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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2017

Open to Public Inspection

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](#)

Department of the Treasury
Internal Revenue Service

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

St Francis Hospital Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address)

One St Francis Drive

Room/suite

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

Greenville, SC 296013955

F Name and address of principal officer

William Kusnierz

One St Francis Drive

Greenville, SC 296013955

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

1932

M State of legal domicile

SC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

Provides acute care hospital services

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)	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	15
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	3,452
6	Total number of volunteers (estimate if necessary)	279
7a	Total unrelated business revenue from Part VIII, column (C), line 12	682,903
7b	Net unrelated business taxable income from Form 990-T, line 34	130,121

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,019,879
9	Program service revenue (Part VIII, line 2g)	607,610,127
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,783,305
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,671,484
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	623,084,795

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	69,720,134	70,278,171
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)	198,288,608	204,687,720
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)	331,149,674	341,594,655
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	599,158,416	616,560,546
19	Revenue less expenses Subtract line 18 from line 12	23,926,379	14,909,645

Net Assets or Fund Balances

	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	562,242,567	567,357,697
21	Total liabilities (Part X, line 26)	335,966,040	332,426,960
22	Net assets or fund balances Subtract line 21 from line 20	226,276,527	234,930,737

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

2019-07-10

Date

William Kusnierz CFO-BSSFHS

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

John W Sadoff Jr

Preparer's signature

John W Sadoff Jr

Date

Check ☐ if self-employed

PTIN 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2017)

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 \$ 580,778,376	including grants of \$ 70,278,171)	(Revenue \$ 618,107,426)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ▶	580,778,376
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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 Yes	
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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
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	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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	28a 28b 28c	No Yes 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 ComplianceCheck 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	135
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	3,452
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	No
b	If "Yes," enter the name of the foreign country ▶ _____ 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		
	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		
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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		No
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
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?		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

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

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

[illegible]

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)								3,496,410	3,957,398	734,839

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 **▶ 137**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
Spartanburg Regional Med Center 101 East Wood Street Spartanburg, SC 29303	Oncology Clinical Services	1,744,655
Sleepworks LLC 556 Hall Road Thomasville, GA 31757	Sleep Studies	974,460
Invivo Molecular Imaging LLC PO Box 787442 Philadelphia, PA 191787442	Imaging Services	630,338
Palmetto Anesthesia PO Box 26507 Greenville, SC 296161507	Anesthesiology Services	506,954
Upstate Carolina Radiology PA PO Box 27049 Greenville, SC 29616	Radiology Readings	476,162

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 **▶ 28**

Part VIII Statement of RevenueCheck 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	1,896,558			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	117,677			
	g Noncash contributions included in lines 1a-1f \$ _____					
	h Total. Add lines 1a-1f ▶			2,014,235		
Program Service Revenue			Business Code			
	2a Patient Service Rev		622110	612,748,440	612,748,440	
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f ▶			612,748,440			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		2,117,213			2,117,213
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
	6a Gross rents	(i) Real (ii) Personal				
		1,052,559 33,769				
	b Less rental expenses	0 0				
	c Rental income or (loss)	1,052,559 33,769				
	d Net rental income or (loss) ▶		1,086,328			1,086,328
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		1,087,968 17,000				
	b Less cost or other basis and sales expenses	0 0				
	c Gain or (loss)	1,087,968 17,000				
	d Net gain or (loss) ▶		1,104,968			1,104,968
	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 Vendor Rebates	900099	3,833,566			3,833,566	
b Retail Pharmacy Sales	446110	3,070,352	3,070,352			
c Clinical Trial Rsch	900099	1,221,312	1,221,312			
d All other revenue		4,273,777	1,067,322	682,903	2,523,552	
e Total. Add lines 11a-11d ▶			12,399,007			
12 Total revenue. See Instructions ▶			631,470,191	618,107,426	682,903	10,665,627

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	70,274,171	70,274,171		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	4,000	4,000		
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.	1,370,731	1,233,658	137,073	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	159,512,941	143,561,647	15,951,294	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,135,777	5,522,199	613,578	
9 Other employee benefits.	24,573,014	22,115,713	2,457,301	
10 Payroll taxes.	13,095,257	11,785,731	1,309,526	
11 Fees for services (non-employees):				
a Management.				
b Legal.	645,198		645,198	
c Accounting.	2,039		2,039	
d Lobbying.	21,413	19,272	2,141	
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).	105,356,953	96,680,233	8,676,720	
12 Advertising and promotion.	2,895,234	2,605,711	289,523	
13 Office expenses.	5,207,264	4,686,538	520,726	
14 Information technology.	1,486,672	1,338,005	148,667	
15 Royalties.				
16 Occupancy.	14,288,951	12,860,056	1,428,895	
17 Travel.	947,418	852,676	94,742	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	121,436	109,292	12,144	
20 Interest.	8,091,360	8,091,360		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	19,184,809	17,266,328	1,918,481	
23 Insurance.	2,641,564	2,377,408	264,156	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Medical Supplies.	141,500,378	141,500,378	0	
b Bad Debt.	26,986,609	26,986,609	0	
c Sales Tax.	5,412,304	4,871,074	541,230	
d Unrel. Bus. Income Tax.	98,033	0	98,033	
e All other expenses.	6,707,020	6,036,317	670,703	
25 Total functional expenses. Add lines 1 through 24e.	616,560,546	580,778,376	35,782,170	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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		12,260	1	12,107
	2	Savings and temporary cash investments		167,158,792	2	173,477,688
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net		73,374,715	4	72,935,017
	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	0
	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	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use		16,912,315	8	17,926,176
	9	Prepaid expenses and deferred charges		5,644,131	9	5,561,614
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	378,087,796		
	b	Less: accumulated depreciation	10b	205,015,755		
				177,332,508	10c	173,072,041
	11	Investments—publicly traded securities		24,646,117	11	26,365,298
	12	Investments—other securities. See Part IV, line 11		4,038,304	12	5,127,500
	13	Investments—program-related. See Part IV, line 11			13	0
	14	Intangible assets		76,430,069	14	75,662,208
15	Other assets. See Part IV, line 11		16,693,356	15	17,218,048	
16	Total assets. Add lines 1 through 15 (must equal line 34)		562,242,567	16	567,357,697	
Liabilities	17	Accounts payable and accrued expenses		48,724,673	17	48,611,357
	18	Grants payable			18	0
	19	Deferred revenue		635,534	19	422,821
	20	Tax-exempt bond liabilities			20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	0
	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	0
	23	Secured mortgages and notes payable to unrelated third parties			23	0
	24	Unsecured notes and loans payable to unrelated third parties			24	0
	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		286,605,833	25	283,392,782
	26	Total liabilities. Add lines 17 through 25		335,966,040	26	332,426,960
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		226,276,527	27	234,930,737
	28	Temporarily restricted net assets			28	0
	29	Permanently restricted net assets			29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		226,276,527	33	234,930,737	
34	Total liabilities and net assets/fund balances		562,242,567	34	567,357,697	

Part XI Reconciliation of Net AssetsCheck 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	631,470,191
2	Total expenses (must equal Part IX, column (A), line 25)	2	616,560,546
3	Revenue less expenses Subtract line 2 from line 1	3	14,909,645
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	226,276,527
5	Net unrealized gains (losses) on investments	5	492,935
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	-6,748,370
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	234,930,737

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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		

Additional Data

Software ID:
Software Version:
EIN: 58-2504530
Name: St Francis Hospital Inc

Form 990 (2017)

Form 990, Part III, Line 4a:

Bon Secours St Francis Health System (BSSFHS) primarily serves Greenville County, which is comprised of approximately 506,837 (2017) residents with a 12.3% population increase since 2010. 15% (2016) being over the age of 65 and 6.4% (2016) under the age of 5. Median household income is approximately \$51,595 (2012-2016) and 10.9% (2016) persons in poverty in Greenville County. Currently, 12.4% (2016) of Greenville County residents under the age of 65 are considered medically uninsured. The three leading causes of death for Greenville County are cancer, heart disease and accidents (2016). See Community benefit information in Sch. H. The Community Benefit Report is available on the SFH website.

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			
Angela Webb Board Member	2 00 0 00	X						0	0	0
Carlos Quintero Board Member	2 00 0 00	X						0	0	0
Craig McCoy CEO-BSSFHS	36 00 14 00	X		X				0	669,811	86,371
Fletcher Kirkland Jr Board Member (End 12/17)	2 00 0 00	X						0	0	0
Gregory Haselden Board Member	2 00 0 00	X						0	0	0
Henry Gallivan Board Member	2 00 0 00	X						0	0	0
Jeffrey Oak PhD Board Member	2 00 48 00	X						0	604,343	89,438
Joanie Martin Board Member	2 00 0 00	X						0	0	0
John Pazdan Board Member (Beg 01/18)	2 00 0 00	X						0	0	0
Joseph Sullivan Board Member	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Katherine Arbuckle Board Member (End 12/17)	2 00 0 00	X						0	0	0
Kenneth Baca Board Member	2 00 0 00	X						0	0	0
Laurence Hinsdale Board Member	2 00 0 00	X						0	0	0
Morris Williams Jr MD Board Member (Beg 01/18)	2 00 0 00	X						0	0	0
Raymond Lattimore Board Member	2 00 0 00	X						0	0	0
Sr Kathryn Clauss Board Member (Beg 01/18)	2 00 0 00	X						0	0	0
Steven Owings Board Member	2 00 0 00	X						0	0	0
Thomas Morris PhD President	3 50 46 50	X		X				0	583,363	68,707
Tilman McDonald MD Chair	3 50 0 00	X		X				0	0	0
Wendy Walden Board Member (Beg 01/18)	2 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Irene Holcombe Secretary	50 00 0 00			X				89,848	0	16,242
Ronnie Hyatt Treasurer/CFO - BSSFHS	50 00 0 00			X				528,455	0	35,154
Rose Leo VP - Surgical Services	50 00 0 00				X			259,454	0	31,854
Teresa Ficicchy EVP - CNO	50 00 0 00				X			381,474	0	28,250
Aaron Collins MD Emergency Physician	50 00 0 00					X		420,597	0	38,098
Bruce Bourdon MD Emergency Physician	50 00 0 00					X		404,437	0	46,043
Gregory Hoffman MD Emergency Physician	50 00 0 00					X		419,415	0	41,516
Jesse Felder MD Emergency Physician	50 00 0 00					X		411,571	0	35,383
Joseph Hartzog MD Emergency Physician	50 00 0 00					X		581,159	0	43,483
Daniel Duggan Former COO	0 00 50 00						X	0	545,263	27,153

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

St Francis Hospital Inc

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

Employer identification number

58-2504530

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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 ► <input type="checkbox"/>						

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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 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? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI		

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		
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		

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)		

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

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

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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

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

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.			

Additional Data

Software ID:
Software Version:
EIN: 58-2504530
Name: St Francis Hospital Inc

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

Facts And Circumstances Test

SCHEDULE C (Form 990 or 990-EZ)	Political Campaign and Lobbying Activities	OMB No 1545-0047
	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2017
Department of the Treasury Internal Revenue Service	▶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.	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 St Francis Hospital Inc	Employer identification number 58-2504530
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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

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

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-

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)		(b)
		Yes	No	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)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
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?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		21,413
j	Total. Add lines 1c through 1i			21,413
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 maintains memberships to various professional healthcare associations. Portions of their membership dues are used for lobbying activities. The lobbying portion of such dues is included on line 1i.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493191001049	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► 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.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2017</div> <div>Open to Public Inspection</div>
Name of the organization St Francis Hospital Inc				Employer identification number 58-2504530	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>			
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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
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 <div><div>(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>					
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 <div><div>a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X</div><div>► \$ ► \$</div></div>					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2017	

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
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		13,363,668		13,363,668
b Buildings		180,994,968	70,943,473	110,051,495
c Leasehold improvements		1,801,948	1,406,881	395,067
d Equipment		171,856,437	128,704,052	43,152,385
e Other		10,070,775	3,961,349	6,109,426
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				173,072,041

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Due to Affiliates	259,300,000
Medicare/Medicaid Settlement	5,681,563
Hospice House Liability	7,920,278
HPL/GL Liability	6,426,338
Patient Credit Balances	2,189,354
FIN 47 Liability	1,009,464
Deferred Rent	549,579
Other Misc Liabilities	316,206
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	283,392,782

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: 58-2504530
Name: St Francis Hospital Inc

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

1	(a) Description of Liability	(b) Book Value
	Due to Affiliates	259,300,000
	Medicare/Medicaid Settlement	5,681,563
	Hospice House Liability	7,920,278
	HPL/GL Liability	6,426,338
	Patient Credit Balances	2,189,354
	FIN 47 Liability	1,009,464
	Deferred Rent	549,579
	Other Misc Liabilities	316,206

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>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 statements. As the organization does not conduct a separate audit of its financial statements, below 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 venture entities) are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The System accounts for uncertain tax positions in accordance with ASC Topic 740, Income Taxes. Their related income is exempt from federal income tax under Section 501(A). The System accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The 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, present, and disclose in its financial statements uncertain tax positions that an organization has taken or expects to take on a tax return. The System is subject to routine audits by taxing 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 to 2013. As of August 31, 2018 and 2017, the System has no uncertain tax positions. The System's taxable subsidiaries had approximately \$97,815 and \$106,393 of net operating loss carryforwards 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 income taxes under the asset and liability method. Under this method, deferred tax assets and liabilities are recognized for the estimated future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities 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 differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rate</p>

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>s is recognized in income in the period that includes the enactment date. Interest and penalties related to income taxes are accounted for as income tax expense. The System's deferred tax assets are fully reserved at August 31, 2018 and 2017 as the System considers it more likely than not that these amounts will not be recognized. On December 22, 2017, the President signed into law H.R. 1, originally known as the Tax Cuts and Jobs Act. The Act significantly 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 several provisions that result in substantial changes to the tax treatment of tax-exempt organizations 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 of the organization.</p>

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Employer identification number

St Francis Hospital Inc

58-2504530

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

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

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

No

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			16,758,445	82,799	16,675,646	2 830 %
b Medicaid (from Worksheet 3, column a)			42,173,861	42,173,861		
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			58,932,306	42,256,660	16,675,646	2 830 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	23	195,763	4,427,424	84,320	4,343,104	0 740 %
f Health professions education (from Worksheet 5)	1	517	677,351		677,351	0 110 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)	3	1,037	884,257		884,257	0 150 %
j Total. Other Benefits	27	197,317	5,989,032	84,320	5,904,712	1 000 %
k Total. Add lines 7d and 7j	27	197,317	64,921,338	42,340,980	22,580,358	3 830 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	5	2,937	619,701		619,701	0 110 %
4 Environmental improvements	1		503		503	0 %
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy	1	1	550,716		550,716	0 090 %
8 Workforce development	1		34,146		34,146	0 010 %
9 Other						
10 Total	8	2,938	1,205,066		1,205,066	0 210 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	26,986,609	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	0	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	144,164,252
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	157,303,165
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-13,138,913
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 Upstate Surgery Center	Ambulatory Surgery Center	59 540 %	0 %	11 650 %
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

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

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

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

2

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

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

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group _____

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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	No
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Section C</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Section C</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input type="checkbox"/> Asset level			
d <input type="checkbox"/> Medical indigency			
e <input type="checkbox"/> Insurance status			
f <input type="checkbox"/> Underinsurance discount			
g <input type="checkbox"/> Residency			
h <input type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>http://www.fa.bonsecours.com/</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>http://www.fa.bonsecours.com/</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>http://www.fa.bonsecours.com/</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
23		No
24		No

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **21**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 6a	Annually, Bon Secours St Francis Health System (BSSFHS) publishes a report for the community, explaining the various community benefit services and programs that exist This report also includes the annual financial commitment of the local system to the community, detailing monetary contributions for government sponsored healthcare shortfall, community benefit programs and charity care at cost This report is available to the public each year on or around January 24, commemorating Foundation Day of the Sisters of Bon Secours This report is available online at https //bonsecours com/greenville

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	<p>Part I, line 7a Charity Care at cost is computed by applying a cost-to-charge ratio to the aggregate charity adjustments recorded in the general ledger Part I, line 7b Unreimbursed Medicaid is computed by determining the cost of Medicaid services supplied less payments received for these services To determine the cost of Medicaid services provided, a cost-to-charge ratio is applied to traditional and managed Medicaid gross charges captured in the patient accounting system and general ledger Payments include payments for individual claims, payments from the Medicaid program paid outside the claim process (such as medical education payments) and expected or actual cost report settlements Part I, line 7b(f) Prior to 2006, Medicaid in the state of South Carolina was reimbursed to hospitals on a fixed prospective basis (fixed rates not directly related to costs) For years 2006 - 2012, the State reimbursed Hospitals on a cost basis (actual costs to provide services) This reimbursement resulted in the hospitals receiving payments close to their costs Starting is 2013 the State changed reimbursement methodologies to a fixed rate prospective basis (fixed rates not directly related to costs) For the first year the rates state wide were set to approximate the hospital's cost to provide service For the subsequent years the fixed rate will be adjusted by a state wide inflationary factor and not related to an individual hospitals cost The Hospital's unreimbursed Medicaid percentage for St Francis Hospital, Inc is fairly consistent with those of other hospitals in the state For Part I, Line 7 a-c computations The cost-to-charge ratio is derived using the suggested computation in Worksheet 2, Ratio of Patient Care Cost-to-Charges Operating expenses and Gross patient charges are taken from the general ledger Expenses for nonpatient care activities recorded in operating expenses are approximated as directly equaling other operating revenue, assuming these activities do not provide profit Part I, line 7e Community health improvement services and community benefit operations are accumulated throughout the year and reported at actual cost in a software program that specifically addresses this purpose Part I, line 7f Health professions education cost is determined as the direct and indirect cost of qualifying education activities as traditionally reported in columns 21-24 on Worksheet B of the Medicare cost report as a Medical Education program, nursing school or other allied health program</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Ln 7 Col(f)	Bad debt expense included in Part IX, line 25 and excluded from the "percent of total expense" calculation is \$26,986,609

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part II, Community Building Activities	<p>The Healthy Community Initiatives Department focuses on revitalizing neighborhoods and systematically overcoming the social conditions in which people live. Using a grassroots strategy, Healthy Community Initiatives staff works closely with faith leaders, residents, local businesses and schools to address community concerns and to identify solutions to improve neighborhoods. With a focus on community development and community health our goal is to address a variety of social determinants. The department looks at the different variables affecting community health such as poverty rates, lack of access to health care, substance abuse, homelessness, affordable housing, public safety, etc. Each community is different, although there are some common themes amongst the communities, most of them have social challenges that impact negatively upon residents' health. We work to build trust and bring collaborations and partnerships into the community that can effect change. The staff team builds trust in these communities and Bon Secours St. Francis is a recognized name. Bon Secours St. Francis employs a Healthy Community Navigator who works with individuals who have chronic health conditions, the uninsured, the underinsured, and those who lack resources for good health. The Healthy Community Navigator is responsible for helping and supporting individuals and families to navigate and access healthcare services, educate on the importance of healthcare follow-ups, reinforce disease specific education, perform medication monitoring and case management and provide services to address barriers to health and social service resources. The Navigator works collaboratively with a team of healthcare professionals such as Bon Secours Saint Francis Community Wellness, Greenville Free Medical Clinic, New Horizon and other community agencies to provide patients with opportunities to stabilize and improve their health.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	<p>Bad debt expense on the general ledger includes 1) actual write offs of discounted gross charges where it is determined an uninsured patient can pay and does not pay, and 2) the estimated write offs for uninsured patient accounts with outstanding balances after discount. Estimates are based on historical collection rates. When an uninsured patient is billed for patient care services, the charges are automatically discounted and the patient is requested to only pay the amount after discount. The discount is recorded as an adjustment to gross revenue and is not recorded in bad debt expense. If the balance after discount is not paid or not paid in full, the unpaid amount will be written off to bad debt expense. When a patient remits a payment on an account that has already been written off to bad debt expense, the payment is recorded as a recovery of bad debt, which reduces bad debt expense.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 3	The organization does not report an estimate for the portion of bad debt expense that may have been likely to qualify for financial assistance under the hospital's charity care policy. The organization takes the position that ample opportunity and assistance is provided to the patient to qualify under the financial assistance policy. If sufficient information is not provided, the organization must assume the patient does not qualify.

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Form and Line Reference	Explanation
Part III, Line 4	Please see Footnote "(2d) Accounts Receivable, net" discussing "accounts receivable" on page 10 in the attached BSHSI consolidated audited financial statements ("AFS") "Allowance for uncollectible accounts" is discussed in the second paragraph in Footnote "(10) Net Patient Service Revenue" on page 37-38 of the attached AFS There is not a separate "bad debt expense" footnote in the AFS

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Form and Line Reference	Explanation
Part III, Line 8	<p>Medicare allowable costs reflected in Part III come directly from the facility's Medicare cost report. The cost report segregates the total facility actual expenses into costs for support departments, clinical departments (routine and ancillary) and non-reimbursable departments. The cost report uses appropriate statistical bases to "step down" support costs to allowable clinical and non-reimbursable departments. The charges for clinical departments are matched to the total cost for these departments for a cost-to-charge ratio. Medicare-specific allowable costs for in- and outpatient ancillary departments are computed by applying the department-specific cost-to-charge ratio to the Medicare program charges by department. For routine departments, a per diem total cost is computed and applied to Medicare program days for the Medicare routine program cost. The organization feels the total shortfall of Medicare reimbursement compared to computed Medicare allowable costs should be treated as community benefit. The hospital improves access to patient care by providing services regardless of a patient's ability to pay or the hospital's ability to receive full cost reimbursement for services. The hospital also relieves the government of a financial burden when it provides care to publicly insured patients where reimbursement is less than cost of providing the service.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	<p>The hospital has a written policy that describes collection practices applying to patients who qualify for financial assistance. If full assistance is approved, no collection efforts are pursued on that patient's account (s). If partial assistance is approved, the patient is responsible for the adjusted account balance and collection efforts will follow the established practices for all patients where a self-pay balance exists. Collection efforts are not pursued on any pending FAP account. Specific criteria exists for how much financial assistance, partial or total, will be provided to the patient based on the assessed need. Criteria is based on Federal Poverty Guidelines and is reviewed and updated annually. Once a patient has been deemed eligible for the Patient Financial Assistance Program (FAP), the patient is notified by letter within 60 days after receipt of the application and supporting documentation. The patient retains eligibility for a period of eight months from the date of the application. This eligibility is identified by hospital admissions, billing and collection staff by the assignment of a specific financial class with accompanying eligibility dates. At the end of the eight months, the patient is responsible for reapplying for FAP eligibility.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	<p>Under the Affordable Care Act of 2010, IRS requires 501 (c)(3) hospitals to conduct a Community Health Needs Assessment at least once every 3 years. Health systems are to ensure broad participation by residents of their service areas (Counties), Prioritize health needs and create an implementation plan to address any unmet needs. Local hospital boards approve the CHNA and implementation plan. The Healthy Community Initiatives Director is responsible for conducting the CHNA. An oversight team composed of diverse representatives from Bon Secours Mercy Health, the Health Department, the United Way, Piedmont Health Foundation, Furman University/LiveWell, the Greenville Free Medical and the SC Hospital Association provided guidance to the process. To assess community needs a data collection methodology was used to collect primary data via a survey, focus groups and a town hall meeting. Our health system collaborated with Greenville Health System (a local hospital) to conduct 2 focus groups. More than 850 residents in Greenville County gave their input and their opinions about the health needs of the community and perceptions about the quality of life. In addition, secondary data was collected - community demographics, mortality, maternal and infant health, access to health care and health behaviors and safety. The data from survey and focus groups were analyzed and discussed using a prioritization process and strategy grid. Three priority areas emerged as the focus of Bon Secours St. Francis Health System for 2017 - 2019. Outcomes, goals, strategies and action steps exist for each priority area and are contained in the implementation plan. The Board of Directors will receive an update of progress and achievements in the implementation twice per year.</p> <p>1 Obesity/Wellness 2 Housing/Social Environment 3 Access to Behavioral Health (including Homeless People)</p>

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Form and Line Reference	Explanation
Part VI, Line 3	<p>The Patient Financial Assistance program is communicated to patients verbally upon scheduling, registration, visible postings of the program are in common areas throughout the hospital, along with brochures and the program is detailed on our Bon Secours website. In addition, patient billing statements and letters inform patients regarding our financial assistance program. Bon Secours Mercy Health proactively screens patients to identify individuals and their families who may qualify for federal, state or local health insurance programs or the Bon Secours Mercy Health Patient Financial Assistance Program ("FAP") and assist the potential eligible patients through the qualification process. Potentially eligible patients that do not qualify for a federal or state health insurance program are referred to the Financial Assistance Coordinator located in Patient Financial Services for assistance in completing the documentation required to establish FAP eligibility. Bon Secours Mercy Health is also dedicated to meeting the needs of non-English speaking patients by having on-site Spanish translators, and other language translation services. In addition, Bon Secours Mercy Health employs a telephone language service which assists in meeting any language needs that arise. The translation services are offered to non-English speaking patients from admission to discharge, including the financial assistance process. Based on market need, our financial assistance policy and application are translated into multiple languages and placed on our Bon Secours Mercy Health website for patients to access.</p>

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Form and Line Reference	Explanation
Part VI, Line 4	Approximately 500,000 residents reside in Greenville County. Greenville County is predominantly White (77.1%), with a large Black/African American population (18.5%). Compared to South Carolina, Greenville has a larger percentage of Hispanics/Latinos. Greenville has a similar age distribution compared to South Carolina, with slightly more children (age <18) and fewer older adults (age >65). The unemployment rate is lower in Greenville County than in South Carolina. Greenville has a higher median income and per capita income than South Carolina, but less than the nation. At 15.8%, Greenville has a lower percentage of people living below the poverty level than the state (18.3%), however, there are differences by race/ethnic group. Hispanic/Latinos, Black/African Americans, and those who identify as Other have twice the Greenville percentage. Similar to South Carolina and the U.S., 31.6% of Greenville County residents aged 25 or over have a Bachelor's degree or higher.

Form and Line Reference	Explanation
Part VI, Line 5	<p>BSSFHS has an open medical staff with privileges available to all qualified physicians. BS SFHS operates an emergency room at both of its hospitals which provide services 24 hours a day, seven days a week to ensure access to needed emergency care for all persons. The health system is driven by the Bon Secours mission to serve the community by the leadership of a governing board that includes eighteen members, fourteen of whom are representative of the community. BSSFHS supports several community programs through the Bon Secours mission to be "good help to those in need." As part of this mission, BSSFHS provides dedicated staff and services with the sole purpose of measuring needs, engaging partners, and addressing the needs of the community. Below gives examples of this commitment.</p> <p>Access to Oral Health Care Program: The BSSFHS Oral Health Services program provides access to oral health care through an integrated service partnership providing a mutually beneficial relationship between businesses, funding agencies, a dental hygiene training program, and a college of dentistry. The St. Francis Mobile Dental Unit provides the opportunity to reach out to outlying portions of the county and reach populations that face multiple barriers to care, including transportation. The fixed sites at the Greenville Free Medical Clinic and the New Horizon Family Dental Care ensure that a range of comprehensive oral health services are available in the community on a sliding fee scale or at no cost for the underserved.</p> <p>During Fiscal Year 2017-2018, 2,117 children and adults have received education and services through the Oral Health Program Center for Developmental Services. Born out of the vision of the Community Planning Council of the United Way of Greenville County, the Center for Developmental Services (CDS) is a unique collaboration that exists nowhere else in the United States. Visionaries recognized the need for an easier and more effective method for accessing developmental services in our area. Although quality services for children with developmental concerns existed all across the Upstate, the services were often geographically scattered, uncoordinated, and difficult to access. CDS is unique in that separate private and public nonprofit agencies are collaborating under one roof. CDS has existed to ensure that children with special developmental needs and their families are linked with appropriate interventions in as easy a manner as possible, and that parents, siblings, and caregivers are supported throughout their time in the service delivery system. Thousands of children from all over the Upstate benefit from the CDS each year receiving developmental evaluation, therapies, special education, family support and more.</p> <p>The Bilingual Support and Latina Outreach program at CDS continues to thrive in the partnership with Bon Secours St. Francis Health System through the Community Ministries department. Monthly an interpreter works side by side with an average of 45 families with partner agency clinicians, serving as the family's interpreter and offering advice and information regarding other resources to Spanish speaking families. Additionally, the resource room serves as a spot for families to have access to written materials and provides child-friendly space for family meetings. Finally, the Community Ministries Oral Health Team conducts "Tooth Times," an oral health prevention education program, developed for early childhood Community Health Team.</p> <p>The Community Health team is made up of a team of four nurses and two social workers, who bring their expansive experience to the community. Clients are treated holistically: mind, body, and spirit. By fostering trusting relationships with community members, the health outreach team helps transform hurt into hope, promotes and defends human dignity, and fosters a healing and caring environment. CW provides the most vulnerable members of the community with opportunities to improve their health and quality of life, focusing on reaching those who are underserved and uninsured. Staff assist individuals and families with navigating the healthcare system and accessing community resources, including health education, personal safety, and basic life skills. Clients can establish a patient-primary care provider relationship, improve overall health, reduce unnecessary emergency department admissions, and decrease readmission to the healthcare system. CW assists clients with finding basic needs such as affordable health care, medications, medical supplies, transportation, and food/clothing. Additionally, the team provided individual and group presentations, screenings, and written literature in addition to annual flu clinics. In 2018, 5,589 contacts were made with community members in need and 209 events/screenings in the community were offered. Community Health has a satellite office at San Sebastian Church where staff provides individuals and families resources and services. San Sebastia</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p>n Catholic Community is a mission of St Mary's Catholic Church. The San Sebastian Catholic Community is located in the San Souci Community and is predominately Spanish-speaking. A thriving and engaged community, the San Sebastian Catholic Community is committed to health and wholeness. Many in the community face the harshest impacts of poverty and need health and health-related services and resources. The Community Health team coordinates rotations of services, including the St Francis Mobile Dental Unit, Bon Secours mammography coach, and the IVAN Mobile, an eye screening van managed by Surgeons for Sight to bring resources to the community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 6	<p>Bon Secours Mercy Health, Inc , a Maryland nonprofit, nonstock membership corporation (BSMH), and all of the other entities that are controlled directly or indirectly by Bon Secours, Inc , a Maryland nonprofit, nonstock membership corporation (BSI) are described collectively as the System BSI, which is the sole corporate member of BSMH, has no healthcare operations The System was organized in June 1983 to fulfill the healthcare mission of the United States Province of the Congregation of the Sisters of Bon Secours of Paris, a congregation of religious women of the Roman Catholic Church founded in France in 1824 The System's activities are in the states of New York, Pennsylvania, Maryland, Virginia, Kentucky, South Carolina, and Florida, each referred to as a local system The Ministry of BSMH aids those in need, particularly those who are sick and dying, by offering services that include but are not limited to acute inpatient, outpatient, pastoral, palliative, home health, nursing home, rehabilitative, primary and secondary care and assisted living without regard to race, religion, color, gender, age, marital status, national origin, sexual orientation, or disability As a member of the Catholic health ministry and a member of Bon Secours Mercy Health, Inc (BSMH), this organization and its related entities are called to continue the healing ministry of Jesus We exist to benefit the people living in the communities it serves Through all of the services offered to the community, 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 as part of the healing ministry of Jesus Christ and the Catholic Church " This organization and related organizations share the BSMH Vision BSMH's vision to partner with communities to create a more humane world, build social justice for all and provide exceptional value for those served is implemented through its Strategic Quality Plan which provides focus in four goal areas for the current three year period (2016-2018) - Co-Create Healthy Communities We recognize that the factors which drive health outcomes extend well beyond the scope of traditional health care services Thus, we commit to improve the health of communities through partnership and collaboration with a broad range of constituencies including committed community residents - Be Person Centric We recognize that those whom we serve are increasingly engaged in their own care and are seeking convenience, affordability and reliability Thus, we commit to anticipate and respond to the changing expectations of health care consumers, and to ensure that we engage each person in an individualized plan for health with a focus on prevention and wellness - Serve Those Who Are Vulnerable We recognize, by our Catholic identity, that the struggle for a more humane world is not an option, but an integral part of spreading the gospel Thus, we commit to serve those who are vulnerable in many ways, addressing health disparities, sustaining global ministries, healing the environment and working to end violence and oppression - Strengthen Our Culture and Capabilities We recognize that the health care delivery system is undergoing rapid change with increasing complexity Thus, we commit to liberate the potential of our people by strengthening individual and collective capabilities with respect to ministry leadership, knowledge, analytics, innovation and finances Please see Schedule R for listings of the related organizations Each of the reported entities play a role in achieving the vision of BSMH and the SQP (Strategic Quality Plan)</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 7, Reports Filed With States	SC

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 58-2504530
Name: St Francis Hospital Inc

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2											
1	St Francis Hospital - Downtown One St Francis Drive Greenville, SC 296013955 bonsecours.com HTL-0794	X	X			X	X	X			A
2	St Francis Hospital - Eastside 125 Commonwealth Drive Greenville, SC 296154812 bonsecours.com HTL-0793	X	X			X		X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Form 990, Schedule H, Part V, Section B, Line 14	Charges for patients who are eligible for financial assistance shall be limited to no more than amounts generally billed ("AGB") for such services. These charges are based on the average allowed amounts from Medicare and commercial payers for emergency and other medically necessary care. The allowed amounts include both the amount the insurer will pay and the amount, if any, the individual is personally responsible for paying. The AGB is calculated using a look back method.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Form 990, Schedule H, Part V, Section B, Line 7a	https //bonsecours com/greenville/community-commitment/community-health-needs-assessment

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Form 990, Schedule H, Part V, Section B, Line 10a	https //bonsecours com/greenville/community-commitment/community-health-needs-assessment

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

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

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

Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 St Francis Hospital - Downtown, - Facility 2 St Francis Hospital - Eastside

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

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 5	Specific groups were well-represented through the course of the assessment, including individuals representing the broad interests of the community, persons with special knowledge of the medically underserved, low-income, minority, and chronic disease populations To do this, three primary data methods were used focus groups, a town hall meeting, and a community questionnaire The community questionnaire was collected through paper copies, an online version, and by phone Additionally, the community questionnaire was available in Spanish When soliciting feedback by all 3 methods of data gathering, specific people and organizations representing various populations of the community were targeted

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

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 7d	In addition to having the CHNA available to the public on the web and paper copies available by request, key findings of the report were presented to the community on September 23, 2016. This event was held at the West End Community Center and was free and open to the public.

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 11	<p>Nine health issues and conditions were identified by the community as being of greatest concern. Key findings from the survey, focus groups and town hall, as well as secondary data helped determine these results: behavioral health, transportation, community safety, homelessness, education, social environment and housing, adult obesity and nutrition and exercise, jobs and fair wages, and access to health care services for low income people (children, women, seniors). BSSFHS has developed a strategic three-year implementation plan to address the most paramount needs that were determined by the community: behavioral health, housing, and obesity/wellness. Due to limitations in capacity, resources and overall expertise, BSSFHS will work with other agencies and organizations to address remaining needs. A listing of these agencies and organizations has been included in the CHNA report. How significant needs are being addressed:</p> <p>BEHAVIORAL HEALTH The Greenville Crisis Response Team (GCRT) was developed in order to provide a seamless and effective system of intervention for those with mental illness within our community. The GCRT, a multi-agency crisis intervention bureau is comprised of both individual community stakeholders and support organizations such as Greenville Mental Health, the Phoenix Center, Greenville Police Department, Greenville Health System, Bon Secours St. Francis Health System, Miracle Hill Ministries, Greenville Probate Court, and the City of Greenville. Currently the GCRT is developing a goal of an operational Crisis Stabilization Center in Greenville County. This endeavor is to provide citizens of Greenville that are in an applicable crisis, with a rapid, professionally coordinated response to their situation, instead of an individual experiencing crisis inappropriately and unnecessarily being placed in jail, a holding facility, hospital emergency room, or inpatient treatment program. Bon Secours St. Francis entered into a partnership with Anderson University and has developed a pathway for the placement of student interns studying to be psychiatric nurse practitioners. Bon Secours Mission funds supported two nurses to complete advanced degrees that will benefit the care of those with behavioral health diagnoses. The Bon Secours Medical Group Depression Screening Initiative continues to implement depression screening education for staff with ongoing process improvements to meet goals. Dr. Carson Felkel, BSSFHS psychiatrist, implemented an educational video message in support of our commitment to utilizing depression screening tools with confidence and competence to enhance the exceptional delivery of patient care being delivered. Bon Secours continues to participate in the South Carolina Hospital Association (SCHA) Behavioral Health Coalition being developed within South Carolina. The SCHA Mission is to establish a comprehensive system at the state and community level that ensures access to, coverage for, effective coordination and awareness.</p>

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 11	ness of mental health and substance use disorders services and resources for individuals a nd families living in SC Purpose Statement to implement a multi-sector coalition built o n a common improvement agenda and focused on a mutually defined set of strategic goals and actions for collectively improving the availability and access to mental health and/or su bstance use disorders services for all SC residents Strategic Priority Areas for the Coal ition Ensure efficient and effective crisis stabilization and management of patients with acute mental health and/or substance use disorders Maximize alignment of mental health a nd substance use disorders services and primary care services and resources across the out patient continuum, and cultivate public policy and perception of behavioral health illness es as diseases of the brain to include both mental health and/or substance use disorder(s) Establish an interdisciplinary, cross-sector system for substance use disorders, initial ly focused on managing opioid prescribing and use, and preventing and effectively treating opioid use disorder, Institute a collaborative data analytics and informatics team focuse d on collecting, analyzing and disseminating key mental health and substance use disorders metrics Dr Carson Felkel, Bon Secours Lead Physician Behavioral Health Programs present ed to the SC state Coalition March 2018 on the Integrated Care Model and the collaborative work being developed in the Greenville community The Bon Secours Behavioral Health team members are actively involved in the Steering Committee and the development of an Upstate Behavioral Health Coalition with United Way of Greenville County as the convener of the Co alition The Coalition is committed to improving the lives of Greenville County residents who are struggling with behavioral health issues and strive to help each person achieve th eir fullest potential Bon Secours completed a Letter of Intent in February 2018 for Green ville Shared Solutions A multi-agency crisis intervention bureau is comprised of both ind ividual community stakeholders and support organizations such as Greenville Mental Health, the Phoenix Center, Greenville Police Department, Greenville Health System, Bon Secours S t Francis Health System, Miracle Hill Ministries, Greenville Probate Court, and the City of Greenville This endeavor is to provide citizens of Greenville that are in an applicabl e crisis, with a rapid, professionally coordinated response to their situation, instead of an individual experiencing crisis inappropriately and unnecessarily being placed in jail, a holding facility, hospital emergency room, or inpatient treatment program In March of 2018 BSMG began the implementation of a Behavioral Health/Primary Care Integrated Care mod el Dr Carson Felkel is the Lead Physician for Behavioral Health Programs and is completi ng the development of Adult Depression Clinical Guidelines and the Screening Treatment and Follow up Guidelines The Int

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 11	<p>egrated Care model includes an Integrated Care Manager within the Primary Care setting. The Bon Secours Medical Group Depression Screening Initiative continues to implement depression screening education for staff with ongoing process improvements to meet goals. Dr. Carson Felkel implemented an educational video message in support of our commitment to utilizing depression screening tools with confidence and competence to enhance the exceptional delivery patient care being delivered. BSSFHS/BSMG instituted a collaborative data analytics and informatics team focused on collecting, analyzing and disseminating key mental health and substance use disorders metrics. Dr. Carson Felkel, Bon Secours Lead Physician Behavioral Health Programs presented to the SC state Coalition March 2018 on the Integrated Care Model and the collaborative work being developed in the Greenville community.</p> <p>AFFORDABLE HOUSING The Sterling Land Trust will embark on its first initiative to build a house in 2017 on property it owns in the Sterling neighborhood. The Sterling Land Trust will work closely with the Nehemiah Community Revitalization Corporation a nonprofit developer located in Greenville County. Nehemiah has a history of building affordable housing in Greenville and surrounding counties in the Upstate. To subsidize the building of the house Healthy Community Initiatives with the input of the Sterling Land Trust prepared proposals for grant funding which were submitted to the SC Association for Community Economic Development which awarded the Land Trust \$10,000. A proposal to the Graham Foundation is pending for \$25,000. A proposal to the Bank of America Foundation is pending for \$25,000. The Land Trust also submitted a funding application to the City of Greenville Community Development Office for \$20,000. According to the director Community Development, money has been placed in the City's budget for the Land Trust to receive \$20,000 towards the build. A bank loan application was filed with TD bank. Property the Land Trust owns is collateral for the loan. Bon Secours has committed \$15,000 toward the build if all funds can be raised. The build was expected to begin in August 2017.</p> <p>CONTINUED ON SCHEDULE H - SUPPLEMENTAL INFORMATION</p>

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

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

Form and Line Reference	Explanation
Facility Reporting Group - A Part V, Section B, line 16j	Information regarding the FAP is available on our websites, brochures are available at time of registration. We have on-site Financial Counselors who assist patients. We also have eligibility vendors who work with the patients and our statements indicate we have an FAP. We also provided local clinics in each market brochures regarding our FA program.

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
1 1 - St Francis Outpatient Center 3 St Francis Drive Greenville, SC 29601	Outpatient Services
1 2 - St Francis ES Outpatient Lab 135 Commonwealth Dr Suite 255 Greenville, SC 29615	Outpatient Lab
2 3 - St Francis Rehab 131 Commonwealth Drive Suite 200 Greenville, SC 29615	Outpatient Rehab-Physical, Occupational, Speech, Massage Therapy
3 4 - St Francis Outpatient Rehab 120 Summer Street Greenville, SC 29601	Outpatient Rehab
4 5 - St Francis Physical Therapy 712 Congaree Road Greenville, SC 29607	Outpatient Rehab
5 6 - St Francis Powdersville Rehab 3407 Hwy 153 Piemont, SC 29673	Outpatient Rehab
6 7 - St Francis Physical Therapy 209 Patewood Dr Ste 100 Greenville, SC 29615	Outpatient Rehab
7 8 - St Francis Homecare 10 Patewood Drive Ste 300 Greenville, SC 29615	Homecare Offices
8 9 - McCall Hospice House 1836 West Georgia Rd Simpsonville, SC 29680	Hospice
9 10 - St Francis Sleep Disorder Center 3 St Francis Drive Ste 340 Greenville, SC 29601	Sleep Disorder Center
10 11 - St Francis Wound Healing Center 131 Commonwealth Drive Suite 200 Greenville, SC 29615	Wound Care Rehab
11 12 - Central Registration & Lab 2 Innovation Dr Ste 110 Greenville, SC 29607	Registration and Lab
12 13 - Healthy Self Cardiovascular Rehab 2 Innovation Dr Ste 200 Greenville, SC 29607	Cardiac/Pulmonary/Vascular Fitness/ Diabetes Care
13 14 - Sleep Lab 2 Innovation Dr Ste 340 Greenville, SC 29607	Sleep Lab
14 15 - Early Detection & Renewal 2 Innovation Dr Ste 350 Greenville, SC 29607	Diagnostics & Early Detection Center

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

Name and address	Type of Facility (describe)
16 16 - Sports & Exe Medi & Phy Therapy 2 Innovation Dr Ste 250 Greenville, SC 29607	Sports and Exercise Medicine & Physical Therapy
1 17 - Nu-Life 2 Innovation Dr Ste 330 Greenville, SC 29607	Executive Physicals
2 18 - Community Education 2 Innovation Dr Ste 100 Greenville, SC 29607	Classroom
3 20 - St Francis Pearlle Harris Breast Ctr 131 Commonwealth Drive Suite 220 Greenville, SC 29615	Breast Cancer Treatment Facility
4 21 - St Francis Millennium Cancer Center 104 Innovation Dr Greenville, SC 29607	Cancer Facility

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As Filed Data -

DLN: 93493191001049

Schedule I
(Form 990)

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
St Francis Hospital Inc

Employer identification number
58-2504530

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) Bon Secours - St Francis Health System Foundation Inc One St Francis Drive Greenville, SC 29601	26-0012031	501(c)(3)	823,483				Cost of administrative services provided to the Foundation
(2) St Francis Physician Services Inc One St Francis Drive Greenville, SC 29601	13-4290167	501(c)(3)	69,450,688				General Support

2

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

2

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	The organization complies with Bon Secours Mercy Health, Inc 's system-wide financial and accounting policies. Contributions are generally made as reimbursements for funds spent. In such cases, the donee/grantee organization must provide documentation to the filing organization before funds are approved for disbursement. In other cases, grantees submit progress reports on the anniversary date on which the grant was received. The evaluation report includes: 1) progress toward the deployment of the stated goals and objectives, 2) progress towards the achievement of desired outcome as demonstrated by Project Work Plan, 3) an accurate accounting of the revenue and expenses and the amount of the mission fund award expensed, and 4) a summary past, current and future funding sources and efforts to secure sustaining sources of funding.
Part II	Description of the Bon Secours Mercy Health 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.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization
St Francis Hospital Inc

Employer identification number
58-2504530

Part I Questions Regarding Compensation

	Yes	No									
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
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. <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study										
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee										
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: <table border="0"> <tr> <td>a Receive a severance payment or change-of-control payment?</td> <td>4a</td> <td>No</td> </tr> <tr> <td>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</td> <td>4b Yes</td> <td></td> </tr> <tr> <td>c Participate in, or receive payment from, an equity-based compensation arrangement?</td> <td>4c</td> <td>No</td> </tr> </table> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	a Receive a severance payment or change-of-control payment?	4a	No	b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes		c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No		
a Receive a severance payment or change-of-control payment?	4a	No									
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes										
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>5a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>5b</td> <td>No</td> </tr> </table> If "Yes," on line 5a or 5b, describe in Part III.	a The organization?	5a	No	b Any related organization?	5b	No					
a The organization?	5a	No									
b Any related organization?	5b	No									
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: <table border="0"> <tr> <td>a The organization?</td> <td>6a</td> <td>No</td> </tr> <tr> <td>b Any related organization?</td> <td>6b</td> <td>No</td> </tr> </table> If "Yes," on line 6a or 6b, describe in Part III.	a The organization?	6a	No	b Any related organization?	6b	No					
a The organization?	6a	No									
b Any related organization?	6b	No									
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	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										

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.

See Additional Data Table

[illegible]

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 two officers, two key employees, and one highest compensated employee. The entire benefit was treated as taxable compensation.
Part I, Line 3	Bon Secours Mercy Health, Inc., a related organization of the filing organization uses the following to establish the compensation of the organization's CEO/Executive Director: Compensation Committee Independent Compensation Consultant Written Employment Contract Compensation Survey or Study Approval by the Board or Compensation Committee.
Part I, Line 4b	The filing organization participates in a BSMH sponsored executive retirement program that allows for deposits into additional retirement plans and available only to key employees. The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits made into this plan. Individuals that received a distribution include: Thomas Morris, PhD, \$27,851, Jeff Oak, PhD, \$27,548, Mark Nantz, \$85,777, Craig McCoy, \$0.
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: 58-2504530
Name: St Francis Hospital Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Craig McCoy CEO-BSSFHS	(i)	0	0	0	0	0	0	0
	(ii)	466,054	163,542	40,215	59,139	27,232	756,182	0
1Jeffrey Oak PhD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	377,226	156,456	70,661	61,039	28,399	693,781	25,719
2Thomas Morris PhD President	(i)	0	0	0	0	0	0	0
	(ii)	359,135	151,630	72,598	47,280	21,427	652,070	24,192
3Ronnie Hyatt Treasurer/CFO - BSSFHS	(i)	369,189	94,510	64,756	16,200	18,954	563,609	0
	(ii)	0	0	0	0	0	0	0
4Rose Leo VP - Surgical Services	(i)	200,359	33,942	25,153	11,947	19,907	291,308	0
	(ii)	0	0	0	0	0	0	0
5Teresa Ficicchy EVP - CNO	(i)	260,285	71,391	49,798	16,170	12,080	409,724	0
	(ii)	0	0	0	0	0	0	0
6Aaron Collins MD Emergency Physician	(i)	417,198	2,565	834	14,859	23,239	458,695	0
	(ii)	0	0	0	0	0	0	0
7Bruce Bourdon MD Emergency Physician	(i)	399,851	2,463	2,123	16,200	29,843	450,480	0
	(ii)	0	0	0	0	0	0	0
8Gregory Hoffman MD Emergency Physician	(i)	293,861	124,572	982	14,233	27,283	460,931	0
	(ii)	0	0	0	0	0	0	0
9Jesse Felder MD Emergency Physician	(i)	408,071	2,181	1,319	8,100	27,283	446,954	0
	(ii)	0	0	0	0	0	0	0
10Joseph Hartzog MD Emergency Physician	(i)	572,246	3,506	5,407	16,200	27,283	624,642	0
	(ii)	0	0	0	0	0	0	0
11Daniel Duggan Former COO	(i)	0	0	0	0	0	0	0
	(ii)	347,504	132,986	64,773	16,200	10,953	572,416	0
12Mark Nantz Former CEO	(i)	0	0	0	0	0	0	0
	(ii)	681,330	243,372	629,916	117,365	29,782	1,701,765	78,920

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (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
St Francis Hospital Inc

Employer identification number

58-2504530

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

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

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Krista Coben	Daughter of Former COO, Daniel Duggan	45,027	Employment		No
(2) Jason Coben	Son-in-law of Former COO, Daniel Duggan	180,905	Employment		No
(3) Kyle Duggan	Son of Former COO, Daniel Duggan	49,507	Employment		No
(4) Meagan Duggan	Daughter-in-law of Former COO, Daniel Duggan	52,441	Employment		No
(5) Michael Haskell	Brother of Key Employee, Teresa Ficicchy	67,037	Employment		No

Part V Supplemental Information

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

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
St Francis Hospital Inc**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

58-2504530

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Daniel Duggan (Former COO) and Teresa Ficicchy (Key Employee) are married

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	Bon Secours Mercy Health, Inc is the sole member of Bon Secours St Francis Health System , Inc , which in turn is the sole member of St Francis Hospital, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The governing body of St Francis Hospital, Inc is appointed by its member Bon Secours St Francis Health System, Inc and subject to approval by Bon Secours Mercy Health, Inc

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared by BSMH's tax department and reviewed by management. Upon review, the Form 990 is then forwarded to the local system's independent Audit and Compliance Committee for review and approval. Once the Form 990 is reviewed by all applicable parties, a copy of the final version is provided to all members of the governing body prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>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).</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15b	<p>The compensation committee of the board of Bon Secours Mercy Health, Inc (BSMH) engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of BSMH. The compensation committee consists of a group of independent board members and engages an independent external compensation consultant to ensure they receive appropriate analysis of market and follow the practices necessary to obtain full compliance with the IRS' rebuttable presumption of reasonableness. The committee establishes and maintains a compensation philosophy, reviews pay practices against local, regional and national healthcare organizations and approves all remunerative decisions for this group of individuals. The committee reviews and receives assurances that all levels of pay within the organization are reasonable based on performance and validates incentives are met. These decisions are documented in the BSMH board of directors and compensation committee minutes.</p> <p>Compensation Process Other Officers/Key Employees</p> <p>For those key employees and highest paid employees that are not reviewed by the BSMH compensation committee, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. In the review, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in human resources.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The filing organization makes all documents available to the general public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII - Additional Disclosure	Board Member positions are generally voluntary in nature. Compensated employees of the filing organization and other related organizations who also hold board positions are compensated only in relation to their employment and do not receive additional compensation for their board responsibilities. Sr. Kathryn Clauss did not receive payroll distributions as she has taken a vow of poverty.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>Physician Fees Program service expenses 12,188,419 Management and general expenses 0 Fundraising expenses 0 Total expenses 12,188,419 Billing and Collections Program service expenses 3,350,409 Management and general expenses 372,268 Fundraising expenses 0 Total expenses 3,722,677 Security Services Program service expenses 933,797 Management and general expenses 103,755 Fundraising expenses 0 Total expenses 1,037,552 Other Purchased Services Program service expenses 23,551,626 Management and general expenses 2,616,847 Fundraising expenses 0 Total expenses 26,168,473 Maintenance and Service Agreements Program service expenses 2,689,727 Management and general expenses 298,859 Fundraising expenses 0 Total expenses 2,988,586 Consulting Program service expenses 3,559,525 Management and general expenses 395,503 Fundraising expenses 0 Total expenses 3,955,028 Contracted Nursing and Ancillary Tech Staff Program service expenses 5,771,840 Management and general expenses 0 Fundraising expenses 0 Total expenses 5,771,840 Dues - Physicians Program service expenses 629,506 Management and general expenses 0 Fundraising expenses 0 Total expenses 629,506 BSMH Corporate Dues Program service expenses 44,005,384 Management and general expenses 4,889,488 Fundraising expenses 0 Total expenses 48,894,872</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Principal Payments to BSMH -4,099,316 Swaps Allocation to BSMH -1,881,192 Sale of BSNY - Writedown of Goodwill -767,862

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
St Francis Hospital Inc

Employer identification number
58-2504530

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Physicians' Surgery Center at St Francis LLC One St Francis Drive Greenville, SC 29601	No Activity	SC	0	0	St Francis Hospital Inc
(2) Health Partners of Bon Secours St Francis LLC One St Francis Drive Greenville, SC 29601 81-4408628	Health Care	SC	-30,815	0	St Francis Hospital Inc

Part II Identification of Related Tax-Exempt Organizations

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

See Additional Data Table

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

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

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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m Yes	
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 Yes	
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r Yes	
s Other transfer of cash or property from related organization(s)	1s Yes	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Bon Secours - St Francis Health System Foundation Inc	B	823,483	Actual
(2) Bon Secours - St Francis Health System Foundation Inc	C	1,896,558	Actual
(3) Upstate Surgery Center - SFH	S	93,715	Actual
(4) Upstate Surgery Center - PS Cost Transfers	L	150,996	Cost

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.

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 58-2504530
Name: St Francis Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1701 Mercy Health Place Cincinnati, OH 45237 52-1301088	Healthcare system parent	OH	501(c)(3)	Line 12c, III-FI	Bon Secours Inc		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		No
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		No
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		No
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		No
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		No
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		No
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		No
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		No
7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)(3)	Line 12c, III-FI	Mary Immaculate Hospital		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)(3)	Line 7	Bon Secours DePaul Medical Center		No
7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)(3)	Line 7	Bon Secours Hampton Roads Health System		No
1000 St Christopher Dr Ashland, KY 41101 61-1356023	Health Care	KY	501(c)(3)	Line 3	Bon Secours Kentucky Health System		No
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		No
One St Francis Drive Greenville, SC 29601 58-2504530	Health Care	SC	501(c)(3)	Line 3	Bon Secours St Francis Health System Inc		No
7007 Harbour View Blvd Suffolk, VA 23435 54-0548200	Health Care	VA	501(c)(3)	Line 3	Bon Secours Mercy Health Inc		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System		No
7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System		No
8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System		No
8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System		No

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 54-0647482	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System		No
8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System		No
St Christopher Dr Ashland, KY 41101 61-1381952	Grant Making Foundation	KY	501(c)(3)	Line 7	Bon Secours Kentucky Health System		No
26 North Fulton Avenue Baltimore, MD 21223 76-0785344	Community Housing	MD	501(c)(3)	Line 7	Unity Properties Inc		No
26 North Fulton Avenue Baltimore, MD 21223 52-1857768	Low Income Housing	MD	501(c)(3)	Line 7	Bon Secours of Maryland Foundation		No
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		No
10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Home Care Services	FL	501(c)(3)	Line 10	Maria Manor Nursing Care Center		No
10300 Fourth Street North St Petersburg, FL 33716 65-0061820	Nursing Home	FL	501(c)(3)	Line 10	Bon Secours Mercy Health Inc		No
St Christopher Dr Ashland, KY 41101 35-2320780	Physician Practices	KY	501(c)(3)	Line 10	Bon Secours Kentucky Health System		No
26 North Fulton Avenue Baltimore, MD 21223 52-1442707	Low Income Housing	MD	501(c)(3)	Line 10	Bon Secours of Maryland Foundation		No
26 North Fulton Avenue Baltimore, MD 21223 52-1543174	Low Income Housing	MD	501(c)(3)	Line 10	Bon Secours of Maryland Foundation		No
2975 Independence Avenue Bronx, NY 10463 13-3098867	Housing	NY	501(c)(3)	Line 10	Bon Secours NY Health System		No
One St Francis Drive Greenville, SC 29601 13-4290167	Physician Services	SC	501(c)(3)	Line 10	St Francis Health System Inc		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)(3)	Line 10	Mary Immaculate Hospital		No
7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)(3)	Line 10	Bon Secours Hampton Roads Health System		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1424748	Title Holding Company	VA	501(c)(2)		Bon Secours DePaul Medical Center		No
8580 Magellan Parkway Richmond, VA 23227 52-1260700	Title Holding Company	VA	501(c)(2)		Bon Secours Richmond Health System		No
8990 Old Annapolis Road Columbia, MD 21045 47-4765376	Fundraising	MD	501(c)(3)	Line 7	Bon Secours Mercy Health Inc		No
5008 Monument Avenue Richmond, VA 23230 54-1479847	Home Care Services	VA	501(c)(3)	Line 10	Bon Secours Home Care LLC		No

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 54-1210450	Supporting Organization	VA	501(c)(3)	Line 7	Bon Secours Richmond Health System		No
101 Harris Road Kilmarnock, VA 22482 54-1857174	Healthcare Services	VA	501(c)(3)	Line 10	Bon Secours Richmond Health System		No
101 Harris Road Kilmarnock, VA 22482 23-7424835	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System		No
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		No
308 Willow Hoboken, NJ 07030 22-1487324	Health Care	NJ	501(c)(3)	Line 3	Bon Secours New Jersey Health System Inc		No
1505 Marriottsville Road Marriottsville, MD 27104 25-1585441	Local System Parent Org	PA	501(c)(3)		Bon Secours Mercy Health Inc		No
1505 Marriottsville Road Marriottsville, MD 27104	Health Care	PA	501(c)(3)		Mercy Health Services		No
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		No
8580 Magellan Parkway Richmond, VA 23227 54-1740128	Health Care	VA	501(c)(3)	Line 3	Bon Secours Richmond Health System		No
1703 Laurel Street Columbia, SC 29201	Health Care	SC	501(c)(3)		Bon Secours St Francis Health System Inc		No

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

[illegible]

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	N/A	C					No
Professional Health Care Management Services Inc 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	N/A	C					No
Bon Secours - Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	N/A	C					No
OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	N/A	C					No
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	N/A	C					No
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	N/A	C					No
Bon Secours New Shiloh II LLC 26 North Fulton Avenue Baltimore, MD 21223 82-0631206	Low Income Housing	MD	N/A	C					No
Bon Secours New York Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY 10463 47-2224316	Low Income Housing	NY	N/A	C					No
Maryview Building Corporation 3636 High Street Portsmouth, VA 23707 54-1306612	Administrative	VA	N/A	C					No
Bon Secours-Virginia Healthsource Inc 8580 Magellan Parkway Richmond, VA 23227 54-1417686	Ambulatory Healthcare Services	VA	N/A	C					No
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	N/A	C					No
Richmond Radiation Oncology Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1570244	Ambulatory Healthcare Services	VA	N/A	C					No
RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	N/A	C					No
Richmond MRI Inc 8580 Magellan Parkway Richmond, VA 23227 54-1568452	Medical Services	VA	N/A	C					No
Good Help Connections LLC 8990 Old Annapolis Road Columbia, MD 21045 47-2345223	IT Consulting	MD	N/A	C					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	N/A	C					No
Bon Secours Assurance Company Ltd PO Box 69 KY1-1102 CJ 98-0152147	Offshore Captive Management	CJ	N/A	C					No