haiti 7130 Glen Forest Drive Richmond, VA 23226	27-2368581	501(C)(3)	100,000				Midwives for Haiti Work
Sisters of Bon Secours USA Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	11,862				Peru Construction
Roper St Francis Health System 315 Calhoun St Charleston, SC 29601	57-1068509	501(C)(3)	50,000				SC Flood Relief

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	7,500				Gala Celebrate the Graceful Ar of Senior Care
Sisters of Charity Incarnation Word 4503 Broadway San Antonio, TX 78209	74-1676917	501(C)(3)	50,000				Chimbote Peru Work
Sisters Academy of Baltimore 139 First Avenue Baltimore, MD 21227	34-1975939	501(C)(3)	25,000				Academic Support 2015-2016 School Year

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Roper St Francis Health System 315 Calhoun St Charleston, SC 29601	57-1068509	501(C)(3)	62,567				SC Donation Red Cross
Roper St Francis Health System 315 Calhoun St Charleston, SC 29601	57-1068509	501(C)(3)	1,667				SC Relief
Global Smile Foundation 28 Martingale Lane Westwood, MA 02090	26-2668127	501(C)(3)	25,000				Global Smile Donation

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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Crossover Healthcare Ministries 8600 Quioccasin Rd Ste 102 Richmond,VA 23229	54-1371067	501(C)(3)	5,000				Board Member Donations Outgoing Members Allen Seitz
North Rosedale Park Civic Association 18445 Scarsdale Detroit,MI 48223	38-0882424	501(C)(3)	2,500				Board Member Donations Outgoing Members Allen Seitz
Cooalition on Temporary Shelter 26 Peterboro Detroit,MI 48201	38-2420565	501(C)(3)	2,500				Board Member Donations Outgoing Members Allen Seitz

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters Academy of Baltimore 139 First Avenue Baltimore, MD 21227	34-1975939	501(C)(3)	5,600				Block Party at the Park
Catholic Charities USA 2050 Ballenger Ave Alexandria, VA 22314	53-0196620	501(C)(3)	50,000				Midwest & Southern Emergency
Sisters of Charity of St Elizabeth PO Box 476 Convent Station, NJ 079610476	22-1487343	501(C)(3)	3,000				Journal Ad Harvest Festival

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Red Cross 420 East Cary Street Richmond,VA 23218	53-0196605	501(C)(3)	25,000				VA Tornado Relief
United Way of South Hampton Roads PO Box 41069 Norfolk,VA 23541	54-0506322	501(C)(3)	25,000				Community Data Portal Partnership
Our Lady of Bellefonte Hospital Inc 100 St Christopher Dr Ashland,KY 41101	61-1356023	501(C)(3)	5,000				Golf Tournament Sponsorship

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Our Lady of Bellefonte Hospital Inc 100 St Christopher Dr Ashland, KY 41101	61-1356023	501(C)(3)		37,598	Book Value	Medical Equipment	Medical Equipment/Pyxis
Immaculate Heart of Mary 610 West Elm Ave Monroe, MI 48162	38-1359581	501(C)(3)	50,000				Solidarity South Sudan
Americares Foundation Inc 88 Hamilton Ave Stamford, CT 06902	06-1008595	501(C)(3)	50,000				Ecuador Disaster Relief

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Americares Foundation Inc 88 Hamilton Ave Stamford, CT 06902	06-1008595	501(C)(3)	20,000				West Virginia Disaster Relief
Christ Child Society 4033 W Good Hope Road Milwalkee, WI 53209	39-6084257	501(C)(3)	500				Memorial Donation Donna Marie Heon
LCWR 2016 Assembly Sponsorship 8808 Cameron St Silver Spring, MD 20910	43-6033728	501(C)(3)	10,000				LCWR 2016 Assembly

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Red Cross 420 East Cary Street Richmond,VA 23218	53-0196605	501(C)(3)	5,000				Ellicott City MD Relief
Roper St Francis Health System 315 Calhoun St Charleston,SC 29601	57-1068509	501(C)(3)	5,000				SC Flood Relief
Westchester Medical Foundation 100 Woods Road Ste 3 Valhalla,NY 10595	13-4095845	501(C)(3)	15,000				Westchester Medical Center Gala

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Congregation of Bon Secours of Paris Incorporated 1527 Marriottsville Road Marriottsville, MD 21104	45-3662533	501(C)(3)	7,500				Holy Redeemer
Congregation of Bon Secours of Paris Incorporated 1527 Marriottsville Road Marriottsville, MD 21104	45-3662533	501(C)(3)	2,500				Pax Christi
Bon Secours DePaul Health Foundation 7007 Harbour View Blvd Suffolk, VA 23435	54-1843876	501(C)(3)	135,000				Wellness Grant DMC Tranquility Rooms

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours - Maria Manor Nursing Care Center Inc 10300 Fourth Street North St Petersburg, FL 33716	65-0061820	501(C)(3)	30,000				Employee Hardship Assistance
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	25,000				Employee Hardship Assistance
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	30,000				Employee Hardship Assistance

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463	13-1740397	501(C)(3)	40,000				Employee Hardship Assistance
Bon Secours St Francis Health System Foundation One St Francis Drive Greenville, SC 29601	26-0012031	501(C)(3)	30,000				Employee Hardship Assistance
St Mary's Hospital of Richmond Inc 8580 Magellan Pkwy Building IV Richmond, VA 23227	54-0793767	501(C)(3)		34,977	Book Value	Medical Equipment	Medical Equipment/Pyxis

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Richmond Community Hospital Inc 8580 Magellan Pkwy Building IV Richmond,VA 23227	54-0647482	501(C)(3)		101,342	Book Value	Medical Equipment	Medical Equipment/Pyxis
Bon Secours - St Francis Medical Center Inc 8580 Magellan Pkwy Building IV Richmond,VA 23227	31-1716973	501(C)(3)		33,758	Book Value	Medical Equipment	Medical Equipment/Pyxis
Bon Secours - St Francis Medical Center Inc 8580 Magellan Pkwy Building IV Richmond,VA 23227	31-1716973	501(C)(3)	595,860				Lease Buyouts

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Inc 1505 Marriottsville Road Marriottsville, MD 21104	52-1301091	501(C)(3)	60,000				General Support

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on 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*.**

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on 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 on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	During the applicable fiscal year, certain officers, key employees and highest paid employees received $400 gift cards which were grossed up to offset any income tax effect (10)
Part I, Line 4b	The filing organization participates in a BSHSI sponsored executive retirement program that allows for deposits into additional retirement plans available to officers and certain key employees The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits made into this plan Individuals that received a distribution include Richard Statuto, $186,683, Janice Burnett, $46,841, Martha Riva, $42,772, Timothy Davis, $406,381, Mark Nantz, $49,665, Matthew Toddy, $97,976, Samuel Ross, MD, $68,934, Michael Kerner, $112,117, Toni Ardabell, $28,228, Peter Bernard, $617,982

Additional Data

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

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

(A) Name 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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Richard Statuto President/CEO	(I)	1,236,158	1,174,240	242,047	512,201	32,355	3,197,001	187,778
	(II)	0	0	0	0	0	0	0
1Janice Burnett Treasurer / CFO	(I)	552,081	370,190	72,532	106,777	20,728	1,122,308	38,116
	(II)	0	0	0	0	0	0	0
2Martha Riva JD Secretary / SVP Governance	(I)	359,450	283,433	87,791	53,340	32,292	816,306	34,277
	(II)	0	0	0	0	0	0	0
3Timothy DavisEVP, CHRAO	(I)	658,643	496,834	496,954	75,673	20,635	1,748,739	329,759
	(II)	0	0	0	0	0	0	0
4Marlon Priest MDEVP, CMO	(I)	772,417	541,976	170,035	15,900	22,081	1,522,409	0
	(II)	0	0	0	0	0	0	0
5Laishy Williams-Carlson SVP, CIO	(I)	316,623	186,975	42,285	48,639	21,480	616,002	0
	(II)	0	0	0	0	0	0	0
6Mark Nantz EVP, Strategy & Growth	(I)	675,419	523,457	93,805	97,873	29,848	1,420,402	46,960
	(II)	0	0	0	0	0	0	0
7Matthew Toddy EVP, Legal Affairs	(I)	589,412	448,163	123,769	134,961	27,997	1,324,302	75,844
	(II)	0	0	0	0	0	0	0
8Samuel Ross MD EVP, CEO - BHS	(I)	611,251	423,522	118,736	75,234	20,498	1,249,241	47,512
	(II)	0	0	0	0	0	0	0
9Michael KernerCEO - HRHS	(I)	559,739	403,723	158,448	93,156	31,817	1,246,883	91,467
	(II)	0	0	0	0	0	0	0
10Toni ArdabellCEO - VA	(I)	621,858	367,952	56,509	74,999	0	1,121,318	21,827
	(II)	0	0	0	0	0	0	0
11Lawrence Hubbard Former Key Employee	(I)	285,123	319,403	92,762	15,900	16,316	729,504	0
	(II)	0	0	0	0	0	0	0
12Peter Bernard Former Highest Paid Employee	(I)	594,915	907,922	754,197	97,765	24,148	2,378,947	460,681
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Bon Secours Health System Inc

Employer identification number

52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	City of Russell Kentucky		782563AT7	02-28-2008	15,950,000	Refund bonds issued 12-30-02 (2002B Russell)		X		X		X
B	City of Venice Florida	59-6000443	92268PAS7	02-28-2008	4,250,000	Refund bonds issued 12-30-02 (2002B Venice)		X		X		X
C	South Carolina Jobs-Economic Development Authority	57-6000286	837031QH9	01-15-2008	69,925,000	Construct and equip facility		X		X		X
D	Economic Development Authority of Henrico County Virginia	54-1197472	42605PBV6	10-19-2010	80,412,256	Refund bonds issued 01-15-08 (2008B Henrico)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	5,500,000			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	15,950,000	4,250,000	69,973,023	80,412,256
4	Gross proceeds in reserve funds	1,350,761	437,989		
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds			729,108	
8	Credit enhancement from proceeds			1,694,518	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			67,549,397	
11	Other spent proceeds	15,950,000	4,250,000		80,412,256
12	Other unspent proceeds				
13	Year of substantial completion			2008	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X					
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X					
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 530 %		0 010 %				
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 %		0 %				
6	Total of lines 4 and 5		0 530 %		0 010 %				
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		X
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X		X		X	
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X		X	
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X			X
b	Name of provider	Merrill Lynch Capital Services		Merrill Lynch Capital Services		PNC Bank			
c	Term of hedge	2000 0000000000 %		2000 0000000000 %		3300 0000000000 %			
d	Was the hedge superintegrated?		X		X		X		
e	Was the hedge terminated?		X		X		X		

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Part I, Column (b)	City of Russell, Kentucky Issuer EIN (Part I, b) is 61-601905

Return Reference	Explanation
Part I, Column (f)	2008D Hanover Bonds - D1 refund bonds issued on 12-30-02 (2002B Econ Dev Auth Hanover Co, VA) and D2 refund bonds issued on 9-28-05 (2005 Econ Dev Auth Hanover Co, VA) 2013 South Carolina Bonds - construct & equip facility and refund bonds issued on 12-30-02 (2002A South Carolina JEDA) 2013 Norfolk Bonds - construct & equip facility and refund bonds issued on 08-14-97 (1997 Peninsula Ports Auth of VA) 2013 Henrico Bonds - construct & equip facility and refund bonds issued on 12-30-02 (2002A Econ Dev Auth of Henrico Co , VA) 2013 Russell Bonds - construct & equip facility and refund bonds issued on 12-30-02 (2002A City of Russell, KY)

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

Return Reference	Explanation
Part III	Part III has not been completed with respect to bonds that refinance projects where the original debt was issued prior to 2003

Return Reference	Explanation
Part IV, Line 2c	Issuer Name City of Russell, KY (2002B Russell) Date the Rebate Computation was Performed 08/04/2016 Issuer Name City of Venice, FL (2002B Venice) Date the Rebate Computation was Performed 08/04/2016 Issuer Name South Carolina Jobs-Economic Development Authority (2008A SC) Date the Rebate Computation was Performed 04/08/2013 Issuer Name Economic Development Authority of Henrico County, Virginia (2008B Henrico) Date the Rebate Computation was Performed 04/08/2013 Issuer Name Economic Development Authority of the County of Chesterfield (2008C Chesterfield) Date the Rebate Computation was Performed 04/08/2013 Issuer Name South Carolina Jobs-Economic Development Authority (2008D SC) Date the Rebate Computation was Performed 06/17/2014 Issuer Name Economic Development Authority of Hanover County, Virginia (2008D Hanover) Date the Rebate Computation was Performed 06/17/2014

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Bon Secours Health System Inc

Employer identification number

52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Economic Development Authority of the County of Chesterfield	52-1279622	16639EAY0	10-19-2010	93,627,897	Refund bonds issued 01-15-08 (2008C Ches)		X		X		X
B	South Carolina Jobs-Economic Development Authority	57-0960018	837031RA3	10-17-2008	30,365,000	Refund bonds issued 12-30-02 (2002B SC)		X		X		X
C	Economic Development Authority of Hanover County	54-1228097	41077RAC6	10-17-2008	124,715,000	Refund bonds*		X		X		X
D	South Carolina Jobs-Economic Development Authority	57-0960018	837031SL8	01-11-2013	200,846,700	Construct/Equip facility and refund bonds*		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		11,385,000	26,110,000	4,700,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	93,627,897	30,365,000	124,715,000	200,846,700
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	967,897	255,675	1,131,056	
8	Credit enhancement from proceeds		7,500	157,532	
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				8,266,938
11	Other spent proceeds	92,660,000	30,101,825	123,426,412	192,579,763
12	Other unspent proceeds				
13	Year of substantial completion				2013

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Bon Secours Health System Inc

Employer identification number

52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Economic Dev Auth of the City of Norfolk	52-1375010	65588QAM7	01-11-2013	21,635,500	Construct/Equip facility and refund bonds*		X		X		X
B	Economic Development Authority of Henrico County Virginia	54-1197472	42605PDJ1	01-11-2013	62,929,133	Construct/Equip facility and refund bonds*		X		X		X
C	City of Russell Kentucky		782563AY6	01-11-2013	42,941,199	Construct/Equip facility and refund bonds*		X		X		X
D	Economic Development Authority of Henrico County Virginia	54-1197472	000000000	07-11-2013	26,505,000	Refund bonds issued 10-17-08 (2008D Henrico)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			3,500,000	10,285,000
2	Amount of bonds legally defeased				
3	Total proceeds of issue	21,635,500	62,929,133	42,941,199	26,505,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	11,767,093	20,730,675	4,094,261	
11	Other spent proceeds	9,868,407	42,198,458	38,846,938	26,505,000
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013	2013	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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Schedule K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization

Bon Secours Health System Inc

Employer identification number

52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Virginia Small Business Financing Authority	54-1300845	000000000	07-11-2013	40,740,000	Refund bonds issued 10-19-10 (2010 VSBFA)		X		X		X
B	Economic Development Authority of the City of Norfolk	52-1375010	000000000	10-31-2014	58,260,000	Refund bonds issued 12-08-11 (2011 Norfolk)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired		2,630,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	40,740,000	58,260,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds				
11	Other spent proceeds	40,740,000	58,260,000		
12	Other unspent proceeds				
13	Year of substantial completion				

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X				
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X					
b	Exception to rebate?		X		X				
c	No rebate due?		X		X				
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X		X					
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X					
b	Name of provider			Merrill Lynch Capital Services					
c	Term of hedge			1100 0000000000 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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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

2015

Open to Public Inspection

Name of the organization	Employer identification number
Bon Secours Health System Inc	52-1301088

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	On August 11, 2016, the articles were amended to update Exhibit A (list of supported organizations)

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11	The process the organization uses to review the Form 990 consists of a review by the organization's Audit and Compliance Committee and providing the form to the Board of Directors to allow for a thorough review by both prior to the filing date The organization's Audit and Compliance Committee and Board of Directors have reviewed the Form 990, scheduled time on meeting agendas, and asked questions regarding the Form 990 before the return was filed

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The organization regularly and consistently monitors compliance w ith the conflict of inter est policy On an annual basis, all persons subject to the policy, including all officers, directors and key employees are required to make certain disclosures These include discl osures related to certain personal, financial and organizational relationships that may pr esent a conflict, or the appearance of a conflict of interest w ith the organization All d isclosures go through a three-part review process (1) disclosures are review ed first by t he corporate responsibility officer (CRO), (2) a governance team comprised of the CEO, boa rd president, board chair, CRO, and the BSHSI CRO participate in a second review of all di sclosures during w hich recommendations are made as to the resolution of any conflicts or p otential conflicts Depending on the facts and circumstances, resolutions may include ongo ing disclosure, recusal or removal of the conflict, and (3) all disclosures and recommenda tions are review ed by a board committee (audit and compliance committee review s the disclo sures of management and the governance committee review s the disclosures of the board and board committee members)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The compensation committee of the board of Bon Secours Health System, Inc (BSHSI) engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of the BSHSI The compensation committee consists of a group of independent board members and engages an independent external compensation consu ltant to ensure they receive appropriate analysis of market and follow the practices neces sary to obtain full compliance w ith the IRS' rebuttable presumption of reasonableness The committee establishes and maintains a compensation philosophy, reviews pay practices agai nst local, regional and national healthcare organizations and approves all remunerative de cisions for this group of individuals The committee reviews and receives assurances that all levels of pay within the organization are reasonable based on performance and validate s incentives are met These decisions are documented in the BSHSI board of directors and c ompensation committee minutes Form 990, Part VI, Section B, Line 15b - Compensation Proce ss Other Officers/ Key Employees For those key employees and highest paid employees that are not reviewed by the BSHSI compensation committee, the process included a review and ap proval by independent persons, comparability data, and contemporaneous substantiation of t he deliberation and decision In the review, the other officers or key employees of the or ganization were compared to other hospitals' employees in the area that hold the same titl e During the review and approval of the compensation, documentation of the decision was r ecorded in human resources

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Additional Disclosure	As the parent organization of nine local systems, Bon Secours Health System, Inc 's office rs, directors, key employees and highly compensated employees have duties and responsibili ties w hich encompass the activities of many of the related organizations w ithin those loca l systems Sr Elaine Davia does not receive payroll distributions as she has taken a vow of poverty Part VII, Section B Five Highest Paid Independent Contractors Providing Servi ces Independent contractors and vendors paid/invoiced to Bon Secours Health System, Inc are generally for services covering a majority of the related organizations, if not all

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers from Affiliates for Principle & Swaps 26,780,248 Add'l Minimum Pension Liabilit y -43,059,031 Changes in Minority Interest JVs 1,193,582 Income from Controlled Subsidia ry -433,244

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Bon Secours Health System Inc

Employer identification number
52-1301088

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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	(g) No
See Additional Data Table							

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

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

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

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

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
(1) Bon Secours Associates Services LLC 1505 Marriottsville Road Marriottsville, MD 21104 52-2321591	Healthcare	MD	0	3,020,557	Bon Secours Health System Inc
(1) Townley IV Farm LLC 1402 Stapleton Road Gladstone, VA 245533138 54-1833386	Farm	VA	0	7,444,563	Bon Secours Health System Inc
(2) Bon Secours Good Helpcare LLC 1505 Marriottsville Road Marriottsville, MD 21104 46-0889532	Accountable Care Organization	MD	288,113	3,232,299	Bon Secours Health System Inc
(3) Bon Secours Richmond LLC 8580 Magellan Parkway Richmond, VA 23227 54-1570244	Richmond Health System Parent Org	VA	24,418	7,382,408	Bon Secours Health System Inc
(4) EA-BSD 1 LLC 1505 Marriottsville Road Marriottsville, MD 21104	Holding Company	DE	0	0	Bon Secours Grosse Pointe III LLC
(5) Bon Secours Grosse Pointe III LLC 1505 Marriottsville Road Marriottsville, MD 21104	Holding Company	MI	0	0	Bon Secours Health System Inc
(6) Shannon HealthMOB 3 Richland Medical Park Suite 120 Columbia, SC 29203 57-1127828	Rental Activity	SC	2,426,855	23,981,797	Bon Secours Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Bon Secours New York Health System 2975 Independence Avenue Bronx, NY 10463 91-2135196	Local System Parent Org	NY	501(c)(3)	Line 11a, I	Bon Secours Health System Inc	Yes	
Bon Secours Kentucky Health System Inc St Christopher Dr Ashland, KY 41101 61-1356024	Local System Parent Org	KY	501(c)(3)	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health 2000 West Baltimore Street Baltimore, MD 21223 80-0728893	Local System Parent Org	MD	501(c)(3)	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
Bon Secours St Francis Health System Inc 1 St Francis Drive Greenville, SC 29601 58-2504528	Local System Parent Org	SC	501(c)(3)	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
Bon Secours Hampton Roads Health System 7007 Harbour View Blvd Portsmouth, VA 23435 52-1538513	Local System Parent Org	VA	501(c)(3)	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
Bon Secours Richmond Health System Inc 8580 Magellan Parkway Richmond, VA 23227 52-1988421	Local System Parent Org	VA	501(c)(3)	Line 11c, III-FI	Bon Secours Health System Inc	Yes	
Bon Secours Baltimore Health System Foundation Inc 26 North Fulton Avenue Baltimore, MD 21223 38-3843816	Grant Making Foundation	MD	501(c)(3)	Line 11c, III-FI	Bon Secours Baltimore Health System	Yes	
The Bon Secours of Maryland Foundation Inc (dba Bon Secours Community Work 26 North Fulton Avenue Baltimore, MD 21223 52-1732800	Grant Making Foundation	MD	501(c)(3)	Line 11c, III-FI	Bon Secours Baltimore Health System	Yes	
Mary Immaculate Foundation 7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)(3)	Line 11c, III-FI	Mary Immaculate Hospital	Yes	
Bon Secours DePaul Health Foundation 7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)(3)	Line 7	Bon Secours DePaul Medical Center	Yes	
Bon Secours Maryview Foundation 7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)(3)	Line 7	Bon Secours Hampton Roads Health System	Yes	
Our Lady of Bellefonte Hospital Inc 1000 St Christopher Dr Ashland, KY 41101 61-1356023	Health Care	KY	501(c)(3)	Line 3	Bon Secours Kentucky Health System	Yes	
Bon Secours Baltimore Hospital 2000 West Baltimore Street Baltimore, MD 21223 52-1909599	Health Care	MD	501(c)(3)	Line 3	Bon Secours Baltimore Health System	Yes	
Frances Schervier Home and Hospital 2975 Independence Avenue Bronx, NY 10463 13-1740397	Long term nursing care	NY	501(c)(3)	Line 9	Bon Secours NY Health System	Yes	
St Francis Hospital Inc One St Francis Drive Greenville, SC 29601 58-2504530	Health Care	SC	501(c)(3)	Line 3	Bon Secours St Francis Health System Inc	Yes	
Mary Immaculate Hospital Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-0548200	Health Care	VA	501(c)(3)	Line 3	Bon Secours Health System Inc	Yes	
Bon Secours DePaul Medical Center Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System	Yes	
Maryview Hospital 7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System	Yes	
Bon Secours Memorial Regional Medical Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
Bon Secours St Mary's Hospital 8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	

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
Bon Secours Richmond Community Hospital 8580 Magellan Parkway Richmond, VA 23227 54-0647482	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
Bon Secours St Francis Medical Center 8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
Our Lady of Bellefonte Hospital Foundation St Christopher Dr Ashland, KY 41101 61-1381952	Grant Making Foundation	KY	501(c)(3)	Line 7	Bon Secours Kentucky Health System	Yes	
Bon Secours Baltimore Development 26 North Fulton Avenue Baltimore, MD 21223 76-0785344	Community Housing	MD	501(c)(3)	Line 7	Unity Properties Inc	Yes	
Unity Properties Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1857768	Low Income Housing	MD	501(c)(3)	Line 7	Bon Secours of Maryland Foundation	Yes	
Bon Secours St Francis Health System Foundation One St Francis Drive Greenville, SC 29601 26-0012031	Grant Making Foundation	SC	501(c)(3)	Line 7	St Francis Hospital Inc	Yes	
Bon Secours Richmond Health Care Foundation 8580 Magellan Parkway Richmond, VA 23227 54-1201346	Grant Making Foundation	VA	501(c)(3)	Line 7	Bon Secours Richmond LLC	Yes	
Bon Secours St Petersburg Home Care Services Inc 10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Home Care Services	FL	501(c)(3)	Line 9	Maria Manor Nursing Care Center	Yes	
Bon Secours Maria Manor Nursing Care Center 10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Nursing Home	FL	501(c)(3)	Line 9	Bon Secours Health System Inc	Yes	
Bellefonte Physician Services Inc St Christopher Dr Ashland, KY 41101 35-2320780	Physician Practices	KY	501(c)(3)	Line 9	Bon Secours Kentucky Health System	Yes	
Bon Secours Housing 26 North Fulton Avenue Baltimore, MD 21223 52-1442707	Low Income Housing	MD	501(c)(3)	Line 9	Bon Secours of Maryland Foundation	Yes	
Bon Secours Housing II 26 North Fulton Avenue Baltimore, MD 21223 52-1543174	Low Income Housing	MD	501(c)(3)	Line 9	Bon Secours of Maryland Foundation	Yes	
Schervier Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY 10463 13-3098867	Housing	NY	501(c)(3)	Line 9	Bon Secours NY Health System	Yes	
St Francis Physician Services Inc One St Francis Drive Greenville, SC 29601 13-4290167	Physician Services	SC	501(c)(3)	Line 9	St Francis Health System Inc	Yes	
Mary Immaculate Nursing Center Inc 7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)(3)	Line 9	Mary Immaculate Hospital	Yes	
Bon Secours - Maryview Nursing Care Center 7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)(3)	Line 9	Bon Secours Hampton Roads Health System	Yes	
Bayley Properties 7007 Harbour View Blvd Suffolk, VA 23435 54-1424748	Title Holding Company	VA	501(c)(2)		Bon Secours DePaul Medical Center	Yes	
Laburnum Properties 8580 Magellan Parkway Richmond, VA 23227 52-1260700	Title Holding Company	VA	501(c)(2)		Bon Secours Richmond Health System	Yes	
Bon Secours Health System Foundation Inc 8990 Old Annapolis Road Columbia, MD 21045 47-4765376	Fundraising	MD	501(c)(3)	Line 7	Bon Secours Health System Inc	Yes	
IVNA Health Services 5008 Monument Avenue Richmond, VA 23230 54-1479847	Home Care Services	VA	501(c)(3)	Line 9	Bon Secours Home Care LLC	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	**No**
Rappahanock General Hospital Foundation 101 Harris Road Kilmarnock, VA 22482 54-1210450	Supporting Organization	VA	501(c)(3)	Line 7	Bon Secours Richmond Health System	Yes	
Chesapeake Medical Group 101 Harris Road Kilmarnock, VA 22482 54-1857174	Healthcare Services	VA	501(c)(3)	Line 9	Bon Secours Richmond Health System	Yes	
Chesapeake Hospital Corporation 101 Harris Road Kilmarnock, VA 22482 23-7424835	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
Schervier Apartments LLC 2975 Independence Avenue Bronx, NY 10463 47-1364217	Low Income Housing	NY	C	Line 9	Bon Secours NY Health System	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Place at St Petersburg LLP 10300 Fourth Street North St Petersburg, FL 33716 59-3589729	Assisted Living/Senior Care	FL	N/A									
Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD 21223 52-1952505	Low Income Housing	MD	N/A									
Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD 21223 52-2063512	Low Income Housing	MD	N/A									
Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD 21223 52-2134447	Low Income Housing	MD	N/A									
Bon Secours Apartments III LP 1800 West Baltimore St Baltimore, MD 21223 52-2134444	Low Income Housing	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Smallwood Summit LP 26 North Fulton Ave Baltimore, MD 21223 52-2280175	Low Income Housing	MD	N/A									
Bon Secours Chesapeake Apartments LP 26 North Fulton Ave Baltimore, MD 21223 20-0107034	Low Income Housing	MD	N/A									
Bon Secours Shiloh LP 26 North Fulton Ave Baltimore, MD 21223 20-3965243	Low Income Housing	MD	N/A									
Bon Secours Wayland LP 26 North Fulton Ave Baltimore, MD 21223 27-0468688	Low Income Housing	MD	N/A									
Bon Secours Gibbons Apartments LP 26 North Fulton Ave Baltimore, MD 21223 47-2322323	Low Income Housing	MD	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Upstate Surgery Center LLC One St Francis Drive Greenville, SC 29601 56-2186977	Ambulatory Surgery Center	SC	N/A									
Province Place of DePaul LLC 6403 Granby Street Norfolk, VA 23505 54-1950880	Assisted Living Facilities	VA	N/A									
Province Place of Maryview LLC One Bon Secours Way Portsmouth, VA 23703 54-1842697	Assisted Living	VA	N/A									
Broad64 Imaging LLC 8580 Magellan Parkway Richmond, VA 23227 20-5886018	Imaging Services	VA	N/A									
Richmond Radiation Oncology Center I LLC 8580 Magellan Parkway Richmond, VA 23227 20-8444551	Radiation Oncology Services	VA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RI LP 8580 Magellan Parkway Richmond, VA 23227 54-1708835	Imaging Services	VA	N/A									
Bon Secours Benet House LP 26 North Fulton Ave Baltimore, MD 21223 36-4765400	Low Income Housing	MD	N/A									
Bon Secours Benet House LLC 26 North Fulton Ave Baltimore, MD 21223 46-3055312	Low Income Housing	MD	N/A									
Southeastern Health PartnersLLC One St Francis Drive Greenville, SC 29601 81-3264385	Coordinated Care	SC	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Bon Secours Assurance Company Ltd PO Box 69 KY1-1102 CJ 98-0152147	Offshore Captive Management	CJ	Bon Secours Health System Inc	C	8,045,534	98,110,673	100 000 %		No
(1) Bon Secours-Florida Integrated Health Services Inc 10300 Fourth Street North St Petersburg, FL 33716 65-0779777	Holding Company/Assisted Living	FL	Bon Secours Maria Manor Nursing Care	C		1,873,600	100 000 %		No
(2) Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	Unity Properties Inc	C	5	350,100	100 000 %		No
(3) Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	Unity Properties Inc	C			100 000 %		No
(4) Professional Health Care Management Inc & Subs 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	Bon Secours Hampton Roads Health System Inc	C	-902,694	5,929,593	100 000 %		No
(5) OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	Mary Immaculate Hospital Inc	C	818,343	1,076,390	100 000 %		No
(6) Bon Secours Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	Bon Secours DePaul Medical Center Inc	C	684,081	2,420,239	100 000 %		No
(7) Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	4,818	251,184	83 000 %		No
(8) Bon Secours-Virginia Healthsource Inc & Subs 8580 Magellan Parkway Richmond, VA 23227 54-1417686	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	23,865,925	31,113,963	83 000 %		No
(9) RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	Bon Secours Richmond Health System Inc	C	536,384	59,330	83 000 %		No
(10) Bon Secours New York Housing Development Corporation 2975 Independence Avenue Bronx, NY 10463 47-2224316	Low Income Housing	NY	Bon Secours New York Health System	C			100 000 %		No
(11) Richmond MRI Inc 8580 Magellan Parkway Richmond, VA 23227 54-1568452	Medical Services	VA	Bon Secours Richmond Health System Inc	C	1,105,762	46,196	83 000 %		No
(12) Good Help Connections 8990 Old Annapolis Road Columbia, MD 21045 47-2345223	IT Consulting	MD	Bon Secours Health System Inc	C	20,024,308	12,311,579	100 000 %		No

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	Bon Secours Maria Manor Nursing Care Center Inc	B	168,500	Cost
(1)	The Bon Secours of Maryland Foundation Inc	B	145,000	Cost
(2)	Bon Secours Hospital Baltimore Inc	B	245,050	Cost
(3)	Memorial Regional Medical Center Inc	B	95,627	Cost
(4)	Our Lady of Bellefonte Hospital Inc	B	37,598	Cost
(5)	Bon Secours Kentucky Health System Foundation Inc	B	155,250	Cost
(6)	Bon Secours Richmond Healthcare Foundation	B	240,000	Cost
(7)	Bon Secours St Francis Medical Center Inc	B	629,618	Cost
(8)	St Mary's Hospital of Richmond Inc	B	34,977	Cost
(9)	Frances Schervier Home and Hospital	B	274,995	Cost
(10)	Richmond Community Hospital Inc	B	101,342	Cost
(11)	Bon Secours DePaul Health Foundation	B	190,350	Cost
(12)	St Francis Hospital Inc	B	1,013,236	Cost
(13)	Bon Secours St Francis Health System Foundation	B	40,000	Cost
(14)	Bon Secours Maryview Foundation	B	51,000	Cost
(15)	Mary Immaculate Hospital	B	33,650	Cost
(16)	Bellefonte Physician Services Inc	D	15,782,059	Cost
(17)	Bon Secours Baltimore Health System Foundation Inc	D	388,292	Cost
(18)	The Bon Secours of Maryland Foundation Inc	D	487,668	Cost
(19)	St Francis Hospital Inc	D	300,664,539	Cost
(20)	Maryview Hospital	D	10,368,327	Cost
(21)	Province Place of Maryview LLC	D	266,600	Cost
(22)	Professional Health Care Management Services Inc & Subs	D	1,210,839	Cost
(23)	Bon Secours DePaul Medical Center Inc	D	7,321,297	Cost
(24)	Bon Secours Richmond Healthcare Foundation	D	1,155,613	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	St Mary's Hospital of Richmond Inc	D	3,487,005	Cost
(1)	CCHC Inc	D	48,083	Cost
(2)	Laburnum Properties	D	161,652	Cost
(3)	RHS Management Corporation	D	224,970	Cost
(4)	Chesapeake Medical Group Inc	D	3,882,804	Cost
(5)	Chesapeake Hospital Corporation	D	18,836,110	Cost
(6)	Rappahannock General Hospital Foundation Inc	D	592,281	Cost
(7)	Bon Secours Richmond Health System	D	2,302,362	Cost
(8)	Bon Secours Virginia Healthsource Inc and Subs	D	16,412,436	Cost
(9)	Bon Secours New York Health System	D	2,835,972	Cost
(10)	Schervier Apartments LLC	D	1,762,882	Cost
(11)	Bon Secours Place at St Petersburg LLP	D	326,488	Cost
(12)	Bon Secours New York Health System	L	2,684,049	Cost
(13)	Maryview Hospital	L	45,735,424	Cost
(14)	Bon Secours Maryview Nursing Care Center	L	99,993	Cost
(15)	Mary Immaculate Hospital	L	5,175,430	Cost
(16)	Mary Immaculate Nursing Center Inc	L	92,207	Cost
(17)	Bon Secours DePaul Medical Center Inc	L	6,991,313	Cost
(18)	St Francis Hospital Inc	L	44,739,291	Cost
(19)	St Francis Physician Services Inc	L	2,956,357	Cost
(20)	Our Lady of Bellefonte Hospital Inc	L	16,835,923	Cost
(21)	Bellefonte Physician Services Inc	L	1,172,205	Cost
(22)	Bon Secours Hospital Baltimore Inc	L	11,528,213	Cost
(23)	Bon Secours Maria Manor Nursing Care Center Inc	L	1,541,298	Cost
(24)	Memorial Regional Medical Center Inc	L	12,070,083	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	St Mary's Hospital of Richmond Inc	L	91,770,481	Cost
(1)	Richmond Community Hospital Inc	L	1,910,656	Cost
(2)	Bon Secours St Francis Medical Center Inc	L	7,768,266	Cost
(3)	Bon Secours Virginia Healthsource Inc and Subs	L	2,454,902	Cost
(4)	Chesapeake Medical Group Inc	L	169,999	Cost
(5)	Bon Secours Richmond Health System	L	1,917,539	Cost
(6)	Bon Secours New York Health System	Q	50,109	Cost
(7)	Schervier Apartments LLC	Q	1,262,999	Cost
(8)	Maryview Hospital	Q	20,564,195	Cost
(9)	Bon Secours Maria Manor Nursing Care Center Inc	Q	970,999	Cost
(10)	Province Place of Maryview LLC	Q	308,286	Cost
(11)	Province Place of DePaul LLC	Q	286,283	Cost
(12)	Professional Health Care Management Services Inc & Subs	Q	53,391	Cost
(13)	Mary Immaculate Hospital	Q	8,027,646	Cost
(14)	Mary Immaculate Nursing Center Inc	Q	661,325	Cost
(15)	Bon Secours DePaul Medical Center Inc	Q	10,270,248	Cost
(16)	Tidewater Diversified Inc	Q	33,428	Cost
(17)	St Francis Hospital Inc	Q	35,782,586	Cost
(18)	Upstate Surgery Center LLC	Q	131,057	Cost
(19)	St Francis Physician Services Inc	Q	10,451,377	Cost
(20)	Bon Secours St Francis Health System	Q	132,164	Cost
(21)	Our Lady of Bellefonte Hospital Inc	Q	11,756,437	Cost
(22)	Bellefonte Physician Services Inc	Q	2,512,887	Cost
(23)	Bon Secours Hospital Baltimore Inc	Q	7,158,278	Cost
(24)	The Bon Secours of Maryland Foundation Inc	Q	173,498	Cost

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(76)	Unity Properties Inc	Q	11,848	Cost
(1)	Bon Secours Maria Manor Nursing Care Center Inc	Q	2,529,626	Cost
(2)	Bon Secours St Petersburg Home Care Services	Q	177,628	Cost
(3)	Memorial Regional Medical Center Inc	Q	19,539,202	Cost
(4)	St Mary's Hospital of Richmond Inc	Q	39,195,806	Cost
(5)	Richmond Community Hospital Inc	Q	2,274,677	Cost
(6)	Bon Secours St Francis Medical Center Inc	Q	18,505,046	Cost
(7)	Bon Secours Richmond Health System	Q	82,175	Cost
(8)	Bon Secours Virginia Healthsource Inc and Subs	Q	3,092,220	Cost
(9)	RI LP	Q	234,046	Cost
(10)	Bon Secours Richmond Healthcare Foundation	Q	1,317	Cost
(11)	Chesapeake Hospital Corporation	Q	456,044	Cost
(12)	Chesapeake Medical Group Inc	Q	42,132	Cost
(13)	Broad 64 Imaging LLC	Q	143,021	Cost
(14)	Richmond Radiation Oncology Center I LLC	Q	192,919	Cost
(15)	Bon Secours Richmond Health System	Q	1,917,539	Cost
(16)	Bon Secours Place at St Petersburg LLP	Q	400,445	Cost
(17)	Maryview Hospital	A	3,196,838	Cost