

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2017**  
Open to Public Inspection

**A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017**

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

**C** Name of organization  
Bon Secours-St Francis Xavier Hospital Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
8536 Palmetto Commerce Pkwy No 201

City or town, state or province, country, and ZIP or foreign postal code  
Ladson, SC 29456

**D** Employer identification number  
57-1067254

**E** Telephone number  
(843) 724-2958

**G** Gross receipts \$ 252,700,708

**F** Name and address of principal officer  
Lorraine Lutton  
8536 Palmetto Commerce Pkwy No 201  
Ladson, SC 29456

**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 ▶

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

**J** Website: ▶ [www.rsfh.com](http://www.rsfh.com)

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1998 **M** State of legal domicile SC

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
Operation of nonprofit hospital facility in Charleston, SC

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	13
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	8
<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	0
<b>6</b> Total number of volunteers (estimate if necessary)	266
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	110,475
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	27,091

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	944,553	659,283
<b>9</b> Program service revenue (Part VIII, line 2g)	232,566,062	248,855,655
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,260	-18,050
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,526,660	2,866,754
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,045,535	252,363,642
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	217,046	461,623
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	85,212,034	87,880,520
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	106,407,192	117,012,074
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	191,836,272	205,354,217
<b>19</b> Revenue less expenses Subtract line 18 from line 12	44,209,263	47,009,425

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	278,419,426	276,933,370
<b>21</b> Total liabilities (Part X, line 26)	52,550,055	55,582,844
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	225,869,371	221,350,526

**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 2018-11-13

Bret Johnson SVP & CFO  
Type or print name and title \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name John W Sadoff Jr	Preparer's signature John W Sadoff Jr	Date	Check <input type="checkbox"/> if self-employed	PTIN P00540589
Firm's name ▶ Deloitte Tax LLP			Firm's EIN ▶ 86-1065772	
Firm's address ▶ 550 S Tyron Street Suite 2500 Charlotte, NC 28202			Phone no (704) 887-1810	

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

Healing all people with compassion, faith, and excellence

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

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

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

If "Yes," describe these changes on Schedule O

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

**4a** (Code ) (Expenses \$ 150,281,271 including grants of \$ 461,623 ) (Revenue \$ 248,855,655 )

See Additional Data

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

See Additional Data

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

Blank lines for additional program service descriptions.

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

**4e Total program service expenses** ▶ 150,281,271

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>20a</b>	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .	Yes	No
<b>b</b>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	Yes	
<b>21</b>	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .		No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>c</b>	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	Yes	
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>b</b>	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (8); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (Yes); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (No); 15b Other officers or key employees of the organization (No); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes).

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (SC); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [ ] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: The Finance Department 8536 Palmetto Commerce Parkway Ladson, SC 29456 (843) 724-2958.





**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>					
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	659,283				
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____						
	<b>h Total.</b> Add lines 1a-1f . . . . .		659,283				
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> Net Patient Service		621400	248,855,655	248,855,655		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .		248,855,655					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			7,746		7,746	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			1,348,526				
		<b>b</b> Less rental expenses		98,262			
		<b>c</b> Rental income or (loss)		1,250,264			
	<b>d</b> Net rental income or (loss) . . . . .			1,250,264		1,250,264	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses			25,796		
		<b>c</b> Gain or (loss)			-25,796		
	<b>d</b> Net gain or (loss) . . . . .			-25,796		-25,796	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
		435,824					
	<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	213,008				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			222,816		222,816		
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> Cafeteria Revenue		722210	1,197,145			1,197,145	
<b>b</b> Miscellaneous Revenue		900099	196,529		110,475	86,054	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			1,393,674				
<b>12 Total revenue.</b> See Instructions . . . . .			252,363,642	248,855,655	110,475	2,738,229	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	461,623	461,623		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	655,609	22,300	633,309	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	133,841	133,841		
<b>7</b> Other salaries and wages	74,167,712	50,906,942	23,260,770	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,283,930	1,555,882	728,048	
<b>9</b> Other employee benefits	7,127,803	4,855,675	2,272,128	
<b>10</b> Payroll taxes	3,511,625	2,392,225	1,119,400	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	2,518,195		2,518,195	
<b>b</b> Legal	299,158		299,158	
<b>c</b> Accounting	94,096		94,096	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	24,181,514	6,529,008	17,652,506	
<b>12</b> Advertising and promotion	617,161	493,729	123,432	
<b>13</b> Office expenses	13,851,845	9,280,736	4,571,109	
<b>14</b> Information technology	646,847		646,847	
<b>15</b> Royalties				
<b>16</b> Occupancy	4,351,222	3,698,539	652,683	
<b>17</b> Travel	71,564		71,564	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	164,217		164,217	
<b>20</b> Interest	1,212,814	1,212,814		
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	11,826,018	11,826,018		
<b>23</b> Insurance	780,972	624,778	156,194	
<b>24</b> 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.)				
<b>a</b> Medical Supplies	38,563,519	38,563,519		
<b>b</b> Bad Debt Expenses	12,796,669	12,796,669		
<b>c</b> Medical DSH Tax	4,482,890	4,482,890		
<b>d</b>				
<b>e</b> All other expenses	553,373	444,083	109,290	
<b>25</b> Total functional expenses. Add lines 1 through 24e	205,354,217	150,281,271	55,072,946	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	25,152	<b>1</b>	24,900
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	37,258,961	<b>4</b>	37,115,126
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	3,346,202	<b>8</b>	3,703,260
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,023,889	<b>9</b>	971,453
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	224,560,091		
	<b>b</b> Less accumulated depreciation	101,955,094		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	108,270,948	<b>13</b>	110,057,631
	<b>14</b> Intangible assets . . . . .	379,130	<b>14</b>	379,130
	<b>15</b> Other assets See Part IV, line 11 . . . . .	760,946	<b>15</b>	2,076,873
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	278,419,426	<b>16</b>	276,933,370	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	445,880	<b>17</b>	608,253
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	34,348,899	<b>20</b>	36,260,749
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	17,755,276	<b>25</b>	18,713,842
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	52,550,055	<b>26</b>	55,582,844
<b>Net Assets or Fund Balances</b>	<b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	225,869,371	<b>27</b>	221,350,526
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33 Total net assets or fund balances . . . . .</b>	225,869,371	<b>33</b>	221,350,526
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	278,419,426	<b>34</b>	276,933,370

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	252,363,642
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	205,354,217
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	47,009,425
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	225,869,371
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-51,528,270
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	221,350,526

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2a</b>	No
<b>b</b> Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>2b</b>	Yes
<b>c</b> If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	<b>2c</b>	Yes
<b>3a</b> 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?	<b>3a</b>	No
<b>b</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	<b>3b</b>	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 57-1067254

**Name:** Bon Secours-St Francis Xavier Hospital  
Inc

Form 990 (2017)

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### **Form 990, Part III, Line 4a:**

Bon Secours St Francis Hospital traces its origins back to 1882 when five Sisters of Charity of Our Lady of Mercy opened sisters St Francis Infirmary in downtown Charleston as the first Catholic hospital in the state. Bon Secours St Francis now is affiliated with the Bon Secours Health System, Inc and has relocated to an expansive oak-graced campus west of the Ashley River. Bon Secours St Francis contributed \$14.8 million in community benefit in 2017. This benefit included charity care, unreimbursed Medicaid, numerous sponsorships and community outreach programs (see Schedule H).

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**Form 990, Part III, Line 4b:**

Please see Schedule O for a detailed statement of Program Service Accomplishments Please visit our website for a detailed community benefit report at <http://www.rsfn.com/mission-department/>

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**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			
Brian Cuddy MD See Sch O ..... Chairperson	0 50 ..... 49 50	X						0	983,777	59,663
Alison Dillon MD See Sch O ..... Vice-Chairperson	0 50 ..... 3 50	X						0	0	0
Susan Datta MD See Sch O ..... Board Member	0 50 ..... 49 50	X						0	248,780	58,218
Katherine Duffy PhD ..... Board Member	0 50 ..... 3 50	X						0	0	0
Wills C Geils MD See Sch O ..... Board Member	0 50 ..... 3 50	X						0	31,934	0
John Holloway Jr See Sch O ..... Board Member	0 50 ..... 49 50	X						0	385,871	33,263
Sister Anne Lutz ..... Board Member	0 50 ..... 3 50	X						0	0	0
Edward McKelvey ..... Board Member (Start 7/1/17)	0 50 ..... 3 50	X						0	0	0
Mark Nantz ..... Board Member	0 50 ..... 3 50	X						0	0	0
Roberta Pinckney ..... Board Member	0 50 ..... 3 50	X						0	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			
John Spratt MD See Sch O Board Member	0 50 49 50	X						0	796,891	70,102
Michael Tarwater Board Member	0 50 3 50	X						0	0	0
Mary Thornley Board Member	0 50 3 50	X						0	0	0
Angress Walker Board Member (End 6/30/17)	0 50 3 50	X						0	0	0
Daniel Quirk Jr Board Chair - St Francis	1 00 0 00			X				0	0	0
John Wallenhorst SFX - Board President	1 00 0 00			X				0	0	0
Lorraine Lutton President & CEO - RSFH	1 00 49 00			X				0	887,461	223,555
Bret D Johnson SVP & CFO & Treasurer - RSFH	1 00 49 00			X				0	739,119	235,271
Matthew Severance End 9/17/17 SVP & COO & CEO - Roper	1 00 49 00			X				0	944,416	135,379
Douglas Bowling VP & Chief Strategy Officer (End 4/17/17)	1 00 49 00			X				0	149,089	5,110

**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			
Gregory Edwards ..... VP & General Counsel & Secretary	1 00 ..... 49 00			X				0	592,245	173,594
Keith Neuman ..... VP & CIO	1 00 ..... 49 00			X				0	272,235	124,025
Melanie Stith ..... VP Human Resources	1 00 ..... 49 00			X				0	369,112	117,901
Stanley Wilson MD ..... VP Medical Affairs & CMO	1 00 ..... 49 00			X				0	391,408	116,369
Todd Shuman MD ..... SVP & Chief Physician Officer	1 00 ..... 49 00			X				0	754,103	207,564
Toni Flowers ..... VP & Chief Diversity Officer	1 00 ..... 49 00			X				0	218,220	75,356
Karen Fraser ..... VP Pt Engagement & Care Coordination	1 00 ..... 49 00			X				0	264,704	152,217
Mark Dickson ..... VP Mission	1 00 ..... 49 00			X				0	224,667	80,148
Allen Carroll ..... Regional CEO & CEO - BSSF (End 2/17/17)	46 00 ..... 4 00			X				0	384,270	34,208
Anthony Jackson ..... VP & CEO - Mt Pleasant and BSSF	1 00 ..... 49 00			X				0	411,941	143,029

**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			
Pennie Peralta ..... VP System CNO & CNO - BSFF	47 00 ..... 3 00			X				0	249,039	85,063
Stephen Porter ..... VP & CEO - Roper Hospital (start 7/10/17)	1 00 ..... 49 00			X				0	195,242	65,284
Carolyn Donohue ..... VP Nursing & Snr Nurse Exec - Roper Hospital	1 00 ..... 49 00			X				0	256,748	49,101
Tavia Buck ..... VP & Senior Nurse Exec - MPH	1 00 ..... 49 00			X				0	159,155	25,010
Robert Oliverio MD ..... VP & CEO - RSFPP	1 00 ..... 49 00			X				0	463,655	196,676
Kathleen Guatteri ..... COO - RSFPP (start 1/9/17)	1 00 ..... 49 00			X				0	297,417	104,886
Francis Wyckoff Jr ..... Director of Pharmacy	48 00 ..... 2 00				X			0	215,472	25,305
Stephanie McKoin ..... Director of Perioperative Services	1 00 ..... 49 00				X			0	182,576	33,078
Mike DeGennaro ..... Director of Imaging	1 00 ..... 49 00				X			0	166,972	16,781
Peter DiNicola ..... Dir Plant & BioMed Engrng	1 00 ..... 49 00				X			0	218,311	19,604

**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 Morgan Stuart MD ..... Physician	1 00 ..... 49 00					X		0	1,091,794	64,614
John McCrosson MD ..... Physician	1 00 ..... 49 00					X		0	1,120,517	67,278
Robert Lowery MD ..... Physician	1 00 ..... 49 00					X		0	1,086,691	64,633
John Steichen MD ..... Physician	1 00 ..... 49 00					X		0	1,168,559	67,383
George Khoury MD ..... Physician	1 00 ..... 49 00					X		0	1,443,719	68,110
David Dunlap ..... Former Officer	0 00 ..... 0 00						X	0	219,349	12,383
Melinda Cardell ..... Former Officer	0 00 ..... 50 00						X	0	191,477	19,623
John Sullivan ..... Former Officer	0 00 ..... 0 00						X	0	162,479	0
Steven Shapiro MD ..... Former Officer	0 00 ..... 0 00						X	0	184,288	2,011
Scott Ferguson ..... Director Materials Services	1 00 ..... 49 00						X	0	170,122	34,660

**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				
Vanessa Shamrock ..... Director of Lab	1 00 ..... 49 00						X	0	138,976	16,495	
Wanda Brockmeyer ..... Director of Emergency Svcs	1 00 ..... 49 00						X	0	104,587	9,710	

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

57-1067254

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

The organization is not a private foundation because it is (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (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		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2016 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2017.** 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—2016.** 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—2017.** 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—2016.** 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 10 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2016 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2017</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2016</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2017.** 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—2016.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>	Yes	No
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2017</b>	<b>(iii) Distributable Amount for 2017</b>
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013. . . . .			
<b>c</b> From 2014. . . . .			
<b>d</b> From 2015. . . . .			
<b>e</b> From 2016. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2017 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2013. . . . .			
<b>b</b> Excess from 2014. . . . .			
<b>c</b> Excess from 2015. . . . .			
<b>d</b> Excess from 2016. . . . .			
<b>e</b> Excess from 2017. . . . .			

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 57-1067254

**Name:** Bon Secours-St Francis Xavier Hospital  
Inc

**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**

**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](http://www.irs.gov/form990).**

OMB No 1545-0047  
**2017**  
**Open to Public Inspection**

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

**Employer identification number**  
57-1067254

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6</b> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**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
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>(ii)</b> related organizations . . . . .  |            |           |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . .
- 3b**

	<b>Yes</b>	<b>No</b>
<b>3a(i)</b>		
<b>3a(ii)</b>		
<b>3b</b>		
- 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		13,580,943		13,580,943
<b>b</b> Buildings . . . . .		137,141,053	57,503,542	79,637,511
<b>c</b> Leasehold improvements		1,726,783	820,860	905,923
<b>d</b> Equipment . . . . .		71,925,153	43,618,828	28,306,325
<b>e</b> Other . . . . .		186,159	11,864	174,295
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				122,604,997

**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 _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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) Investment in RSF Cancer Center	-98,825	F
(2) Intercompany Receivables	110,156,456	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )	110,057,631	

**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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**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
(1) Federal income taxes	
Third Party Reserves	2,992,830
WACC Lease Obligation	13,534,005
Intercompany Payables	1,498,186
Other Liabilities	688,821
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	18,713,842

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.

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

**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.

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

**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	



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 57-1067254

**Name:** Bon Secours-St Francis Xavier Hospital  
Inc

## Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>Bon Secours St Francis Xavier Hospital is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and is generally exempt from federal and state income taxes. Accordingly, no provision for income taxes is made on the consolidated financial statements. Although (the consolidated group) is generally exempt from federal and state income taxes, it evaluates whether there are any uncertain tax positions that fail to meet the more-likely-than-not threshold for recognition in the consolidated financial statements. Uncertain tax positions may include the characterization of income, such as a characterization of income as passive, a decision to exclude reporting taxable income in a tax return, or a decision to classify a transaction, entity, or other position in a tax return as tax exempt. The tax return benefit from an uncertain tax position is recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. The organization had no unrecognized tax positions as of December 31, 2017 and 2016, and does not expect that unrecognized tax benefits will materially increase within the next 12 months. Interest and penalties related to uncertain tax positions, if any, would be recognized in the consolidated financial statements as income tax expense.</p>

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service

# Hospitals

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

OMB No 1545-0047  
2017  
**Open to Public Inspection**

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b>	Yes	
<b>b</b> If "Yes," was it a written policy? . . . . .	<b>1b</b>	Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>29900 0000000000</u> %	<b>3a</b>	Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>39900 0000000000</u> %	<b>3b</b>	Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b>	Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>		No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b>	Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b>	Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1)			18,809,874	4,328,694	14,481,180	7 520 %
<b>b</b> Medicaid (from Worksheet 3, column a)						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			18,809,874	4,328,694	14,481,180	7 520 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			101,048	0	101,048	0 050 %
<b>f</b> Health professions education (from Worksheet 5)			344,687	196,671	148,016	0 080 %
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			59,722	8,052	51,670	0 030 %
<b>j Total.</b> Other Benefits			505,457	204,723	300,734	0 160 %
<b>k Total.</b> Add lines 7d and 7j			19,315,331	4,533,417	14,781,914	7 680 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			6,658		6,658	0 %
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>			6,658		6,658	0 %

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

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

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME).	5	50,706,710
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	51,071,665
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-364,955
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

**Section C. Collection Practices**

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

**Part IV Management Companies and Joint Ventures**

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

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

1

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

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

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
 Bon Secours St Francis Xavier Hospital

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 16</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>http //www rsfh com/mission-department</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>http //www rsfh com/mission-department/</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Bon Secours St Francis Xavier Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>299 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>399 000000000000</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://www.rsfn.com/billing-financial_assistance</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http://www.rsfn.com/billing-financial_assistance</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http://www.rsfn.com/billing-financial_assistance</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

Bon Secours St Francis Xavier Hospital

**Name of hospital facility or letter of facility reporting group**

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

Bon Secours St Francis Xavier Hospital

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No



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

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

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

Name and address	Type of Facility (describe)
<b>1</b> 1 - St Francis Hospital Cardiac Rehab 2097 Henry Tecklenburg Drive Ste 309 Charleston, SC 29414	Cardiac Rehab
<b>2</b> 2 - St Francis Hospital Rehab- Spine & Spo 2093 Henry Tecklenburg Drive Charleston, SC 29414	PT, OT, ST
<b>3</b> 3 - St Francis Hospital Pain Management 2093 Henry Tecklenburg Drive Charleston, SC 29414	Pain Management for Spine
<b>4</b> 4 - St Francis Hospital Breast Care 2145 Henry Tecklenburg Drive Ste 103 Charleston, SC 29414	Mammography, Bone Density, Breast Ultrasound
<b>5</b> 5 - St Francis Hospital Diabetes Treatment 2093 Henry Tecklenburg Drive Ste 201 Charleston, SC 29414	Diabetes Self Mgmt Training & Treatment
<b>6</b> 6 - St Francis Hospital MRI Medical Plaza 2145 Henry Tecklenburg Drive Ste 150 Charleston, SC 29414	MRI
<b>7</b> 7 - St Francis Hospital Infusion Therapy 2085 Henry Tecklenburg Drive Ste 110 Charleston, SC 29414	Infusion Therapy
<b>8</b> 8 - St Francis Hospital PETCT & Radiation 2085 Henry Tecklenburg Drive Ste 105/1 Charleston, SC 29414	PET/CT, CT, and Radiation Therapy
<b>9</b>	
<b>10</b>	

**Part VI Supplemental Information**

Provide the following information

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

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 3c	In addition to using the FPG to determine eligibility for free or discounted care, the system offers a 35% discount for patients who are uninsured. A 10% prompt payment discount is offered to all self-pay or self-pay-after-insurance patients who pay the balance at one time. Medical indigency adjustments are available to those that meet the established guidelines. The Hospital will provide free care for patients with a signed charity care application who have income between 0 - 299% of FPG. If a signed charity care application is not obtained, after 120 days of collection efforts, the hospital will use the Health Care Advisory Board's self pay compass program to automatically qualify patients for charity care through the use of an electronic scoring technique. The hospital will provide free care for patients who have income of 350% and below of FPG as determined by the self pay compass program. The Hospital will provide a 90% discount for patients with a signed charity care application who have income between 300 - 399% of FPG. If a signed charity care application is not obtained, the hospital will not provide discounted care.
Part I, Line 6a	The Organization's community benefit report is made available through its corporate parent, CareAlliance Health Services d/b/a Roper St. Francis Healthcare.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	Worksheet 2 of the 2017 Schedule H instructions was used to compute a cost-to-charges ratio used to calculate charity care and unreimbursed Medicaid at cost
Part I, Line 7, Column (f)	The Bad Debt expense included on Form 990, Part IX, Line 25, Column (A), but subtracted for purposes of calculating the percentage in this column is \$ 12,796,669

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	Collaborative partnerships with community groups to improve community health
Part III, Line 2	Estimated bad debt expense is based on the historical collection rate for patients without insurance and for the patient balance once insurance has settled the account. Bad debt expense does not include discounts to patients without insurance.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 3	For patients who do not turn in a signed charity care application, after 120 days of collection efforts, RSFH uses the Health Care Advisory Board's self pay compass program to automatically qualify patients for charity care through the use of an electronic scoring technique. The data received through this software is believed to err on the side of denying charity. The estimate of bad debt that could have been charity is based on the system error rate. Please note that patients who complete a full charity care application and qualify for charity under our policy are granted charity regardless of the score in the self-pay compass system.
Part III, Line 4	From the consolidated audited financial statements of CareAlliance Health Services (d/b/a Roper St Francis Healthcare) which includes the activity of Bon Secours-St. Francis Xavier Hospital, Inc. The process of estimating the allowance for doubtful accounts requires CareAlliance to estimate the collectibility of patient accounts receivable, which is primarily based on collection history, adjusted for expected recoveries. CareAlliance collects substantially all of its third-party insured receivables, which include receivables from governmental agencies. Collections are impacted by the economic ability of patients to pay and the effectiveness of collection efforts. Significant changes in payor mix, business office operations, economic conditions, or trends in federal and state governmental healthcare coverage could affect the collection of accounts receivable. CareAlliance also continually reviews overall reserve adequacy by monitoring historical cash collections as a percentage of trailing net revenue, as well as by analyzing current-period gross revenue and admissions by payor classification, aged accounts receivable by payor, and days revenue outstanding.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 8	The entire amount of Medicare shortfall qualifies as community benefit. Our treatment of Medicare patients, as described in IRS Rev. Rul. 69-545, indicates that Roper Hospital operates to promote the health of the community. By taking Medicare patients, the Hospital promotes access to healthcare services, which is a community benefit. The Organization uses the Medicare cost report to determine the costs reported on Part III, Line 5 and 6. Had we included revenues and costs from all Medicare programs including Medicare Part C this would have resulted in an additional shortfall of \$11,983,501.
Part III, Line 9b	The Hospital uses the Health Care Advisory Board's self-pay Compass Program to identify a patient's propensity to pay. Accounts with an FPL of 350% and below will be identified once the self-pay AR billing process has been completed and prior to the account being referred to a collection agency. Accounts with FPL of 350% and below will be given a charity adjustment. Once an account has been referred to bad debt, the Organization will make every effort to ensure that all self-pay collectors demonstrate consistent, compassionate, and professional service while conducting business on behalf of the Health System. This will include, but is not limited to, guarantor notification and contact/collection attempts, discount opportunities, payment plan arrangements, account balance notifications, face-to-face meetings, and detailed bill generation. An outsourced self-pay billing agency will contact the guarantor to set up payment arrangements. Financial assistance discounts are offered to guarantors who meet the charity guidelines. Self-pay patients receive a 35% discount off total charges. They are also eligible for a 10% prompt payment discount if they pay the balance during the discussion. Discounts may be combined if all requirements are met. In pursuit of collections, the hospital and its agents will not attach liens on property, garnish wages, pursue legal actions (unless recommended by the self-pay billing entities), sell accounts, or send bankrupt guarantors to collection agencies.

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 2	<p>The Community Needs Assessment Team used the 12 topic areas highlighted within the Healthy People 2020 framework to guide the discussion and research for the 2016 community health needs assessment. Healthy People 2020 is consistently recognized as a national benchmark for healthcare goals and standards. The 12 topic areas include Access to Public Health, Clinical Preventative Services, Environmental Quality, Injury and Violence, Maternal, Infant, and Child Health, Mental Health, Nutritional, Physical Activity and Obesity, Oral Health, Reproduction and Sexual Health, Social Determinants, Substance Abuse, and Tobacco. We used the following secondary sources in the data assessment process to provide a framework and foundation for subsequent primary data collection and analysis as it relates to our community: Nielson Claritas, 2016 County Health Rankings, Health Indicators Warehouse, The Advisory Board Company, Kids Count Data Center, Truven Health Analytics, and the USDA. Data from these sources was used to identify at-risk populations, underserved populations, health need areas, and professional shortage areas. In addition, the Community Needs Assessment Team entered into dialogue with community leaders, key hospital administrators, physicians, those with knowledge/expertise in public health, and those serving underserved and chronic disease populations. Collection and analysis of results from the CHNA data assessment, survey, interviews, and focus groups provided a strong foundation for identifying health needs and service gaps.</p>
Part VI, Line 3	<p>The Hospital shall send anyone who requests information on the Hospital's financial assistance program a letter outlining required information and a financial assistance application form. Requests for financial assistance may be proposed by sources other than the patient, such as the patient's physician, family members, social service organizations, community or religious groups, or hospital personnel. Statements to patients from the Hospital outline our charity care policy and our charity care policy is posted on our website. If patients indicate they are not able to pay their bill, we will provide the patient with a charity care application. Patients can also meet with a member of our financial counseling department to learn about their financial assistance options. Brochures are printed in English and Spanish telling patients to contact the financial counseling department. The Hospital wants its patients' focus to be on health and recovery and not financial worry. There is absolutely no additional cost for our financial counseling assistance. Additionally, patients can meet with staff of the Medicaid program. The program staff will meet with patients individually to help them apply for publicly supported programs such as Medicaid, Medicare, and disability. Counselors meet with patients in the Hospital as well as making home visits as appropriate. The staff can also help identify resources to help pay for medication. All of this information is posted on our website with the appropriate contact information.</p>

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 4	<p>The System's primary service area consists of Charleston, Berkeley, and Dorchester counties, and includes the major municipalities of Charleston, North Charleston, Mount Pleasant, and Summerville. Approximately 768,000 residents live within the primary service area, based on Esri estimates for 2017. According to Esri's forecasts, population in the primary service area is projected to grow 10.3% between 2017 and 2022. The 2017 - 2022 population growth rate is projected to be 1.98% annually compared to 2.01% for the period 2010 - 2017. In 2017, 11.5% of households within the primary service area had income less than \$15,000, 10% had income between \$15,000 and \$25,000, 23% had income between \$25,000 and \$50,000, 20% between \$50,000 and \$75,000, 13% between \$75,000 and \$100,000, and 23% above \$100,000. Within the primary service area, poverty continues to be an issue. According to the US Census Bureau's 2016 Small Area Health Insurance Estimates (SAHIE), an estimated 11.6% of Tri-county residents lack health insurance. This is higher than the national average of 10.4%. The US Department of Health and Human Services designated 6 medically underserved areas and 1 medically underserved population within our primary service area. From December 2016 to December 2017, the unemployment rate in the primary service area decreased from 4.6% to 3.6% and dropped below the national average rate of 4.1%. The secondary service area includes Colleton, Orangeburg, Georgetown, Hampton, Beaufort, Williamsburg, and Horry counties. In addition to the system's facilities, there are four other non-military hospitals in the primary service area.</p>
Part VI, Line 5	<p>In keeping with our mission of healing all people with compassion, faith, and excellence, Roper St. Francis Healthcare strives to enrich the health of our community. We do this by offering charity care to those in need, reaching out to our neighbors with health fairs and educational materials, sponsoring organizations and events that promote wellness and community well-being, and marshalling our resources to advance the health and dignity of each person with whom we come in contact. We are the lowcountry's only non-governmental, not-for-profit healthcare system. With this distinction, we believe it is our responsibility to advocate for and respond to our neighbors' needs through community benefit. Surplus funds are returned to our community through the development of new facilities to serve population growth, the expansion of existing facilities, subsidizing care for those who are unable to pay, sponsorship of healthcare-related activities including outreach clinics and programs for the uninsured, and investing in technology to improve the quality of patient care. The Organization is committed to the enrichment of healthcare in our community as evidenced by the composition of our Board of Directors and Open Medical Staff. Our governing body is comprised of a 13-member Board of Directors. At least nine directors must have their primary residence in a community served by the system. Five directors must be physicians actively engaged in the full-time practice of medicine. The Hospital extends medical staff privileges to all qualified physicians in the area for most of our departments.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 6	Bon Secours-St Francis Xavier Hospital, Inc is a charitable health care delivery system based in Charleston, South Carolina The 204-bed health system provides services at 90 facilities and doctors' offices conveniently located throughout our region One of these facilities is Roper Hospital, Inc , an acute care hospital with 204 licensed beds CareAlliance was formed effective August 1, 1998, through the execution of an affiliation agreement between the following founding members - The Medical Society of South Carolina,- Bon-Secours Health System, Inc , and- Carolinas Healthcare System CareAlliance is the sole corporate member and, through its by-laws, has the power to control the financial and business affairs of Bon Secours-St Francis Xavier Hospital, Inc
Part VI, Line 7, Reports Filed With States	SC

Schedule H (Form 990) 2017

**Additional Data****Software ID:****Software Version:****EIN:** 57-1067254**Name:** Bon Secours-St Francis Xavier Hospital  
Inc**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	Bon Secours St Francis Xavier Hospital 2095 Henry Tecklenburg Blvd Charleston, SC 29414 <a href="http://www.rsfh.com/st-francis-hospita">http //www rsfh com/st-francis-hospita</a> HTL-0750	X	X					X			

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

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

Form and Line Reference	Explanation
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 5 In an effort to create a greater impact on the community and address the greatest needs, Roper St Francis produced a joint CHNA in collaboration with the Medical University of South Carolina and the Trident United Way To gather community input the Community Health Needs Assessment team disseminated a community survey with the purpose of identifying a general overview of the most concerning health topics The survey included over 900 respondents, a 173% increase over the last CHNA cycle and an immediate benefit of collaborating with community partners In addition, the team hosted two health forums, facilitated 7 community focus groups, and conducted eight interviews with local healthcare, social service, and civic leaders Respondents who participated in this phase included experts in the field of public health, hospital administration members, community outreach groups, and other local organizations Using feedback from the survey, interviews and focus groups, a summary of community input was created This summary would eventually be used to help focus in on priorities and ultimately, implementation strategies
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 6a Roper St Francis Hospital Healthcare produced a joint CHNA report in collaboration with its three Charleston area hospitals, as well as the Medical University of South Carolina and the Trident United Way A major accomplishment of this collaborative effort was to recognize a set of common priorities, design programs that address the greatest needs, and create the greatest impact to improve the health and wellbeing of our community Given different missions, goals and government requirements, the organizations individually prioritized health needs and corresponding support programs and services The Roper St Francis facilities include Roper Hospital, Bon Secours St Francis Hospital, and Mount Pleasant Hospital Each of these hospitals files a Schedule H and has a customized implementation plan

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

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

Form and Line Reference	Explanation
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 6b See response above to question 6a
Bon Secours St Francis Xavier Hospital	<p>Part V, Section B, Line 11 Roper St Francis used the Healthy People 2020 rankings reported in the survey and qualitative data collection methods to establish its current priorities To ensure the priorities selected were strategically aligned with Roper St Francis' mission and vision, priority was determined based on the System's ability to impact an identified need to the significance of the need in the community As part of the prioritization process, Roper St Francis Healthcare conducted an inventory of existing system-based outreach programs, community partnerships, and other collaborative resources that currently address each of the priority areas After examining the range of services currently available, the expertise, outreach, and capacity of the RSFH System, and the resources available to best address needs through other community organizations, Roper St Francis Healthcare senior leadership chose the following 5 issues as priorities to implement for its current CHNA Access to Care, Clinical Preventive Services, Mental Health, Obesity/Nutrition/Physical Activity, Social Determinants, and Maternal, Infant, and Child Health For the Healthy People 2020 topics that were not identified through the CHNA as strategic priority areas of need (Injury and Violence, Substance Abuse, Environmental Quality, Oral Health, Sexual Health, Tobacco Use), Roper St Francis Healthcare is committed to providing support and collaboratively working with local partners, new and existing, to ensure these needs are acknowledged The Roper St Francis Community Needs Assessment Team developed implementation strategies for each health issue identified as a strategic priority This implementation plan will be rolled out over the next 3 years Strategies are to be clearly defined with a matrix of which areas each RSFH hospital will address Some strategies may be addressed by more than one RSFH hospital or the system as a whole The team will develop a monitoring method at the conclusion of the implementation planning process to provide status updates to community partners, stakeholders, and the community-at-large</p>

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

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

Form and Line Reference	Explanation
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 13h A 10% prompt payment discount is also offered to all self-pay or self-pay-after-insurance patients who pay the account balance at one time
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 16j The patient handbook provided with registration references the policy and includes contact information for patients who need assistance In addition, signs are posted at all hospital registration sites that reference our financial assistance policies and how they are accessed

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

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

Form and Line Reference	Explanation
Bon Secours St Francis Xavier Hospital	Part V, Section B, Line 20e We also send the patient a letter when they complete an application - either approving or denying their application

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No 1545-0047

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](http://www.irs.gov/form990).

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
57-1067254

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</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</p>	<b>1b</b>									
<p><b>2</b> 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?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4a</b>	Yes								
	<b>4b</b>	Yes								
	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5a</b>	No								
	<b>5b</b>	No								
<p><b>6</b> 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:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6a</b>	Yes								
	<b>6b</b>	Yes								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	<b>7</b>	Yes								
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									



**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 3	A related organization of Bon Secours-St Francis Xavier Hospital, Inc determined the compensation of the Organization's CEO using the following methods - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study - Approval by the Board or Compensation Committee
Part I, Line 4a	Matthew Severance - \$116,064 Steven Shapiro - \$137,843 Part I, Line 4b The Vice Presidents, CFO, and CEO participate in the 457(f) Plan The following participants received compensation through a 457(f) Plan Bret Johnson - \$101,060 (from a related organization) Greg Edwards - \$23,380 (from a related organization) Matt Severance - \$35,930 (from a related organization) Allen Carroll - \$28,255 (from a related organization) Mark Dickson - \$11,139 (from a related organization) Pennie Peralta - \$13,201 (from a related organization) Carolyn Donohue - \$12,413 (from a related organization) John Sullivan - \$148,871 (from a related organization) The Roper St Francis Healthcare 457(f) Plan's purpose is to offer eligible employees of the employer deferred compensation benefits to supplement Eligible Employees' retirement income The Plan is intended to be a top-hat plan (i.e. an unfunded deferred compensation plan maintained for certain members of a select group of management or highly compensation employees)
Part I, Line 6	Goals are developed each year to support the Organization's strategic initiatives for people, quality, financial, growth and service The Ad Hoc Compensation Committee approves the system goals annually and reports to the full Board of Directors Progress on each metric is reported to the Board each month on the corporate scorecard At year end, the Ad Hoc Compensation Committee approves the final scorecard number and reports results to the full Board Annual incentives for the executives are based on 60% on the corporate scorecard and 40% on individual performance Executives maintain an individual scorecard on the leader evaluation manager and discuss results monthly with the President/CEO The President/CEO approves the individual executive scorecard System Vice Presidents and the System CEO are eligible to participate in a long term incentive plan (LTIP) An LTIP typically takes place over a three year period and does not vest until the end of the third year To receive payment, executives must still be employed by the system at the end of the plan period Each LTIP has a financial and clinical objective that is aligned with the Organization's strategic goals Threshold, target, and maximum performance ranges are established for these objectives and are measured based on performance against similar organizations or compared to an internal metric such as an improvement over prior performance These targets and objectives are approved by the Ad Hoc Compensation Committee The incentive is earned based on the satisfaction of the threshold, target, or maximum performance ranges The Ad Hoc Compensation Committee also approves the final LTIP performance score and the amount paid to executives under the plan Results are reported to the full Board annually Part I, Line 7 See the response to Line 6 above
Schedule J, Part II, Line 1	Carolinas Healthcare System provides the compensation of Lorraine Lutton, President and CEO, Bret Johnson, SVP and CFO, David Dunlap, Former President and CEO, and John Sullivan, Former CEO Mt Pleasant Hospital Additional Information CareAlliance Health Services has board representations from the 3 founding organizations the Medical Society of SC (6 board members), Bon-Secours Health System, Inc (6 board members), and Carolinas Healthcare System (1 board member) None of the 13 appointed board members receive compensation for their membership Additionally, 4 of the 6 board members appointed by the Medical Society of South Carolina also serve on the board of the Medical Society None receive compensation for their services as a board member It is the founding member's intent that the members of the Board of Directors are appointed to such positions because they have a willingness to serve the needs of the system as a whole and not the needs of any individual founding member

**Additional Data**

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> Brian Cuddy MD See Sch O Chairperson	(i)	0	0	0	0	0	0	0
	(ii)	935,066	36,170	12,541	34,512	25,151	1,043,440	0
<b>1</b> Susan Datta MD See Sch O Board Member	(i)	0	0	0	0	0	0	0
	(ii)	230,590	9,130	9,060	30,478	27,740	306,998	0
<b>2</b> John Holloway Jr See Sch O Board Member	(i)	0	0	0	0	0	0	0
	(ii)	305,871	80,000	0	16,512	16,751	419,134	0
<b>3</b> John Spratt MD See Sch O Board Member	(i)	0	0	0	0	0	0	0
	(ii)	768,454	17,600	10,837	37,212	32,890	866,993	0
<b>4</b> Lorraine Lutton President & CEO - RSFH	(i)	0	0	0	0	0	0	0
	(ii)	519,670	275,000	92,791	197,287	26,268	1,111,016	0
<b>5</b> Bret D Johnson SVP & CFO & Treasurer - RSFH	(i)	0	0	0	0	0	0	0
	(ii)	385,009	250,060	104,050	204,419	30,852	974,390	160,458
<b>6</b> Matthew Severance End 91717 SVP & COO & CEO - Roper	(i)	0	0	0	0	0	0	0
	(ii)	504,308	307,018	133,090	114,678	20,701	1,079,795	141,770
<b>7</b> Douglas Bowling VP & Chief Strategy Officer (End 4/1	(i)	0	0	0	0	0	0	0
	(ii)	72,179	76,860	50	2,100	3,010	154,199	76,860
<b>8</b> Gregory Edwards VP & General Counsel & Secretary	(i)	0	0	0	0	0	0	0
	(ii)	361,621	205,072	25,552	143,803	29,791	765,839	81,954
<b>9</b> Keith Neuman VP & CIO	(i)	0	0	0	0	0	0	0
	(ii)	271,896	0	339	95,793	28,232	396,260	0
<b>10</b> Melanie Stith VP Human Resources	(i)	0	0	0	0	0	0	0
	(ii)	236,367	132,500	245	86,762	31,139	487,013	33,600
<b>11</b> Stanley Wilson MD VP Medical Affairs & CMO	(i)	0	0	0	0	0	0	0
	(ii)	380,601	0	10,807	95,646	20,723	507,777	0
<b>12</b> Todd Shuman MD SVP & Chief Physician Officer	(i)	0	0	0	0	0	0	0
	(ii)	491,712	261,782	609	189,234	18,330	961,667	63,378
<b>13</b> Toni Flowers VP & Chief Diversity Officer	(i)	0	0	0	0	0	0	0
	(ii)	214,339	0	3,881	63,303	12,053	293,576	0
<b>14</b> Karen Fraser VP Pt Engagement & Care Coordination	(i)	0	0	0	0	0	0	0
	(ii)	264,307	0	397	120,187	32,030	416,921	0
<b>15</b> Mark Dickson VP Mission	(i)	0	0	0	0	0	0	0
	(ii)	186,419	26,712	11,536	61,953	18,195	304,815	37,851
<b>16</b> Allen Carroll Regional CEO & CEO - BSSF (End 2/17/	(i)	0	0	0	0	0	0	0
	(ii)	169,290	185,680	29,300	26,538	7,670	418,478	113,935
<b>17</b> Anthony Jackson VP & CEO - Mt Pleasant and BSSF	(i)	0	0	0	0	0	0	0
	(ii)	291,684	120,000	257	111,462	31,567	554,970	0
<b>18</b> Pennie Peralta VP System CNO & CNO - BSFF	(i)	0	0	0	0	0	0	0
	(ii)	203,351	31,878	13,810	64,345	20,718	334,102	45,079
<b>19</b> Stephen Porter VP & CEO - Roper Hospital (start 7/1	(i)	0	0	0	0	0	0	0
	(ii)	163,654	7,115	24,473	64,741	543	260,526	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A) Name and Title</b>		<b>(B) Breakdown of W-2 and/or 1099-MISC compensation</b>			<b>(C) Retirement and other deferred compensation</b>	<b>(D) Nontaxable benefits</b>	<b>(E) Total of columns (B)(i)-(D)</b>	<b>(F) Compensation in column (B) reported as deferred on prior Form 990</b>
		<b>(i) Base Compensation</b>	<b>(ii) Bonus &amp; incentive compensation</b>	<b>(iii) Other reportable compensation</b>				
<b>21</b> Carolyn Donohue VP Nursing & Snr Nurse Exec - Roper	(i)	0	0	0	0	0	0	0
	(ii)	206,306	36,918	13,524	41,427	7,674	305,849	36,918
<b>1</b> Tavia Buck VP & Senior Nurse Exec - MPH	(i)	0	0	0	0	0	0	0
	(ii)	137,223	21,840	92	22,505	2,505	184,165	21,840
<b>2</b> Robert Oliverio MD VP & CEO - RSFPP	(i)	0	0	0	0	0	0	0
	(ii)	411,153	52,290	212	167,471	29,205	660,331	52,290
<b>3</b> Kathleen Guatteri COO - RSFPP (start 1/9/17)	(i)	0	0	0	0	0	0	0
	(ii)	253,969	25,000	18,448	84,452	20,434	402,303	0
<b>4</b> Francis Wyckoff Jr Director of Pharmacy	(i)	0	0	0	0	0	0	0
	(ii)	212,655	0	2,817	14,430	10,875	240,777	0
<b>5</b> Stephanie McKoin Director of Perioperative Services	(i)	0	0	0	0	0	0	0
	(ii)	181,513	0	1,063	10,131	22,947	215,654	0
<b>6</b> Mike DeGennaro Director of Imaging	(i)	0	0	0	0	0	0	0
	(ii)	166,280	0	692	8,340	8,441	183,753	0
<b>7</b> Peter DiNicola Dir Plant & BioMed Engrng	(i)	0	0	0	0	0	0	0
	(ii)	217,702	0	609	14,800	4,804	237,915	0
<b>8</b> Robert Morgan Stuart MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	879,078	203,617	9,099	34,512	30,102	1,156,408	0
<b>9</b> John McCrosson MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	1,028,302	81,361	10,854	37,212	30,066	1,187,795	0
<b>10</b> Robert Lowery MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	593,829	477,673	15,189	34,512	30,121	1,151,324	0
<b>11</b> John Steichen MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	1,152,711	3,731	12,117	34,512	32,871	1,235,942	0
<b>12</b> George Khoury MD Physician	(i)	0	0	0	0	0	0	0
	(ii)	1,181,917	248,573	13,229	34,512	33,598	1,511,829	0
<b>13</b> David Dunlap Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	53,979	159,138	6,232	12,562	-179	231,732	151,560
<b>14</b> Melinda Cardell Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	190,503	0	974	10,345	9,278	211,100	0
<b>15</b> John Sullivan Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	0	13,608	148,871	0	0	162,479	12,960
<b>16</b> Steven Shapiro MD Former Officer	(i)	0	0	0	0	0	0	0
	(ii)	137,668	46,620	0	0	2,011	186,299	46,620
<b>17</b> Scott Ferguson Director Materials Services	(i)	0	0	0	0	0	0	0
	(ii)	168,682	0	1,440	10,468	24,192	204,782	0
<b>18</b> Vanessa Shamrock Director of Lab	(i)	0	0	0	0	0	0	0
	(ii)	138,579	0	397	6,228	10,267	155,471	0
<b>19</b> Wanda Brockmeyer Director of Emergency Svcs	(i)	0	0	0	0	0	0	0
	(ii)	99,482	0	5,105	5,037	4,673	114,297	0

**Schedule L**  
(Form 990 or 990-EZ)

**Transactions with Interested Persons**

OMB No 1545-0047

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

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization Bon Secours-St Francis Xavier Hospital Inc	Employer identification number 57-1067254
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**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ 0

**Part II Loans to and/or From Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) See Part V	See Part V	58,625	See Part V		No
(2) See Part V	See Part V	75,216	See Part V		No
(3) See Part V	See Part V	878,050	See Part V		No

**Part V Supplemental Information**

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

Return Reference	Explanation
Sch L, Part IV, Business Transactions Involving Interested Persons	(a) Name of Person Jessica Burke (b) Relationship Between Interested Person and Organization Family relationship to Officer, Pennie Peralta (c) Amount of Transaction \$ 58,625 (d) Description of Transaction Compensation for employment (e) Sharing of Organization Revenues? = No (a) Name of Person Patricia Ferguson (b) Relationship Between Interested Person and Organization Family relationship to Former Key Employee, Scott Ferguson (c) Amount of Transaction \$ 75,216 (d) Description of Transaction Compensation for employment (e) Sharing of Organization Revenues? = No (a) Name of Person Charleston Maternal Fetal Medicine (b) Relationship Between Interested Person and Organization Entity 35% or more owned by Board Member, Alison Dillon (c) Amount of Transaction \$878,050 (d) Description of Transaction Contracted Services (e) Sharing of Organization Revenues? = No

**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service

Name of the organization

Bon Secours-St Francis Xavier Hospital  
Inc**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2017****Open to Public  
Inspection****Employer identification number**

57-1067254

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Part VI, Section A, line 3	Carolinas Healthcare System (CHS), an unrelated organization, provides the compensation of Lorraine Lutton, President and CEO, Bret Johnson, SVP & CFO, David Dunlap, Former President and CEO, and John Sullivan, Former CEO Mt Pleasant Hospital. These individuals are employees of CHS and their compensation is paid by CareAlliance Health Services, a related organization, through a management fee to CHS.

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section A, line 7b	<p>The following actions shall require the unanimous affirmative approval of all of the founding members (a) to amend the Articles of Incorporation or by-laws, including without limitation, any change in the Corporation's purposes, provided, however, that, subject to the procedures and voting requirements with respect to the admission of non-founding members, Schedule 3 1 may be amended with the approval of two (2) of the founding members to reflect the admission of a non-founding member, (b) to dissolve or liquidate the Corporation and to determine the distribution of assets upon dissolution, (c) to merge or consolidate the Corporation or to sell, convey, transfer, lease, or otherwise dispose of all or substantially all of its assets, (d) to appoint the President and Chief Executive Officer of the Corporation in a manner other than that established within the by-laws, (e) to alter or amend the Corporation's ethical performance standards (defined below), or (f) to enter into any material agreement whereby a third party will (i) become an equity owner in any joint venture with the Corporation or any system participant and will not be legally obligated to support the corporation's ethical performance standards, or (ii) manage a substantial part of the facilities, assets, or operations of the system and will not be legally obligated to comply with and support the corporation's ethical performance standards</p>

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 18	Photocopies of the Form 990 are available upon request at the Organization's administrative office. In addition, recent filings of the Form 990 are available online at <a href="http://www.guidestar.org">www.guidestar.org</a>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Organization's audited financial statements are published annually and are available to the public at <a href="http://www.dacbond.com">www.dacbond.com</a>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VII, Section A, Line 1	The following board members were compensated for services performed for the organization (or a related organization) not in the capacity of their positions on the board. No board member is compensated for his services as a board member. Brian Cuddy, MD was compensated for medical services rendered to the organization and a related organization. Alison Dillon, MD was compensated for medical services rendered to the organization. John B. Holloway, Jr. was compensated by the Medical Society of South Carolina for services as Chief Executive Officer. John A. Spratt, MD was compensated for medical services rendered to a related organization. Susan Datta, MD was compensated for medical services rendered to a related organization. Wills C. Geils, MD was compensated for medical services rendered to a related organization.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section B	The amounts reported for Robins and Morton Group represent payments for goods and services. These amounts cannot be separated.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part IX, line 11g	Purchased Services Program service expenses 1,458,576 Management and general expenses 3,943,559 Fundraising expenses 0 Total expenses 5,402,135 Professional Fees Program service expenses 3,727,341 Management and general expenses 10,077,627 Fundraising expenses 0 Total expenses 13,804,968 Other Fees Program service expenses 1,343,091 Management and general expenses 3,631,320 Fundraising expenses 0 Total expenses 4,974,411

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part XI, line 9	Other 2,156 Allocate Physician Partners Due To Balance -6,944,084 Adjust Interco for Cash & Investments Among the OG entities -45,651,564 Funds Released for Capital 200,000 Net Pension & Benefit Expense Allocated from Affiliates 1,065,222 Support from MSSC -200,000

## 990 Schedule O, Supplemental Information

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

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2017**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

**Employer identification number**

57-1067254

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

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

**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.

See Additional Data Table

(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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
<b>(1)</b> Lowcountry Surgery Center LLC (dba Roper St Francis Eye Surgery Center) 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 58-1693021	Eye surgery	SC	N/A									
<b>(2)</b> RSFH - ATI Physical Therapy LLC 125 Doughty St Ste 760 Charleston, SC 29403 47-4797980	Physical therapy	SC	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
<b>(1)</b> CareAlliance Medical Services Organization 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-1012837	Inactive	SC	N/A	C					No

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

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

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

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

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



**Part VII** **Supplemental Information**

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

# Additional Data

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-0831165	Healthcare	SC	501(c)(3)	Line 3	N/A		No
8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-0828733	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-0360499	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 26-3710229	Healthcare (future)	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 26-2946628	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No
8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-1068509	Supporting Org	SC	501(c)(3)	Line 12A, I	CareAlliance Health Services		No
69-B Barre Street Charleston, SC 29401 57-0288358	Supporting Org/Founding Member	SC	501(c)(3)	Line 12C, III-FI	N/A		No
8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 47-5407453	Healthcare	SC	501(c)(3)	Line 3	CareAlliance Health Services		No