efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2017

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017 , and ending 08-31-2018

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

C Name of organization
Bon Secours Mercy Health Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1701 Mercy Health Place

City or town, state or province, country, and ZIP or foreign postal code
Cincinnati, OH 45237

D Employer identification number
52-1301088

E Telephone number
(513) 952-5000

G Gross receipts $ 353,970,898

F Name and address of principal officer
John M Starcher
1701 Mercy Health Place
Cincinnati, OH 45237

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ bonsecours com

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

L Year of formation 1983

M State of legal domicile MD

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Acts as Home Office for Bon Secours Health System providing admin/mgmt services to affiliates

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	**5**	1,152
6	Total number of volunteers (estimate if necessary)	**6**	18
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	385,783
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,505	0
9	Program service revenue (Part VIII, line 2g)	288,960,548	309,167,757
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,587,320	22,225,619
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,966,511	20,718,753
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	339,545,884	352,112,129
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,194,847	6,939,280
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	161,396,243	183,680,939
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	158,483,252	151,087,243
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	325,074,342	341,707,462
19	Revenue less expenses Subtract line 18 from line 12	14,471,542	10,404,667

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,323,176,622	1,309,150,858
21	Total liabilities (Part X, line 26)	1,220,154,399	1,098,251,036
22	Net assets or fund balances Subtract line 21 from line 20	103,022,223	210,899,822

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: 2019-07-12

Deborah Bloomfield Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

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

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

Firm's address ▶ 695 Town Center Drive Suite 1000
Costa Mesa, CA 92626

Phone no (714) 436-7100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 308,022,334 including grants of $ 6,939,280) (Revenue $ 308,669,892)

See Additional Data

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 308,022,334

Part IV Checklist of Required Schedules

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

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

			Yes	No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	275		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	1,152		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶CJ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	16		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

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

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

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

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶Travis Crum 1701 Mercy Health Place Cincinnati, OH 45237 (513) 952-5000

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								17,176,471	0	1,769,371

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 383

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Epic Systems Corporation 1979 Milky Way Verona, WI 53593	Medical software and services	11,672,551
Shiftwise PO Box 70870 St Paul, MN 55170	Staffing support	9,501,543
Deloitte Consulting LLP 200 Berkeley St Boston, MA 02116	Consulting Services	7,475,848
CDW Government Inc 75 Remittance Drive Ste 1515 Chicago, IL 60675	Software services	7,291,887
Epitome Networks 1600 A East Pharma Rd Richmond, VA 23228	IT Maintenance services	6,222,329

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 196

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f $ _____				
	h **Total.** Add lines 1a-1f . . . . . ▶				

Program Service Revenue	Business Code				
2a Corp Mgmt & IS Fees	900099	255,388,514	255,322,283	66,231	
b Premier & Other Partne	900099	30,231,812	29,800,178	431,634	
c Management Service Fee	900099	23,547,431	23,547,431		
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		309,167,757			

Other Revenue					
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		5,393,921			5,393,921
4 Income from investment of tax-exempt bond proceeds ▶					
5 Royalties . . . . . ▶					
	(i) Real / (ii) Personal				
6a Gross rents	10,515,346				
b Less rental expenses	1,858,769				
c Rental income or (loss)	8,656,577				
d Net rental income or (loss) . . . . . ▶		8,656,577		-112,082	8,768,659
	(i) Securities / (ii) Other				
7a Gross amount from sales of assets other than inventory	16,831,698				
b Less cost or other basis and sales expenses	0				
c Gain or (loss)	16,831,698				
d Net gain or (loss) . . . . . ▶		16,831,698			16,831,698
8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from fundraising events . . ▶					
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a Rebates & Billings	900099	10,298,692			10,298,692
b Amort of Bond Disc/Pre	900099	1,763,484			1,763,484
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		12,062,176			
12 **Total revenue.** See Instructions . . . . . ▶		352,112,129	308,669,892	385,783	43,056,454

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	6,936,280	6,936,280		
2 Grants and other assistance to domestic individuals See Part IV, line 22	3,000	3,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,151,336	11,836,202	1,315,134	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	146,461,232	131,815,109	14,646,123	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,768,447	1,591,602	176,845	
9 Other employee benefits	19,884,707	17,896,236	1,988,471	
10 Payroll taxes	2,415,217	2,173,695	241,522	
11 Fees for services (non-employees)				
a Management				
b Legal	1,707,596	1,536,836	170,760	
c Accounting	1,418,190	1,276,371	141,819	
d Lobbying	46,870	42,183	4,687	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	27,815,551	25,038,055	2,777,496	
12 Advertising and promotion	421,671	379,504	42,167	
13 Office expenses	3,170,976	2,853,878	317,098	
14 Information technology	47,918,132	43,126,319	4,791,813	
15 Royalties . .				
16 Occupancy	7,929,901	7,136,911	792,990	
17 Travel	3,034,808	2,731,327	303,481	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
19 Conferences, conventions, and meetings	1,989,414	1,790,473	198,941	
20 Interest	8,985,866	8,985,866		
21 Payments to affiliates	6,399,814	5,759,833	639,981	
22 Depreciation, depletion, and amortization . .	37,929,376	34,136,438	3,792,938	
23 Insurance . . .	188,266	169,439	18,827	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Federal Income Tax	1,234,393		1,234,393	
b Professional Dues	738,020	664,218	73,802	
c Other Miscellaneous Exp	158,399	142,559	15,840	
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	341,707,462	308,022,334	33,685,128	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		1	
	2	Savings and temporary cash investments	49,223,928	2	56,861,311
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	12,240,591	4	16,224,239
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	32,011	7	89,833
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	18,924,072	9	12,913,555
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 514,317,292			
	b	Less accumulated depreciation — 10b: 363,604,516	167,477,147	10c	150,712,776
	11	Investments—publicly traded securities	245,579,923	11	239,955,926
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11	216,657,940	13	237,878,245
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	613,041,010	15	594,514,973
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,323,176,622	16	1,309,150,858
Liabilities	17	Accounts payable and accrued expenses	115,792,658	17	105,388,436
	18	Grants payable		18	
	19	Deferred revenue	82,529,849	19	74,612,591
	20	Tax-exempt bond liabilities	770,629,086	20	755,369,856
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	10,763,458	23	7,849,950
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	240,439,348	25	155,030,203
	26	**Total liabilities.** Add lines 17 through 25	1,220,154,399	26	1,098,251,036
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	103,022,223	27	210,899,822
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	103,022,223	33	210,899,822
	34	Total liabilities and net assets/fund balances	1,323,176,622	34	1,309,150,858

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	352,112,129
2	Total expenses (must equal Part IX, column (A), line 25)	2	341,707,462
3	Revenue less expenses Subtract line 2 from line 1	3	10,404,667
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	103,022,223
5	Net unrealized gains (losses) on investments	5	25,219,802
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	72,253,130
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	210,899,822

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chris Allen Chairman	11 00 1 00	X		X				50,400	0	0
Denise Brooks-Williams Board Member	3 00 0 00	X						400	0	0
Charles Brown III Board Member (Sep-Dec)	3 00 0 00	X						400	0	0
Marcia Dush Board Member (Sep-Dec)	3 00 0 00	X						400	0	0
Stephanie Ferguson PhD Board Member	3 00 0 00	X						400	0	0
Sr Fran Gorsuch Board Member	49 00 1 00	X						400	0	0
Lizanne Gottung Board Member	3 00 0 00	X						400	0	0
David Jimenez Board Member (Sep-Dec)	4 00 0 00	X						400	0	0
Clarion Johnson MD Board Member	3 00 0 00	X						400	0	0
Gerard Kells Board Member	5 00 0 00	X						400	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robert Kuramoto MD Board Member	4 00 0 00	X						400	0	0
Peter Maddox Board Member	4 00 0 00	X						400	0	0
Jennifer O'Brien Board Member	4 00 0 00	X						0	0	0
Dina Richard Board Member	3 00 0 00	X						400	0	0
Susan Sandlund PhD Board Member	5 00 0 00	X						400	0	0
John Starcher Jr JD Board Member (Sep-Dec)	3 00 0 00	X						0	0	0
Sr Mary Shimo Board Member	3 00 0 00	X						400	0	0
Richard Statuto President/CEO	50 00 0 00	X		X				1,927,402	0	573,305
Sr Alice Talone Board Member	3 00 0 00	X						400	0	0
Carol Taylor PhD Board Member	3 00 0 00	X						1,750	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Janice Burnett Treasurer / CFO	48 00 2 00			X				1,343,437	0	143,169
Christine Lay Secretary / SVP Governance	47 00 3 00			X				420,690	0	50,873
Timothy Davis EVP, CHRAO	48 00 2 00				X			1,359,869	0	36,690
Marlon Priest MD EVP, CMO	50 00 0 00				X			1,850,979	0	39,190
Laishy Williams-Carlson SVP, CIO	50 00 0 00				X			581,790	0	84,249
Mark Nantz EVP, Strategy & Growth	50 00 0 00				X			1,554,618	0	147,147
Matthew Toddy EVP, Legal Affairs	50 00 0 00				X			1,327,952	0	151,280
Samuel Ross MD EVP, CEO - Baltimore Health System	12 50 37 50				X			1,463,856	0	36,690
Michael Kerner CEO - Hampton Roads Health System (END 9/17)	0 10 49 90					X		1,082,068	0	106,562
Toni Ardabell CEO - Richmond Health System	0 10 49 90					X		1,550,046	0	107,752

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			
Andrea Mazzoccoli SVP, CNO	50 00 0 00					X		969,302	0	88,874
Wael Haidar MD Chief Clinical Officer	50 00 0 00					X		831,607	0	111,655
Jeffrey Oak Chief Enterprise Officer	50 00 0 00					X		604,343	0	89,438
Martha Riva JD Former Secretary / SVP Governance	0 00 0 00						X	250,362	0	2,497

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

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

The organization is not a private foundation because it is (For lines 1 through 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 **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 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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 34

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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
See Additional Data Table						
Total 34					3,463,964	360,795,280

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

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

12 Gross receipts from related activities, etc (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2016 Schedule A, Part II, line 14 **15**

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support.** (Subtract line 7c from line 6)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a	Yes	
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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* ***Part VI.***	6	Yes	
7	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)*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 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* ***Part VI.***	9c		No
10a	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*	10a		No
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?	1	Yes	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2	Yes	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3	Yes	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☑ The organization satisfied the Activities Test Complete **line 2** below
- b ☑ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a	Yes	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b	Yes	
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a	Yes	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b	Yes	

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

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

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

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

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

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part I, Line 12g, Column (vi)	Bon Secours Mercy Health, Inc , provides monetary support through grants/contributions and other support to its supported organizations through the performance of services Please see Form 990, Part III, line 4a for additional information

990 Schedule A, Supplemental Information

Return Reference	Explanation
Part IV, Section A, Line 5a	The following organizations were added to the listing of supported organizations All acti ons were accomplished through the applicable Board of Directors' approvals Added Schervi er Apartments, LLC 47-1364217

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

990 Schedule A, Supplemental Information

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

Additional Data

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

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) Bon Secours Hospital Baltimore Inc	521909599	3	Yes		31,785	13,292,137
(A) Bon Secours Housing Inc	521442707	10	Yes		0	0
(B) Bon Secours Housing II Inc	521543174	10	Yes		0	0
(C) Bon Secours of Maryland Foundation Inc	521732800	7	Yes		143,372	728,259
(D) Unity Properties Inc	521857768	7	Yes		0	0
(E) Bon Secours DePaul Health Foundation	541843876	7	Yes		40,000	0
(F) Bon Secours DePaul Medical Center Inc	541820093	3	Yes		0	30,706,632
(G) Bon Secours Maryview Foundation	521694731	7	Yes		96,500	0
(H) Bon Secours Maryview Nursing Care Center	521578169	10	Yes		0	62,852
(I) Maryview Hospital	540506463	3	Yes		0	90,719,977
(J) Mary Immaculate Hospital Incorporated	540548200	3	Yes		3,500	3,552,131
(K) Mary Immaculate Nursing Center Inc	541516476	10	Yes		0	58,532
(L) Bellefonte Physician Services Inc	352320780	10	Yes		0	19,159,148
(M) Bon Secours Kentucky Health System Foundation Inc	611381952	7	Yes		146,785	0
(N) Our Lady of Bellefonte Hospital Inc	611356023	3	Yes		0	16,091,124

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(P) Frances Schervier Home and Hospital	131740397	10	Yes		100,000	16,891,893
(A) Schervier Housing Development Fund Corporation	133098867	10	Yes		0	0
(B) Bon Secours Memorial Regional Medical Center Inc	541744931	3	Yes		2,500	11,191,911
(C) Bon Secours Richmond Community Hospital Incorporated	540647482	3	Yes		0	2,156,140
(D) Bon Secours Richmond Health Care Foundation	541201346	7	Yes		280,000	0
(E) Bon Secours St Francis Medical Center Inc	311716973	3	Yes		0	7,354,176
(F) Bon Secours St Marys Hospital of Richmond Inc	540793767	3	Yes		3,570	89,401,607
(G) Chesapeake Hospital Corporation	237424835	3	Yes		0	1,128,057
(H) Chesapeake Medical Group Inc	541857174	10	Yes		0	4,515,249
(I) Rappahannock General Hospital Foundation Inc	541210450	7	Yes		0	0
(J) Bon Secours St Francis Health System Foundation Inc	260012031	7	Yes		226,785	0
(K) St Francis Hospital Inc	582504530	3	Yes		0	51,944,049
(L) Bon Secours Maria Manor Nursing Care Center Inc	650061820	10	Yes		180,263	1,606,966
(M) Bon Secours St Petersburg Home Care Services Inc	134334363	10	Yes		0	166,796
(N) Bon Secours Health System Foundation Inc	474765376	7	Yes		5,000	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(AE) Congregation of Bon Secours of Paris Incorporated	453662533	1	Yes		1,108,500	0
(A) Sisters of Bon Secours of the US Incorporated	520715234	1	Yes		1,095,404	0
(B) Schervier Apartments LLC	471364217	10	Yes		0	0
(C) IVNA Health Services	541479847	10	Yes		0	67,644

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Information about Schedule C (Form 990 or 990-EZ) and its instructions is at** ***www.irs.gov/form990*****.**

OMB No 1545-0047

2017

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ $

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

	(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1					
2					
3					
4					
5					
6					

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		15,623
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		31,247
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			46,870
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Part II-B, Line 1	The filing organization conducted grassroots lobbying through email communications to a limited group of executives within the organization These communciations included methods of contacting their representatives on various issues The lobbying expense related to this activity is included on Line 1d The filing organization conducted lobbying activities through direct contact with legislators and government officials through site visits to state and congressional leadership in Annapolis, Maryland and Washington, DC The lobbying expense related to this activity is included on Line 1g The primary purpose for lobbying activities is to enhance Bon Secours Mercy Health's public position on legislative and regulatory issues that impact patient care throughout the Bon Secours Mercy Health healthcare system Bon Secours Mercy Health focuses on public policy issues that extend its healing ministry to those who ar poor and underserved in the communities Bon Secours Mercy Health serves

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

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

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

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

	Yes	No
(i) unrelated organizations . . . . . 3a(i)		
(ii) related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land		11,241,726		11,241,726
b Buildings		67,077,009	16,394,187	50,682,822
c Leasehold improvements		2,438,989	1,518,821	920,168
d Equipment		423,572,315	344,982,437	78,589,878
e Other		9,987,253	709,071	9,278,182
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				150,712,776

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)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Inv in Roper St Francis	109,167,210	C
(2) Inv in Charity Health System	54,443,256	C
(3) Community Programs Loans	29,243,784	C
(4) Inv in Innovation Institute	12,675,748	C
(5) JV P'ship Invest - Mission Related	11,821,227	C
(6) Inv in Memorial Regional Med Center	9,238,222	C
(7) Inv in Mary Immaculate Hospital JV	9,202,344	C
(8) Inv in Shannon Premiums Amort	1,184,657	C
(9) Inv in Envera	901,797	C
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	237,878,245	

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

(a) Description	(b) Book value
(1) Due from Affiliates	517,574,368
(2) HPL/GL Asset	38,309,629
(3) Ground Lease & Amortization	17,555,339
(4) Actuarial Value of Excess Recoverables	15,871,534
(5) Capital Accumulation	2,354,799
(6) Miscellaneous A/R	2,150,211
(7) Rent Receivable	280,813
(8) Investment in BSAC	120,000
(9) Other Miscellaneous Assets	298,280
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	594,514,973

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	1,234,393
Pension Liability	32,124,837
Worker's Comp Liability	57,294,093
HPL/GL & Workers Comp Liab	38,216,123
Due to Affiliates	25,366,184
Unclaimed Property	811,062
Other Income Taxes	11,247
Other Misc Liabilities	-27,736
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	155,030,203

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

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

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

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

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

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

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

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Inv in Roper St Francis	109,167,210	C
(2)Inv in Charity Health System	54,443,256	C
(3)Community Programs Loans	29,243,784	C
(4)Inv in Innovation Institute	12,675,748	C
(5)JV P'ship Invest - Mission Related	11,821,227	C
(6)Inv in Memorial Regional Med Center	9,238,222	C
(7)Inv in Mary Immaculate Hospital JV	9,202,344	C
(8)Inv in Shannon Premiums Amort	1,184,657	C
(9)Inv in Envera	901,797	C

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

(a) Description	(b) Book value
Due from Affiliates	517,574,368
HPL/GL Asset	38,309,629
Ground Lease & Amortization	17,555,339
Actuarial Value of Excess Recoverables	15,871,534
Capital Accumulation	2,354,799
Miscellaneous A/R	2,150,211
Rent Receivable	280,813
Investment in BSAC	120,000
Other Miscellaneous Assets	298,280

Supplemental Information

Return Reference	Explanation
Part X, Line 2	Schedule D, Part X, Line 2 requires that the organization provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under ASC 740 ASC 740 addresses the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return The adoption of ASC 740 by Bon Secours Mercy Health, Inc on September 1, 2007 did not have a material impact on BSMH's consolidated financial stateme nts As the organization does not conduct a separate audit of its financial statements, be low is the related statement from the Bon Secours Mercy Health, Inc consolidated audited financial statements The System and most of its subsidiaries (including certain joint ven ture entities) are exempt from federal income taxes under Section 501(c)(3) of the Interna l Revenue Code of 1986, as amended The System accounts for uncertain tax positions in acc ordance with ASC Topic 740, Income Taxes Their related income is exempt from federal inco me tax under Section 501(A) The System accounts for uncertainty in income tax positions b y applying a recognition threshold and measurement attribute for financial statement recog nition and measurement of a tax position taken or expected to be taken in a tax return Th e System has determined that no material unrecognized tax benefits or liabilities exist as of August 31, 2018 or 2017 Accounting for uncertainty in income taxes, ASC Topic 740-10 prescribes a comprehensive model for how an organization should measure, recognize, presen t, and disclose in its financial statements uncertain tax positions that an organization h as taken or expects to take on a tax return The System is subject to routine audits by ta xing jurisdictions, however, there are currently no audits for any tax periods in progress The System believes it is no longer subject to income tax examinations for years prior t o 2013 As of August 31, 2018 and 2017, the System has no uncertain tax positions The Sys tem's taxable subsidiaries had approximately $97,815 and $106,393 of net operating loss ca rryforwards as of August 31, 2018 and 2017, respectively, which expire in varying periods through 2037 and are available to offset future taxable income The System accounts for in come taxes under the asset and liability method Under this method, deferred tax assets an d liabilities are recognized for the estimated future tax consequences attributable to dif ferences between the financial statement carrying amounts of existing assets and liabiliti es and their respective tax bases Deferred tax assets and liabilities are measured using enacted tax rates expected to be in effect during the year in which those temporary differ ences are expected to be recovered or settled The effect on deferred tax assets and liabi lities of a change in tax rate

Supplemental Information

Return Reference	Explanation
Part X, Line 2	s is recognized in income in the period that includes the enactment date Interest and pen alties related to income taxes are accounted for as income tax expense The System's defer red tax assets are fully reserved at August 31, 2018 and 2017 as the System considers it m ore likely than not that these amounts will not be recognized On December 22, 2017, the P resident signed into law H R 1, originally known as the Tax Cuts and Jobs Act The Act si gnificantly revises the U S corporate income tax by, lowering the statutory corporate tax rate from 35% to 21% and eliminating certain deductions The new law also includes severa l provisions that result in substantial changes to the tax treatment of tax-exempt organiz ations and their donors The System has reviewed these provisions and the potential impact and concluded the enactment of H R 1 will not have a material effect on the operations o f the organization

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Central America & the Caribbean	1	0	Program Services	Off-Shore Captive Management	15,955,680
3a Sub-total	1	0			15,955,680
b Total from continuation sheets to Part I					0
c **Totals** (add lines 3a and 3b)	1	0			15,955,680

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

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

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

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I General Information on Grants and Assistance

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

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

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 31

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Charity Health System 255 Lafayette Ave Suffern, NY 10901	13-1740104	501(C)(3)	17,800				Collaboration To Ensure Victims Can Access Sexual Assault Forensic Examiner (SAFE) Services
Bon Secours Charity Health System 255 Lafayette Ave Suffern, NY 10901	13-1740104	501(C)(3)	10,000				Providing Women With Breast Cancer Financial Support Through Here To Help Patient Support Funds

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Charity Health System 255 Lafayette Ave Suffern, NY 10901	13-1740104	501(C)(3)	73,312				Breaking Barriers Providing Transportation To Doctors Offices To Reduce Non-Urgent ED Visits
The Bon Secours of Maryland Foundation Inc 26 North Fulton Avenue Baltimore, MD 21223	52-1732800	501(C)(3)	100,000				Bon Secours Community Works Working Families Initiative

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Bon Secours of Maryland Foundation Inc 26 North Fulton Avenue Baltimore, MD 21223	52-1732800	501(C)(3)	38,372				Bon Secours Community Works Financial Services Program
Bon Secours Maryview Foundation 7007 Harbourview Blvd Ste 108 Suffolk, VA 23435	52-1694731	501(C)(3)	19,500				Vision Program at Bon Secours Maryview Foundation Healthcare Center

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Maryview Foundation 7007 Harbourview Blvd Ste 108 Suffolk, VA 23435	52-1694731	501(C)(3)	61,000				Maryview Foundation Healthcare Center Mental Health Coordination
Bon Secours Maryview Foundation 7007 Harbourview Blvd Ste 108 Suffolk, VA 23435	52-1694731	501(C)(3)	16,000				Heart Health Academy

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS New York Health System 2975 Independence Ave Bronx, NY 10463	45-2964584	501(C)(3)	36,186				KHCC Nutrition and Food Access Program
BS New York Health System 2975 Independence Ave Bronx, NY 10463	45-2964584	501(C)(3)	17,600				Marble Hill Garden Project Expansion

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS New York Health System 2975 Independence Ave Bronx, NY 10463	45-2964584	501(C)(3)	12,000				Reducing Alcohol Harm Through Faith & Community Action
BS New York Health System 2975 Independence Ave Bronx, NY 10463	45-2964584	501(C)(3)	10,000				Set Up/Design of Harm Reduction Initiative & Boxercise II

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS New York Health System 2975 Independence Ave Bronx, NY 10463	45-2964584	501(C)(3)	20,000				Love Kitchen - Community Resource Development To Increase Food Access
Our Lady of Bellefonte Hospital Foundation 1000 St Christopher Drive Ashland, KY 41101	61-1381952	501(C)(3)	10,000				MedConnex

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Our Lady of Bellefonte Hospital Foundation 1000 St Christopher Drive Ashland, KY 41101	61-1381952	501(C)(3)	20,000				Smoking Cessation for Residents of Public Housing
Our Lady of Bellefonte Hospital Foundation 1000 St Christopher Drive Ashland, KY 41101	61-1381952	501(C)(3)	55,000				Heart Healthy Appalachia

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Our Lady of Bellefonte Hospital Foundation 1000 St Christopher Drive Ashland, KY 41101	61-1381952	501(C)(3)	15,000				After School and Summer Program STEM activities
Our Lady of Bellefonte Hospital Foundation 1000 St Christopher Drive Ashland, KY 41101	61-1381952	501(C)(3)	10,000				Bridges Out of Poverty

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Our Lady of Bellefonte Hospital Foundation 1000 St Christopher Drive Ashland, KY 41101	61-1381952	501(C)(3)	30,000				Project In-Focus
Bon Secours Richmond Healthcare Foundation 5008 Monument Ave 2nd Floor Richmond, VA 23230	54-1201346	501(C)(3)	100,000				Healthy Community by Design Leveraging Public Transit Partnership and Community Health

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Richmond Healthcare Foundation 5008 Monument Ave 2nd Floor Richmond, VA 23230	54-1201346	501(C)(3)	40,000				RVA Rides Health & Mobility in Metro Richmond
Good Samaritan Foundation for Better Health 255 Lafayette Ave Suffern, NY 10901	13-3400353	501(C)(3)	19,016				Genetic Counseling & Diagnostic Testing Improving Outcomes for Women at High-Risk for Breast Cancer

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Good Samaritan Foundation for Better Health 255 Lafayette Ave Suffern, NY 10901	13-3400353	501(C)(3)	20,040				Improved Population Health & Increased Healthcare Efficiency Through Patient Self-Monitoring
Maria Manor Nursing Center 103000 4TH ST North St Petersburg, FL 33716	65-0061820	501(C)(3)	30,000				ELR - Early Learning Readiness

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Maria Manor Nursing Center 103000 4TH ST North St Petersburg, FL 33716	65-0061820	501(C)(3)	51,900				Second Chance Veterans' Village Housing and Training Program
Maria Manor Nursing Center 103000 4TH ST North St Petersburg, FL 33716	65-0061820	501(C)(3)	46,578				The 2020 CATCH Lite Program (for young entrepreneurs, ages 17 to 27)

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mary Immaculate Hospital Foundation 7007 Harbourview Blvd Ste 108 Suffolk, VA 23435	31-1644734	501(C)(3)	40,000				Habitat for Humanity Partnership
Riverdale Senior Services 2600 Netherland Ave Bronx, NY 10463	23-7357997	501(C)(3)	40,000				Healing Through Green Spaces

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Roper St Francis Foundation 125 Doughty St Suite 790 Charleston, SC 29403	57-1068509	501(C)(3)	63,250				Enhancing the Community Paramedic Outreach Program
Roper St Francis Foundation 125 Doughty St Suite 790 Charleston, SC 29403	57-1068509	501(C)(3)	40,000				Increasing Access to Breast Health Awareness and Cancer Prevention

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Francis Hospital 1 St Francis Dr Greenville, SC 29601	58-2504530	501(C)(3)	25,000				Recovery Coach Program
St Francis Hospital 1 St Francis Dr Greenville, SC 29601	58-2504530	501(C)(3)	25,000				Community Development Infrastructure - Sterling Land Trust

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
St Francis Hospital 1 St Francis Dr Greenville, SC 29601	58-2504530	501(C)(3)	100,000				Bon Secours St Francis Mission fund
Bon Secours Maryview Foundation 7007 Harbourview Blvd Ste 108 Suffolk, VA 23435	52-1694731	501(C)(3)	3,500				Dream Catchers - Kidz 'N Grief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BS New York Health System 2975 Independence Ave Bronx, NY 10463	45-2964584	501(C)(3)	4,214				Community Garden Initiative
Americares Foundation Inc 88 Hamilton Ave Stamford, CT 06902	06-1008595	501(C)(3)	30,000				Puerto Rico Disaster Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Charities USA 2050 Ballenger Ave Ste 400 Alexandria, VA 22314	53-0196620	501(C)(3)	40,000				Hurricane Harvey Relief less $15k employee donations
Catholic Medical Mission Board 100 Wall St Fl 9 New York, NY 10005	13-5602319	501(C)(3)	225,000				First 1000 Days Donation

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Catholic Medical Mission Board 100 Wall St Fl 9 New York, NY 10005	13-5602319	501(C)(3)	250,000				Maternal and Child Health Collaborative 2018
Catholic Relief Service 228 W Lexington Street Baltimore, MD 21201	13-5563422	501(C)(3)	25,000				Phillippines Distaster

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Congregation of Sisters of Charity of the Incarnate Word 4503 Broadway San Antonio, TX 78209	74-1676917	501(C)(3)	25,000				Hurricane Harvey Relief
Congregation of Sisters of Charity of the Incarnate Word 4503 Broadway San Antonio, TX 78209	74-1676917	501(C)(3)	40,000				Mexico Disaster Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Congregation of Bon Secours of Paris Inc 1527 Marriottsville Rd Marriottsville, MD 21104	45-3662533	501(C)(3)	250,000				Community Level Activities
Feeding South Florida 2501 SW 32 Terrace Pembroke Park, FL 33023	59-2097520	501(C)(3)	50,000				Hurricane Irma Disaster Relief

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Global Smile Foundation 101 Access Rd Ste 205 Norwood, MA 02062	26-2668127	501(C)(3)	30,000				Global Smile Donation
IHM Sisters 610 West Elm Ave Monroe, MI 48162	38-1359581	501(C)(3)	50,000				Solidarity with South Sudan

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Midwives for Haiti 7130 Glen Forest Drive Richmond, VA 23226	27-2368581	501(C)(3)	100,000				Midwives for Haiti Donation
Salvation Army 1424 Northeast Expressway Atlanta, GA 30329	58-0660607	501(C)(3)	8,500				Hurricane Irma Relief less $1,500 employee donations

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	73,904				Volunteer Ministry 2018 Annual Donation
Sisters of Bon Secours 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	1,000,000				Stonehouse Renovations Donation

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Congregation of Bon Secours of Paris Inc 1527 Marriottsville Rd Marriottsville, MD 21104	45-3662533	501(C)(3)	850,000				Development of Huancayo Clinic Peru
Sisters Academy of Baltimore 139 First Avenue Baltimore, MD 21227	34-1975939	501(C)(3)	25,000				2017-2018 Academic Year Sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Sisters of Bon Secours 1505 Marriottsville Road Marriottsville, MD 21104	52-0715237	501(C)(3)	21,500				Water with Blessings
Our Lady of Bellefonte Hospital Foundation 1000 St Christopher Drive Ashland, KY 41101	61-1381952	501(C)(3)	5,000				Annual Auxilliary Golf Outing sponsorship

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Congregation of Bon Secours of Paris Inc 1527 Marriottsville Rd Marriottsville, MD 21104	45-3662533	501(C)(3)	3,122				CAP Fundraiser Match Madre de Cristo-Peru
Memorial Regional Medical Center 8260 Atlee Road Richmond, VA 23116	54-1744931	501(C)(3)	2,500				Haiti Nursing Outreach Program

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Congregation of Bon Secours of Paris Inc 1527 Marriottsville Rd Marriottsville, MD 21104	45-3662533	501(C)(3)	5,000				Retiring Board Member Doantion David Jimenez for Madre de Cristo clinic
The Bon Secours of Maryland Foundation Inc 26 North Fulton Avenue Baltimore, MD 21223	52-1732800	501(C)(3)	5,000				Retiring Board Member Donation Charlie Brown

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Bon Secours Health System Foundation Inc 8990 Old Annapolis Rd Columbia, MD 21045	47-4765376	501(C)(3)	5,000				Retiring Board Member Marcia Dush
Maryview Hospital 7007 Harbour View Blvd Suffolk, VA 23435	54-0506463	501(C)(3)		2,596,486	Cost	Pyxis Equipment	General Support

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 1a	A tax indemnification benefit to cover the income tax incurred on gifts was paid to one officer, one key employee, and one highest compensated employee The entire benefit was treated as taxable compensation
Part I, Lines 4a-b	Severance benefits consisting of continuation of base salary and insurance benefits were provided to listed individuals for specified periods Salary continuation amounts provided during the reporting year to listed individuals were as follows Michael Kerner, $170,124 The filing organization participates in a BSMH sponsored executive retirement program that allows for deposits into additional retirement plans available to officers and certain key employees The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits made into this plan Individuals that participated or received a distribution include Janice Burnett, $106,552, Mark Nantz, $85,777, Matthew Toddy, $89,634, Michael Kerner, $354,644, Toni Ardabell, $381,880, Richard Statuto, $0, Wael Haidar, MD, $0, Christine Lay, $0, Andrea Mazzoccoli, $39,087, Jeffrey Oak, $27,548, Laishy Williams-Carlson, $0, Martha Riva, $173,834
Part I, Line 7	The organization provides annual incentive compensation for listed individuals The organization's Board of Trustees establishes objective thresholds which must be achieved for incentives to be awarded The Board also establishes threshold, target and maximum levels for incentive awards Within these established parameters, the Board determines the CEO's incentive award and incentive awards for other listed individuals are determined by the listed individual's supervisor and disclosed to the Board The Board may authorize modified incentive awards when appropriate in its judgment

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Richard Statuto President/CEO	(i)	1,255,670	614,580	57,152	542,719	30,586	2,500,707	0
	(ii)	0	0	0	0	0	0	0
1Janice Burnett Treasurer / CFO	(i)	667,595	240,070	435,772	129,000	14,169	1,486,606	92,090
	(ii)	0	0	0	0	0	0	0
2Christine Lay Secretary / SVP Governance	(i)	288,056	88,920	43,714	37,920	12,953	471,563	0
	(ii)	0	0	0	0	0	0	0
3Timothy Davis EVP, CHRAO	(i)	665,053	237,806	457,010	16,200	20,490	1,396,559	0
	(ii)	0	0	0	0	0	0	0
4Marlon Priest MD EVP, CMO	(i)	779,532	271,305	800,142	16,200	22,990	1,890,169	0
	(ii)	0	0	0	0	0	0	0
5Laishy Williams-Carlson SVP, CIO	(i)	396,922	161,886	22,982	65,358	18,891	666,039	0
	(ii)	0	0	0	0	0	0	0
6Mark Nantz EVP, Strategy & Growth	(i)	681,330	243,372	629,916	117,365	29,782	1,701,765	78,920
	(ii)	0	0	0	0	0	0	0
7Matthew Toddy EVP, Legal Affairs	(i)	594,446	217,964	515,542	123,251	28,029	1,479,232	74,726
	(ii)	0	0	0	0	0	0	0
8Samuel Ross MD EVP, CEO - Baltimore Health System	(i)	617,192	198,907	647,757	16,200	20,490	1,500,546	0
	(ii)	0	0	0	0	0	0	0
9Michael Kerner CEO - Hampton Roads Health System (E	(i)	397,957	76,079	608,032	86,072	20,490	1,188,630	253,989
	(ii)	0	0	0	0	0	0	0
10Toni Ardabell CEO - Richmond Health System	(i)	677,035	130,351	742,660	105,750	2,002	1,657,798	196,337
	(ii)	0	0	0	0	0	0	0
11Andrea Mazzoccoli SVP, CNO	(i)	418,765	167,274	383,263	68,384	20,490	1,058,176	38,727
	(ii)	0	0	0	0	0	0	0
12Wael Haidar MD Chief Clinical Officer	(i)	625,826	203,001	2,780	87,900	23,755	943,262	0
	(ii)	0	0	0	0	0	0	0
13Jeffrey Oak Chief Enterprise Officer	(i)	377,226	156,456	70,661	61,039	28,399	693,781	25,719
	(ii)	0	0	0	0	0	0	0
14Martha Riva JD Former Secretary / SVP Governance	(i)	24,128	47,226	179,008	1,652	845	252,859	124,728
	(ii)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Economic Development Authority of Henrico County Virginia	54-1197472	42605PBV6	10-19-2010	80,412,256	Refund bonds issued 01-15-08 (2008B Henrico)		X		X		X
B	Economic Development Authority of the County of Chesterfield	52-1279622	16639EAY0	10-19-2010	93,627,897	Refund bonds issued 01-15-08 (2008C Ches)		X		X		X
C	South Carolina Jobs-Economic Development Authority	57-0960018	837031SL8	01-11-2013	200,846,700	Construct/Equip facility and refund bonds		X		X		X
D	Economic Dev Auth of the City of Norfolk	52-1375010	65588QAM7	01-11-2013	21,635,500	Construct/Equip facility and refund bonds		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired			8,400,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	80,412,256	93,627,897	200,846,700	21,635,500
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds		967,897		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds			8,266,938	11,767,093
11	Other spent proceeds	80,412,256	92,660,000	192,579,763	9,868,407
12	Other unspent proceeds				
13	Year of substantial completion			2013	2013

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	Economic Development Authority of Henrico County Virginia	54-1197472	42605PDJ1	01-11-2013	62,929,133	Construct/Equip facility and refund bonds		X		X		X
B	City of Russell Kentucky		782563AY6	01-11-2013	42,941,199	Construct/Equip facility and refund bonds		X		X		X
C	Virginia Small Business Financing Authority	54-1300845	000000000	07-11-2013	40,740,000	Refund bonds issued 10-19-10 (2010 VSBFA)		X		X		X
D	South Carolina Jobs-Economic Development Authority	57-0960018	000000000	11-01-2017	69,925,000	Refund bonds Issued 1-15-2008 (2008A SC)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	9,000,000	3,500,000		
2	Amount of bonds legally defeased				
3	Total proceeds of issue	62,929,133	42,941,199	40,740,000	69,925,000
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds				
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	20,730,675	4,094,261		
11	Other spent proceeds	42,198,458	38,846,938	40,740,000	69,925,000
12	Other unspent proceeds				
13	Year of substantial completion	2013	2013		

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

Part III Private Business Use

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

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

Part IV **Arbitrage** (Continued)

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

Part V **Procedures To Undertake Corrective Action**

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	The organization regularly and consistently monitors compliance with the conflict of interest policy On an annual basis, all persons subject to the policy, including all officers, directors and key employees are required to make certain disclosures These include disclosures related to certain personal, financial and organizational relationships that may present a conflict, or the appearance of a conflict of interest with the organization All disclosures go through a three-part review process (1) disclosures are reviewed first by the corporate responsibility officer (CRO), (2) a governance team comprised of the CEO, board president, board chair, CRO, and the BSMH CRO participate in a second review of all disclosures during which recommendations are made as to the resolution of any conflicts or potential conflicts Depending on the facts and circumstances, resolutions may include ongoing disclosure, recusal or removal of the conflict, and (3) all disclosures and recommendations are reviewed by a board committee (audit and compliance committee reviews the disclosures of management and the governance committee reviews the disclosures of the board and board committee members)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	The organization's formal process for determining total compensation for the CEO and other officers and key employees follows a board-approved Compensation Philosophy that is inten ded to provide reasonable compensation for accomplishing the organization's mission, to re cognize performance, and to operate in keeping with the organization's obligations as a ta x-exempt charitable organization Compensation decisions are made by independent persons, are based on appropriate comparability data, and are concurrently documented The Compensa tion Committee, comprised of independent members of the organization's board of trustees, conducts an annual review of the compensation of the CEO and other executive officers and key employees who constitute disqualified persons In doing so, the Committee retains a qu alified independent compensation consultant to conduct competitive market analysis of the market ranges of base, incentive, total cash compensation, and total remuneration The com pensation consultant provides an opinion concerning the reasonableness of the compensation of the CEO and the officers and key employees reviewed by the Committee The Committee ut ilizes that analysis and other appropriate information in connection with its annual revie w and recommendation of the CEO's compensation and its determination of compensation range s for other reviewed officers and key employees The Committee determines that the CEO's c ompensation and the compensation of reviewed officers and key employees within these range s is reasonable and within the Compensation Philosophy Information which the Committee ma y consider can include but is not limited to the performance of an individual, behavioral feedback, the performance of the organization, an individual's length of service, credenti als and experience, the importance of retaining the individual, the elements of total comp ensation and salary history, the organization's compensation targets, and comparability da ta, including the data prepared by the independent consultant and reviewed with the Commit tee The Committee incorporates a formal performance appraisal process in the CEO's compen sation review It utilizes a multi-perspective approach and performance measures which are linked to the organization's long-term strategic plan, achievement of annual system objec tives, and personal objectives The CEO is not present when the Committee discusses and es tablishes his/her compensation In addition, the Committee determines if the threshold req uirements for incentive awards are met, consisting of the organization's performance resul ts for pre-approved board approved goals and financial performance The Committee recommen ds to the full board the CEO's salary adjustment and incentive award as well as the incent ive award levels for which other listed individuals may be eligible The Committee's repor t concerning salary range adjustments, incentive awards and the basis for the Committee's decisions goes to the full boa

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	rd for consideration in executive session which does not include the CEO or other officers or key employees The full board reviews the CEO's performance and determines the salary adjustments and incentive award to be made for the CEO For the EVP, SVP market CEO positi ons and other disqualified persons, salary adjustments and incentive awards are approved b y the organization's CEO within such board and Committee-approved parameters and disclosed to the Committee As with the CEO, all listed individuals undergo a formal performance ap praisal utilizing a multi-perspective approach and performance measures which are linked t o the organization's long-term strategic plan, achievement of annual system objectives, an d personal objectives Incentive awards are subject to repayment if the organization must restate financial reports due to material noncompliance with the organization's Code of Re sponsibility and Standards of Reasonable Conduct

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Additional Disclosure	As the parent organization of nine local systems, Bon Secours Mercy Health, officers, directors, key employees and highly compensated employees have duties and responsibilities which encompass the activities of many of the related organizations within those local systems Sr Fran Gorsuch does not receive payroll distributions as she have taken a vow of poverty Part VII, Section B Five Highest Paid Independent Contractors Providing Services Independent contractors and vendors paid/invoiced to Bon Secours Mercy Health are generally for services covering a majority of the related organizations, if not all

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Transfers from Affiliates for Principal & Swaps 32,693,065 Add'l Minimum Pension Liability 33,512,374 Changes in Minority Interest JVs 6,033,523 Bond Payments and Debt Reclass 14,165 Rounding 3

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493193006239

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

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

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? 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.

See Additional Data Table

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

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

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

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

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

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

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

See Additional Data Table

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

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

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

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

Part VII **Supplemental Information**

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

Additional Data

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Bon Secours Associated Services LLC 1505 Marriottsville Road Marriottsville, MD 21104 52-2321591	Healthcare	MD	0	3,020,557	Bon Secours Mercy Health Inc
Townley IV Farm LLC 1402 Stapleton Road Gladstone, VA 245533138 54-1833386	Farm	VA	-528,371	8,281,580	Bon Secours Mercy Health Inc
Bon Secours Good Helpcare LLC 1505 Marriottsville Road Marriottsville, MD 21104 46-0889532	Accountable Care Organization	MD	0	0	Bon Secours Mercy Health Inc
Bon Secours Richmond LLC 8580 Magellan Parkway Richmond, VA 23227 54-1356155	Richmond Health System Parent Org	VA	73,486	7,493,934	Bon Secours Mercy Health Inc
EA-BSD 1 LLC 1505 Marriottsville Road Marriottsville, MD 21104	Holding Company	DE	0	0	Bon Secours Grosse Pointe III LLC
Bon Secours Grosse Pointe III LLC 1505 Marriottsville Road Marriottsville, MD 21104 38-3404533	Holding Company	MI	0	0	Bon Secours Mercy Health Inc
Shannon HealthMOB 3 Richland Medical Park Suite 120 Columbia, SC 29203 57-1127828	Rental Activity	SC	-17,835	24,223,472	Bon Secours Mercy Health 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
2975 Independence Avenue Bronx, NY 10463 91-2135196	Local System Parent Org	NY	501(c)(3)	Line 12a, I	Bon Secours Mercy Health Inc	Yes	
St Christopher Dr Ashland, KY 41101 61-1356024	Local System Parent Org	KY	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health Inc	Yes	
2000 West Baltimore Street Baltimore, MD 21223 80-0728893	Local System Parent Org	MD	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health Inc	Yes	
1 St Francis Drive Greenville, SC 29601 58-2504528	Local System Parent Org	SC	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health Inc	Yes	
7007 Harbour View Blvd Portsmouth, VA 23435 52-1538513	Local System Parent Org	VA	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health Inc	Yes	
8580 Magellan Parkway Richmond, VA 23227 52-1988421	Local System Parent Org	VA	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health Inc	Yes	
26 North Fulton Avenue Baltimore, MD 21223 38-3843816	Grant Making Foundation	MD	501(c)(3)	Line 12c, III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1732800	Grant Making Foundation	MD	501(c)(3)	Line 12c, III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)(3)	Line 12c, III-FI	Mary Immaculate Hospital	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)(3)	Line 7	Bon Secours DePaul Medical Center	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)(3)	Line 7	Bon Secours Hampton Roads Health System	Yes	
1000 St Christopher Dr Ashland, KY 41101 61-1356023	Health Care	KY	501(c)(3)	Line 3	Bon Secours Kentucky Health System	Yes	
2000 West Baltimore Street Baltimore, MD 21223 52-0591555	Health Care	MD	501(c)(3)	Line 3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health	Yes	
One St Francis Drive Greenville, SC 29601 58-2504530	Health Care	SC	501(c)(3)	Line 3	Bon Secours St Francis Health System Inc	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-0548200	Health Care	VA	501(c)(3)	Line 3	Bon Secours Mercy Health Inc	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System	Yes	
7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-0647482	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
St Christopher Dr Ashland, KY 41101 61-1381952	Grant Making Foundation	KY	501(c)(3)	Line 7	Bon Secours Kentucky Health System	Yes	
26 North Fulton Avenue Baltimore, MD 21223 76-0785344	Community Housing	MD	501(c)(3)	Line 7	Unity Properties Inc	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1857768	Low Income Housing	MD	501(c)(3)	Line 7	Bon Secours of Maryland Foundation	Yes	
One St Francis Drive Greenville, SC 29601 26-0012031	Grant Making Foundation	SC	501(c)(3)	Line 7	St Francis Hospital Inc	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-1201346	Grant Making Foundation	VA	501(c)(3)	Line 7	Bon Secours Richmond LLC	Yes	
10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Home Care Services	FL	501(c)(3)	Line 10	Maria Manor Nursing Care Center	Yes	
10300 Fourth Street North St Petersburg, FL 33716 65-0061820	Nursing Home	FL	501(c)(3)	Line 10	Bon Secours Mercy Health Inc	Yes	
St Christopher Dr Ashland, KY 41101 35-2320780	Physician Practices	KY	501(c)(3)	Line 10	Bon Secours Kentucky Health System	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1442707	Low Income Housing	MD	501(c)(3)	Line 10	Bon Secours of Maryland Foundation	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1543174	Low Income Housing	MD	501(c)(3)	Line 10	Bon Secours of Maryland Foundation	Yes	
2975 Independence Avenue Bronx, NY 10463 13-3098867	Housing	NY	501(c)(3)	Line 10	Bon Secours NY Health System	Yes	
One St Francis Drive Greenville, SC 29601 13-4290167	Physician Services	SC	501(c)(3)	Line 10	St Francis Health System Inc	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)(3)	Line 10	Mary Immaculate Hospital	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)(3)	Line 10	Bon Secours Hampton Roads Health System	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1424748	Title Holding Company	VA	501(c)(2)		Bon Secours DePaul Medical Center	Yes	
8580 Magellan Parkway Richmond, VA 23227 52-1260700	Title Holding Company	VA	501(c)(2)		Bon Secours Richmond Health System	Yes	
8990 Old Annapolis Road Columbia, MD 21045 47-4765376	Fundraising	MD	501(c)(3)	Line 7	Bon Secours Mercy Health Inc	Yes	
5008 Monument Avenue Richmond, VA 23230 54-1479847	Home Care Services	VA	501(c)(3)	Line 10	Bon Secours Home Care LLC	Yes	
101 Harris Road Kilmarnock, VA 22482 54-1210450	Supporting Organization	VA	501(c)(3)	Line 7	Bon Secours Richmond Health System	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
101 Harris Road Kilmarnock, VA 22482 54-1857174	Healthcare Services	VA	501(c)(3)	Line 10	Bon Secours Richmond Health System	Yes	
101 Harris Road Kilmarnock, VA 22482 23-7424835	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
1505 Marriottsville Road Marriottsville, MD 27104 22-2754781	Local System Parent Org	NJ	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health Inc	Yes	
308 Willow Hoboken, NJ 07030 22-1487324	Health Care	NJ	501(c)(3)	Line 3	Bon Secours New Jersey Health System Inc	Yes	
1505 Marriottsville Road Marriottsville, MD 27104 25-1585441	Local System Parent Org	PA	501(c)(3)		Bon Secours Mercy Health Inc	Yes	
1505 Marriottsville Road Marriottsville, MD 27104	Health Care	PA	501(c)(3)		Mercy Health Services	Yes	
1505 Marriottsville Road Marriottsville, MD 27104 52-1466304	Health Care	MD	501(c)(3)	Line 3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-1740128	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System	Yes	
1703 Laurel Street Columbia, SC 29201	Health Care	SC	501(c)(3)		Bon Secours St Francis Health System Inc	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Place at St Petersburg LLP 10300 Fourth Street North St Petersburg, FL 33716 59-3589729	Assisted Living/Senior Care	FL	N/A									
Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD 21223 52-1952505	Low Income Housing	MD	N/A									
Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD 21223 52-2063512	Low Income Housing	MD	N/A									
Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD 21223 52-2134447	Low Income Housing	MD	N/A									
Bon Secours Apartments III LP 1800 West Baltimore St Baltimore, MD 21223 52-2134444	Low Income Housing	MD	N/A									
Bon Secours Smallwood Summit LP 26 North Fulton Ave Baltimore, MD 21223 52-2280175	Low Income Housing	MD	N/A									
Bon Secours Chesapeake Apartments LP 26 North Fulton Ave Baltimore, MD 21223 20-0107034	Low Income Housing	MD	N/A									
Bon Secours Shiloh LP 26 North Fulton Ave Baltimore, MD 21223 20-3965243	Low Income Housing	MD	N/A									
Bon Secours New Shiloh II Limited Partnership 26 North Fulton Ave Baltimore, MD 21223 82-0655142	Low Income Housing	MD	N/A									
Bon Secours Wayland LP 26 North Fulton Ave Baltimore, MD 21223 27-0468688	Low Income Housing	MD	N/A									
Bon Secours Gibbons Apartments LP 26 North Fulton Ave Baltimore, MD 21223 47-2322323	Low Income Housing	MD	N/A									
Upstate Surgery Center LLC One St Francis Drive Greenville, SC 29601 56-2186977	Ambulatory Surgery Center	SC	N/A									
Province Place of DePaul LLC 6403 Granby Street Norfolk, VA 23505 54-1950880	Assisted Living Facilities	VA	N/A									
Province Place of Maryview LLC One Bon Secours Way Portsmouth, VA 23703 54-1842697	Assisted Living	VA	N/A									
Broad64 Imaging LLC 8580 Magellan Parkway Richmond, VA 23227 20-5886018	Imaging Services	VA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Richmond Radiation Oncology Center I LLC 8580 Magellan Parkway Richmond, VA 23227 20-8444551	Radiation Oncology Services	VA	N/A									
RI LP 8580 Magellan Parkway Richmond, VA 23227 54-1708835	Imaging Services	VA	N/A									
Bon Secours Benet House LP 26 North Fulton Ave Baltimore, MD 21223 36-4765400	Low Income Housing	MD	N/A									
Bon Secours Benet House LLC 26 North Fulton Ave Baltimore, MD 21223 46-3055312	Low Income Housing	MD	N/A									
Southeastern Health PartnersLLC One St Francis Drive Greenville, SC 29601 81-3264385	Coordinated Care	SC	N/A									
Harbour View MOB 2 LLC 5818 Harbour View Blvd Suite A1 Suffolk, VA 23435 82-2484997	Real Estate	VA	N/A									
Memorial Ambulatory Surgery Center LLC 8580 Magellan Parkway Richmond, VA 23227 59-3813233	Ambulatory Surgery Center	VA	N/A									

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Bon Secours-Florida Integrated Services Inc 10300 Fourth Street North St Petersburg, FL 33716 65-0779777	Holding Company/Assisted Living	FL	Bon Secours Maria Manor Nursing Care	C		1,115,896	100 000 %		No
Professional Health Care Management Services Inc 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	Bon Secours Hampton Roads Health System Inc	C	-159,235	8,360,843	100 000 %		No
Bon Secours - Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	Bon Secours DePaul Medical Center Inc	C	-117,605	2,227,058	100 000 %		No
OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	Mary Immaculate Hospital Inc	C	16,530	942,661	100 000 %		No
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	Unity Properties Inc	C	-100	350,000	100 000 %		No
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	Unity Properties Inc	C			100 000 %		No
Bon Secours New Shiloh II LLC 26 North Fulton Avenue Baltimore, MD 21223 82-0631206	Low Income Housing	MD	Unity Properties Inc	C			89 000 %		No
Bon Secours New York Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY 10463 47-2224316	Low Income Housing	NY	Bon Secours New York Health System	C			100 000 %		No
Maryview Building Corporation 3636 High Street Portsmouth, VA 23707 54-1306612	Administrative	VA	Professional Health Care Management Inc	C	-36,307	633,900	100 000 %		No
Bon Secours-Virginia Healthsource Inc 8580 Magellan Parkway Richmond, VA 23227 54-1417686	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	-9,505,232	33,212,624	83 000 %		No
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	Bon Secours Richmond Health System Inc	C	-137,996	242,973	83 000 %		No
Richmond Radiation Oncology Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1570244	Ambulatory Healthcare Services	VA	Bon Secours-Virginia Healthsource Inc	C	3,000,481	6,857,559	83 000 %		No
RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	Bon Secours Richmond Health System Inc	C	-72,941	62,201	83 000 %		No
Richmond MRI Inc 8580 Magellan Parkway Richmond, VA 23227 54-1568452	Medical Services	VA	Bon Secours Richmond Health System Inc	C	-204,841	23,658	83 000 %		No
Good Help Connections LLC 8990 Old Annapolis Road Columbia, MD 21045 47-2345223	IT Consulting	MD	Bon Secours Mercy Health Inc	C	5,399,536	4,064,254	100 000 %		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Optimum Health Network Inc One St Francis Drive Greenville, SC 29601 57-0973524	Healthcare Services	SC	Bon Secours St Francis Health System Inc	C			100 000 %		No
Bon Secours Assurance Company Ltd PO Box 69 KY1-1102 CJ 98-0152147	Offshore Captive Management	CJ	Bon Secours Mercy Health Inc	C		104,310,345	100 000 %		No

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Bon Secours of Maryland Foundation Inc	B	143,372	Cost
Bon Secours Richmond Health Care Foundation	B	241,785	Cost
Bon Secours Baltimore Health Corporation	B	56,785	Cost
Bon Secours New York Health System Inc	B	100,000	Cost
Bon Secours - Maria Manor Nursing Care Center Inc	B	51,785	Cost
Bon Secours Hampton Roads Health System Inc	B	141,785	Cost
Bon Secours St Francis Health System Inc	B	76,785	Cost
Frances Schervier Home and Hospital	B	101,112	Cost
Bellefonte Physician Services Inc	D	18,103,305	Cost
Kentucky Good Help ACO LLC	D	363,106	Cost
Bon Secours Hospital Baltimore Inc	D	2,508,218	Cost
Bon Secours Baltimore Health System Foundation Inc	D	532,790	Cost
Bon Secours of Maryland Foundation Inc	D	728,259	Cost
St Francis Hospital Inc	D	1,939,982	Cost
Health Partners of Bon Secours St Francis LLC	D	1,559	Cost
Bon Secours Ambulatory Services - St Francis LLC	D	1,594,931	Cost
Maryview Hospital	D	42,741,526	Cost
Hampton Roads Good Help ACO LLC	D	475,033	Cost
Professional Health Care Management Services Inc & Subs	D	1,603,309	Cost
Bon Secours DePaul Medical Center Inc	D	25,553,250	Cost
Chesterfield Community Healthcare Center Inc	D	161,437	Cost
Laburnum Properties Inc	D	387,203	Cost
Chesapeake Medical Group Inc	D	4,471,535	Cost
Chesapeake Hospital Corporation	D	1,127,200	Cost
Bon Secours Home Care LLC	D	2,458,057	Cost

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Bon Secours Virginia Healthsource Inc and Subs	D	1,937,961	Cost
IVNA Health Services	D	67,644	Cost
Richmond Good Help ACO LLC	D	4,272,730	Cost
Richmond CIN LLC	D	424,456	Cost
Bon Secours Ambulatory Services LLC	D	1,198,037	Cost
Frances Schervier Home and Hospital	D	16,891,893	Cost
Maryview Hospital	L	27,446,233	Cost
Mary Immaculate Hospital Incorporated	L	1,584,649	Cost
Bon Secours - DePaul Medical Center Inc	L	2,040,876	Cost
St Francis Hospital Inc	L	17,706,770	Cost
St Francis Physician Services Inc	L	1,558,430	Cost
Our Lady of Bellefonte Hospital Inc	L	7,910,594	Cost
Bellefonte Physician Services Inc	L	440,943	Cost
Bon Secours Hospital Baltimore Inc	L	4,815,695	Cost
Bon Secours - Maria Manor Nursing Care Center Inc	L	510,059	Cost
Bon Secours - Memorial Regional Medical Center Inc	L	425,137	Cost
Bon Secours - St Mary's Hospital of Richmond Inc	L	41,747,055	Cost
Bon Secours - Richmond Community Hospital Incorporated	L	114,413	Cost
Bon Secours - St Francis Medical Center Inc	L	338,341	Cost
Chesapeake Hospital Corporation	L	857	Cost
Bon Secours Ambulatory Services LLC	L	3,000	Cost
Chesapeake Medical Group Inc	L	43,714	Cost
Bon Secours - Virginia Healthsource Inc	L	124,210	Cost
Frances Schervier Home and Hospital	Q	15,397	Cost
Bon Secours New York Health System Inc	Q	10,391	Cost

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Schervier Apartments LLC	Q	23,839	Cost
Maryview Hospital	Q	42,894,854	Cost
Bon Secours - Maryview Nursing Care Center	Q	954,491	Cost
Province Place of Maryview LLC	Q	556,767	Cost
Province Place of DePaul LLC	Q	635,831	Cost
Professional Health Care Management Services Inc	Q	39,885	Cost
Hampton Roads Good Help ACO LLC	Q	22	Cost
Mary Immaculate Hospital Incorporated	Q	10,845,712	Cost
Mary Immaculate Nursing Center	Q	721,452	Cost
Bon Secours - DePaul Medical Center Inc	Q	14,672,253	Cost
Bon Secours - Tidewater Diversified Inc	Q	33,190	Cost
St Francis Hospital Inc	Q	73,210,854	Cost
Upstate Surgery Center LLC	Q	182,604	Cost
St Francis Physician Services Inc	Q	14,857,836	Cost
Bon Secours Ambulatory Services-St Francis LLC	Q	450,510	Cost
Health Partners of Bon Secours St Francis LLC	Q	273	Cost
Our Lady of Bellefonte Hospital Inc	Q	22,094,642	Cost
Bellefonte Physician Services Inc	Q	3,411,685	Cost
Bon Secours Hospital Baltimore Inc	Q	14,225,507	Cost
Bon Secours of Maryland Foundation Inc	Q	140,237	Cost
Unity Properties Inc	Q	12,792	Cost
Bon Secours - Maria Manor Nursing Care Center Inc	Q	3,496,101	Cost
Bon Secours St Petersburg Home Care Services Inc	Q	314,819	Cost
Bon Secours - Memorial Regional Medical Center Inc	Q	33,376,676	Cost
Bon Secours - St Mary's Hospital of Richmond Inc	Q	91,709,777	Cost

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Bon Secours - Richmond Community Hospital Incorporated	Q	6,181,643	Cost
Bon Secours - St Francis Medical Center Inc	Q	25,899,347	Cost
RHS Management Corporation	Q	63,254	Cost
Bon Secours-Virginia Healthsource Inc	Q	8,175,712	Cost
St Mary's MRI Center LP	Q	158,203	Cost
RI LP	Q	217,300	Cost
Richmond CIN LLC	Q	12,137	Cost
IVNA Health Services	Q	15,983	Cost
Bon Secours Richmond Health Care Foundation	Q	2,194	Cost
Chesapeake Hospital Corporation	Q	4,045,978	Cost
Chesapeake Medical Group Inc	Q	790,133	Cost
Broad64 Imaging LLC	Q	161,367	Cost
Richmond Radiation Oncology Center I LLC	Q	224,513	Cost
Richmond Good Help ACO LLC	Q	6,290	Cost
Bon Secours Ambulatory Services LLC	Q	199,026	Cost
Bon Secours Home Care LLC	Q	1,910,151	Cost
Bon Secours Place at St Petersburg LLP	Q	728,783	Cost
Maryview Hospital	A	4,006,695	Cost
Good Help Connection	A	77,084	Cost
Bon Secours Assurance Company Ltd	B	13,732,394	Cost