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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 09-01-2018 , and ending 08-31-2019

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Bon Secours - Richmond Health System Inc

Doing business as

Bon Secours Virginia

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

8580 Megallan Parkway Building IV

Room/suite

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

Richmond, VA 23227

F Name and address of principal officer

Sr Anne Marie Mack

8580 Megallan Parkway Building IV

Richmond, VA 23227

D Employer identification number

52-1988421

E Telephone number

(804) 281-8413

G Gross receipts \$

25,648,956

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

WWW BONSECOURS COM

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

1996

M State of legal domicile

VA

Part I

Summary

Activities & Governance

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

PROVIDES SUPPORT SERVICES TO RELATED NOT-FOR-PROFIT ENTITIES WITHIN THE SYSTEM

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)

19

4 Number of independent voting members of the governing body (Part VI, line 1b)

18

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

366

6 Total number of volunteers (estimate if necessary)

131

7a Total unrelated business revenue from Part VIII, column (C), line 12

0

7b Net unrelated business taxable income from Form 990-T, line 34

0

Revenue

8 Contributions and grants (Part VIII, line 1h)

385,555

9 Program service revenue (Part VIII, line 2g)

24,249,490

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

19,226

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

1,498

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

24,655,769

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

566,212

14 Benefits paid to or for members (Part IX, column (A), line 4)

0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

19,923,378

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶

0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

10,594,953

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

31,084,543

19 Revenue less expenses Subtract line 18 from line 12

-6,428,774

Expenses

20 Total assets (Part X, line 16)

21,988,114

21 Total liabilities (Part X, line 26)

29,169,677

22 Net assets or fund balances Subtract line 21 from line 20

-7,181,563

Net Assets or Fund Balances

Beginning of Current Year

21,988,114

End of Year

20,070,013

20 Total assets (Part X, line 16)

21,988,114

21 Total liabilities (Part X, line 26)

29,169,677

22 Net assets or fund balances Subtract line 21 from line 20

-7,181,563

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

Signature of officer

2020-07-13

Date

Laura Ellison Atlantic Group CFO

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

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 (2018)

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 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 \$ 30,480,029 including grants of \$ 474,198) (Revenue \$ 24,717,699)
See Additional Data

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

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

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

4e Total program service expenses ▶ 30,480,029

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	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
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 Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		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	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		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	366	2b	Yes	
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		No
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		
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	Yes	
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?						
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		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N				15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O				16		No

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	19	
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	18	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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-A 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

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

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

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)								1,015,747	5,775,079	480,127

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 **▶ 28**

	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>		No
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
BLACKTREE HEALTHCARE CONSULTING 1 FAYETTE ST SUITE 425 CONSHOHOCKEN, PA 19428	CONSULTING	1,233,919
SIMIONE HEALTHCARE CONSULTANTS 54 main st Sturbridge, MA 01566	Consulting	415,941
DISPATCH HEALTH 3455 Ringsby Ct Denver, CO 80216	Contract Labor	400,000
Shiftwise US BANK CORPORATE TRUST PO BOX 70870 ST PAUL, MN 551709705	CONTRACT LABOR	310,559
PPS PLUS SOFTWARE PO BOX 8906 BILOXI, MS 39535	CODING REVIEW	282,336

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 **▶ 7**

Part VIII		Statement of Revenue			
Check if Schedule O contains a response or note to any line in this Part VIII <input checked="" type="checkbox"/>					
		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	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	421,016		
	e Government grants (contributions)	1e	21,963		
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a - 1f \$ _____				
	h Total. Add lines 1a-1f ▶		442,979		
Program Service Revenue	2a HOME CARE & HOSPICE	Business Code			
		621610	24,717,699	24,717,699	
	b _____				
	c _____				
	d _____				
	e _____				
	f All other program service revenue		0	0	0
	g Total. Add lines 2a-2f ▶		24,717,699		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
	6a Gross rents	(i) Real	(ii) Personal		
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less cost or other basis and sales expenses		474,198		
	c Gain or (loss)	0	474,198		
	d Net gain or (loss) ▶		474,198		474,198
	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 Indemnity Payments	900099	7,894		7,894	
b MEDICAL RECORDS	900099	3,017		3,017	
c Vending	900099	1,138		1,138	
d All other revenue		2,031	0	0	
e Total. Add lines 11a-11d ▶		14,080			
12 Total revenue. See Instructions ▶		25,648,956	24,717,699	0	488,278

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 ☒

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	474,198	474,198		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.				
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.	16,996,683	15,297,015	1,699,668	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	562,011	505,810	56,201	
9 Other employee benefits.	2,485,028	2,236,525	248,503	
10 Payroll taxes.	1,366,773	1,230,096	136,677	
11 Fees for services (non-employees):				
a Management.				
b Legal.	7,159		7,159	
c Accounting.				
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	6,415,944	5,830,368	585,576	0
12 Advertising and promotion.				
13 Office expenses.	409,468	368,521	40,947	
14 Information technology.				
15 Royalties.				
16 Occupancy.	621,449	559,304	62,145	
17 Travel.	912,713	821,442	91,271	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	9,734	8,761	973	
20 Interest.	259,132	259,132		
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	637,896	574,106	63,790	
23 Insurance.	42,029	37,826	4,203	
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	1,363,751	1,363,751	0	
b Medical Equipment	346,802	346,802		
c Bad Debt	277,221	277,221		
d Operation Analysis	172,930	155,637	17,293	
e All other expenses	148,349	133,514	14,835	0
25 Total functional expenses. Add lines 1 through 24e.	33,509,270	30,480,029	3,029,241	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	100	1	100
	2 Savings and temporary cash investments	443,308	2	1,657,979
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,245,097	4	2,370,707
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	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	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	56,475	9	47,260
	10a Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	19,000,949		
	b Less: accumulated depreciation	4,793,295		
		14,827,135	10c	14,207,654
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	
	13 Investments—program-related. See Part IV, line 11	0	13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	4,415,999	15	1,786,313	
16 Total assets. Add lines 1 through 15 (must equal line 34)	21,988,114	16	20,070,013	
Liabilities	17 Accounts payable and accrued expenses	762,005	17	524,014
	18 Grants payable		18	
	19 Deferred revenue	668,667	19	482,361
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	27,739,005	25	34,105,515
	26 Total liabilities. Add lines 17 through 25	29,169,677	26	35,111,890
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	-7,181,563	27	-15,041,877
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-7,181,563	33	-15,041,877	
34 Total liabilities and net assets/fund balances	21,988,114	34	20,070,013	

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	25,648,956
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,509,270
3	Revenue less expenses Subtract line 2 from line 1	3	-7,860,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-7,181,563
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-15,041,877

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

- 1** Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 52-1988421
Name: Bon Secours - Richmond Health System Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

Supports the subsidiary members of the Bon Secours Richmond Health System in their effort to provide compassionate, quality healthcare services to those in need, including the poor and dying, for the purpose of alleviating human suffering and bringing people to wholeness in the midst of pain and loss

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			
Toni Ardabell	2 5									
CEO-BSV (End 07/19)	..... 47 5	X		X				0	1,835,830	16,500
Brian White	2 5									
Interim CEO - Richmond (Beg 07/19)	..... 47 5	X		X				0	0	0
Sr Anne Marie MACK CBS	3 5									
President	..... 46 5	X		X				0	0	0
NANCY THOMAS	2 0									
Chairman (End 12/18)	..... 0 0	X		X				0	0	0
Jane Watkins	2 0									
Chairman (Beg 01/19)	..... 0 0	X		X				0	0	0
Janice Burnett	2 0									
Board Member (End 03/19)	..... 48 0	X						0	2,119,569	148,793
Sr VICTORIA SEGURA MD CBS	2 0									
Board Member	..... 48 0	X						0	0	0
Linda Rigsby	2 0									
Board Member	..... 0 5	X						0	0	0
JEFFREY BROWN MD	2 0									
Board Member	..... 0 0	X						0	0	0
STUART BUNTING	2 0									
Board Member	..... 0 0	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			
Chandrashekar Challa	2 0									
Board Member	.....	X						0	0	0
Elizabeth CROWTHER	2 0									
Board Member	.....	X						0	0	0
John Daniel III MD	2 0									
Board Member	.....	X						0	0	0
CHRIS HAIRSTON-WHITE	2 0									
Board Member	.....	X						0	0	0
ROSALYN HOBSON HARGRAVES MD	2 0									
Board Member (Beg 08/19)	.....	X						0	0	0
Matthew Illian	2 0									
Board Member (Beg 08/19)	.....	X						0	0	0
Morris Henderson DMIN	2 0									
Board Member (End 12/18)	.....	X						0	0	0
Birdie Jamison	2 0									
Board Member	.....	X						0	0	0
Joyce Lanier	2 0									
Board Member	.....	X						0	0	0
Pamela Royal MD	2 0									
Board Member	.....	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	Insttutcnal Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph SCHILLing	2 0									
Board Member (End 12/18)	..... 0 0	X						0	0	0
SHANNON Sinclair	2 0									
Board Member	..... 0 0	X						0	0	0
Deborah Ulmer PHD RN	2 0									
Board Member	..... 0 0	X						0	0	0
BK FULTON	2 0									
Board Member	..... 0 0	X						0	0	0
Stephan Quirconi	2 0			X				0	657,986	25,196
Treasurer, CFO - Richmond Market	..... 48 0			X				0		
Rhodes Ritenour	2 0			X				0	264,239	42,470
Secretary (Beg 01/19)	..... 48 0			X				0		
ALLEN GOOLSBY III	2 0			X				0	0	0
Secretary (End 01/19)	..... 0 0			X				0		
Jim Godwin	1 0				X			0	361,676	43,292
SVP HR - Richmond (End 11/18)	..... 49 0				X			0		
Paul Junod	1 0				X			0	178,647	38,572
VP HR - Richmond (Beg 11/18)	..... 49 0				X			0		
Kevin Sheppard	1 0				X			0	357,132	32,736
VP - Integration	..... 49 0				X			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			
Tushar SHAH	50 0									
Family Physician	..... 0 0					X		249,971	0	41,173
Aparna Ranjan	50 0									
Family Physician	..... 0 0					X		218,680	0	8,704
Nermine Saleh	50 0									
Medical Director	..... 0 0					X		215,159	0	42,897
Kimberly Kothe	50 0									
Physical Therapist	..... 0 0					X		188,166	0	29,029
Michelle Hafner	50 0									
Administrative Director	..... 0 0					X		143,771	0	10,765

SCHEDULE A (Form 990 or 990-EZ)	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. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No 1545-0047
		2018
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	Name of the organization Bon Secours - Richmond Health System Inc	Employer identification number 52-1988421

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)

- ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- ☐ 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
- ☐ 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)
- ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- ☐ 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)
- ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- ☒ 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)
- ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- ☐ 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
 - ☐ **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.**
 - ☐ **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.**
 - ☐ **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.**
 - ☐ **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.**
 - ☐ 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
- Enter the number of supported organizations
- 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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)2014	(b)2015	(c)2016	(d)2017	(e)2018	(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 2018 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2017 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,041,543	802,929	3,567,068	385,555	442,979	25,240,074
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	22,844,457	22,207,050	19,333,096	24,249,490	24,717,699	113,351,792
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	42,886,000	23,009,979	22,900,164	24,635,045	25,160,678	138,591,866
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
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	0	0	0	0	0	0
c	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						138,591,866

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	42,886,000	23,009,979	22,900,164	24,635,045	25,160,678	138,591,866
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c	Add lines 10a and 10b	0	0	0	0	0	0
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12	Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.)	235,587	26,749	9,208	1,498	14,080	287,122
13	Total support. (Add lines 9, 10c, 11, and 12.)	43,121,587	23,036,728	22,909,372	24,636,543	25,174,758	138,878,988

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 2018 (line 8, column (f) divided by line 13, column (f))	15	99.79 %
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	99.57 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2018. 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—2017. 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? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12 Other Income	DESCRIPTION - ALL OTHER REVENUE, COLUMN A - , COLUMN B - 180 0, COLUMN C - 7764 0, COLUMN D - , COLUMN E - 2031 0, COLUMN F - 9975 0, DESCRIPTION - MEDICAL RECORDS, COLUMN A - 597 0, COLUMN B - 383 0, COLUMN C - 772 0, COLUMN D - 1064 0, COLUMN E - 3017 0, COLUMN F - 58 33 0, DESCRIPTION - 3RD PARTY REMITTANCES, COLUMN A - 415 0, COLUMN B - 695 0, COLUMN C - 672 0, COLUMN D - 411 0, COLUMN E - , COLUMN F - 2193 0, DESCRIPTION - MISC JV REV, COLUMN A - 167908 0, COLUMN B - 25491 0, COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 19339 9 0, DESCRIPTION - INT INC FROM RELATED ORG, COLUMN A - 66667 0, COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - , COLUMN F - 66667 0, DESCRIPTION - PURCHASE DISCOUNTS, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - 23 0, COLUMN E - , COLUMN F - 23 0, DESCRIPTION - INDEMNITY PAYMENTS, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 7894 0, COLUMN F - 7894 0, DESCRIPTION - VENDING, COLUMN A - , COLUMN B - , COLUMN C - , COLUMN D - , COLUMN E - 1138 0, COLUMN F - 1138 0,

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493195029450	
<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. ▶ Go to www.irs.gov/Form990 for the latest information.</div>			<div>OMB No 1545-0047</div> <div>2018</div> <div>Open to Public Inspection</div>
Name of the organization Bon Secours - Richmond Health System Inc				Employer identification number 52-1988421	
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 7/25/06, 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					
(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$					
(ii) Assets included in Form 990, Part X ▶ \$					
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items					
a Revenue included on Form 990, Part VIII, line 1 ▶ \$					
b Assets included in Form 990, Part X ▶ \$					
For Paperwork Reduction Act Notice, see the Instructions for Form 990.					
		Cat No 52283D		Schedule D (Form 990) 2018	

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		6,960,091		6,960,091
b Buildings		7,080,323	1,250,214	5,830,109
c Leasehold improvements		1,265,757	702,178	563,579
d Equipment		3,608,418	2,814,382	794,036
e Other		86,360	26,521	59,839
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				14,207,654

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) DUE FROM AFFILIATES	150,000
(2) MEDMAL & GEN LIAB	486,883
(3) MISC A/R	1,112
(4) DEPOSITS - UTILITIES	2,517
(5) Right of Use Asset	1,145,801
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,786,313

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
DUE TO AFFILIATES	32,474,664
MEDMAL & GEN LIAB	486,883
PATIENT CREDIT BALANCES	10,364
Lease Liability	1,133,604
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	34,105,515

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<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 Company 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 Company 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 Company 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 Company has determined that no significant unrecognized tax benefits or liabilities exist as of December 31, 2018. 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 Company is subject to routine audits by taxing jurisdictions, with currently the IRS audit of Mercy for 2016 tax period in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2013. As of December 31, 2018, the Company has no uncertain tax positions. The Company's taxable subsidiaries had \$169,666 of gross net operating loss carryforwards as of December 31, 2018, which expire in varying periods through 2037 and are available to offset future taxable income. The Company 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 rates is recognized in income in the period that</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	includes the enactment date Interest and penalties related to income taxes are accounted for as income tax expense The Company's deferred tax assets are fully reserved at Decemb er 31, 2018 as the Company considers it more likely than not that these amounts will not b e 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 ded uctions The new law also includes several provisions that result in substantial changes t o the tax treatment of tax-exempt organizations and their donors The Company 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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bon Secours - Richmond Health System Inc

Employer identification number
52-1988421

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 Mary's Hospital of Richmond Inc 8580 Magellan Parkway Richmond, VA 23227	54-0793767	501(c)(3)	474,198				Mission Support

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

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
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	<p>Per Bon Secours Mercy Health's system-wide financial and accounting policies, contributions are generally made as reimbursements for funds spent. In such cases, the donee/grantee organization must provide documentation to the filing organization before funds are approved for disbursement. In other cases, grantees submit progress reports on the anniversary date on which the grant was received. The evaluation report includes: 1) progress toward the deployment of the stated goals and objectives, 2) progress towards the achievement of desired outcome as demonstrated by Project Work Plan, 3) an accurate accounting of the revenue and expenses and the amount of the mission fund award expensed, and 4) a summary past, current and future funding sources and efforts to secure sustaining sources of funding.</p> <p>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 Bon Secours -Richmond Health System, Inc. 52-1988421 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.</p>

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2018

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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
Bon Secours - Richmond Health System Inc

Employer identification number
52-1988421

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|--|--|
| <input 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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

Yes

8

No

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

Schedule J (Form 990) 2018

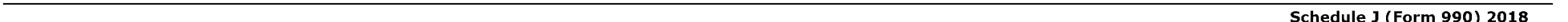
Part III **Supplemental Information**

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
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	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 Consultant Written Employment Contract Compensation Survey or Study Approval by the Board or Compensation Committee

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The filing organization participates in a BSMH sponsored executive retirement program that allows for deposits into additional retirement plans and is available only to officers and 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 or participated in the plan include Janice Burnett, \$108,897, James Godwin, \$12,540, Stephen Quiriconi, \$0

Return Reference	Explanation
Schedule J, Part I, Line 7 Non-fixed payments	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 the 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: 18007697
Software Version: 2018v3.1
EIN: 52-1988421
Name: Bon Secours - Richmond Health System Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Toni Ardabell CEO-BSV (End 07/19)	(i)	0	0	0	0	0	0	0
	(ii)	699,411	215,374	921,045	16,500	0	1,852,330	0
Janice Burnett Board Member (End 03/19)	(i)	0	0	0	0	0	0	0
	(ii)	699,015	215,867	1,204,687	146,360	2,433	2,268,362	90,877
Stephan Quiriconi Treasurer, CFO - Richmond Market	(i)	0	0	0	0	0	0	0
	(ii)	422,940	102,164	132,882	6,617	18,579	683,182	0
Rhodes Ritenour Secretary (Beg 01/19)	(i)	0	0	0	0	0	0	0
	(ii)	221,002	43,026	211	13,020	29,450	306,709	0
Jim Godwin SVP HR - Richmond (End 11/18)	(i)	0	0	0	0	0	0	0
	(ii)	264,392	62,670	34,614	22,511	20,781	404,968	0
Paul Junod VP HR - Richmond (Beg 11/18)	(i)	0	0	0	0	0	0	0
	(ii)	147,913	17,142	13,592	9,868	28,704	217,219	0
Kevin Sheppard VP - Integration	(i)	0	0	0	0	0	0	0
	(ii)	317,467	39,081	584	5,069	27,667	389,868	0
Tushar SHAH Family Physician	(i)	249,557	0	414	12,191	28,982	291,144	0
	(ii)	0	0	0	0	0	0	0
Aparna Ranjan Family Physician	(i)	180,830	36,758	1,092	8,704	0	227,384	0
	(ii)	0	0	0	0	0	0	0
Nermine Saleh Medical Director	(i)	214,970	0	189	11,204	31,693	258,056	0
	(ii)	0	0	0	0	0	0	0
Kimberly Kothe Physical Therapist	(i)	187,763	300	103	3,219	25,810	217,195	0
	(ii)	0	0	0	0	0	0	0
Michelle Hafner Administrative Director	(i)	132,868	10,213	690	2,266	8,499	154,536	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Bon Secours - Richmond Health System 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public
Inspection****Employer identification number**

52-1988421

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Bon Secours Mercy Health, Inc is the sole member of Bon Secours Richmond, LLC a single member limited liability company Bon Secours Richmond, LLC was formerly Bon Secours Richmond Health Corp, a nonprofit tax exempt organization prior to conversion Bon Secours Richmond LLC holds the majority interest in Bon Secours-Richmond Health System

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The governing body of Bon Secours-Richmond Health System is appointed by the Class B Member, Bon Secours Richmond, LLC, subject to the approval of Bon Secours Mercy Health, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Certain authorities of Bon Secours-Richmond Health System are reserved to its member or to Bon Secours Mercy Health, Inc

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	The Form 990 is prepared by BSMH's Tax Department and is then reviewed by management. Upon review, a copy of the final version of the Form 990 is provided to all members of the governing body prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<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, Line 15b Process to establish compensation of other employees	<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: 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 by human resources.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The conflict of interest policy and financial statements are posted on the BSMH website

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A ADDITIONAL DISCLOSURE	Board Member positions are generally voluntary in nature. Compensated employees of the fil- ing organization and other related organizations who also hold board positions are compens- ated only in relation to their employment and do not receive additional compensation for t- heir board responsibilities. Sr. Anne Marie Mack and Sr. Victoria Segura do not receive pa- yroll distributions as they have taken a vow of poverty.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Other Rev - Total Revenue 2031, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 2031,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	PHYSICIAN FEES - Total Expense 22440, Program Service Expense 22440, Management and General Expenses 0, Fundraising Expenses , BILLING AND COLLECTIONS - Total Expense 206326, Program Service Expense 185693, Management and General Expenses 20633, Fundraising Expenses , OTHER PURCHASED SERVICES - Total Expense 2384164, Program Service Expense 2145748, Management and General Expenses 238416, Fundraising Expenses , MAINTENANCE AND SERVICE AGREEMENTS - Total Expense 199551, Program Service Expense 179596, Management and General Expenses 19955, Fundraising Expenses , CONSULTING - Total Expense 412130, Program Service Expense 370917, Management and General Expenses 41213, Fundraising Expenses , CONTRACTED NURSING AND ANCILLARY TECH STAFF - Total Expense 537742, Program Service Expense 537742, Management and General Expenses 0, Fundraising Expenses , SECURITY - Total Expense 2107, Program Service Expense 1896, Management and General Expenses 211, Fundraising Expenses , BSMH CORPORATE DUES - Total Expense 2651484, Program Service Expense 2386336, Management and General Expenses 265148, Fundraising Expenses ,

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
Bon Secours - Richmond Health System Inc

Employer identification number
52-1988421

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) Bon Secours Ambulatory Services LLC 8580 Magellan Parkway Richmond, VA 23227 27-1672951	All Other Outpatient Care Centers	VA	5,082,662	3,240,123	Bon Secours Richmond Health System Inc
(2) Bon Secours Home Care LLC 8580 Magellan Parkway Richmond, VA 23227 27-1672759	Home Health Care Services	VA	22,587,983	9,688,956	Bon Secours Richmond Health System Inc
(3) Bon Secours Virginia Medical Group I LLC 8580 Magellan Parkway Richmond, VA 23227 27-1908136	Offices of Physicians	VA	0	0	Bon Secours Ambulatory Services LLC
(4) Richmond Good Help ACO LLC 8580 Magellan Parkway Richmond, VA 23227 81-3119802	Accountable Care Organization	VA	0	25,000	Bon Secours Richmond Health System 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.

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) 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

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 Yes	
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n Yes	
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	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Bon Secours St Mary's Hospital of Richmond Inc	B	474,198	FMV
(2) Bon Secours Richmond Healthcare Foundation	C	421,016	FMV

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)

Return Reference	Explanation

Additional Data

Software ID: 18007697
Software Version: 2018v3.1
EIN: 52-1988421
Name: Bon Secours - Richmond Health System Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1701 Mercy Health Place CINCINNATI, OH 45237 31-1161086	HEALTHCARE SYSTEM PARENT	OH	501(c)(3)	3	Bon Secours Mercy Health Inc		No
1701 Mercy Health Place CINCINNATI, OH 45237 20-1072726	FUNDRAISING	OH	501(c)(3)	7	MERCY HEALTH		No
1701 Mercy Health Place CINCINNATI, OH 45237 31-6046304	RETIREMENT TRUST	OH	501(c)(3)	7	MERCY HEALTH		No
3700 KOLBE ROAD LORAIN, OH 44053 34-1268828	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - REGIONAL MEDICAL CENTER LLC		No
200 WEST LORAIN ST OBERLIN, OH 44074 36-4504991	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - ALLEN HOSPITAL LLC		No
7010 ROWAN HILLS DR CINCINNATI, OH 45227 31-1308729	RETIREMENT HOME	OH	501(c)(3)	10	MERCY HEALTH CINCINNATI LLC		No
1800 LOGAN STREET CINCINNATI, OH 45210 31-1222942	LOW INCOME HOUSING	OH	501(c)(3)	7	MERCY HEALTH CINCINNATI LLC		No
100 Medical Center Drive SPRINGFIELD, OH 45504 30-0272454	MARKET PARENT	OH	501(c)(3)	Type III-FI	MERCY HEALTH		No
100 Medical Center Drive SPRINGFIELD, OH 45504 31-0785684	HOSPITAL	OH	501(c)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		No
100 Medical Center Drive SPRINGFIELD, OH 45504 31-1181984	HOSPITAL	OH	501(c)(3)	3	COMMUNITY MERCY HEALTH SYSTEM		No
100 Medical Center Drive SPRINGFIELD, OH 45504 34-6827136	INDIGENT MEDICAL CARE	OH	501(c)(3)	Type I	NA		No
2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0699825	TITLE HOLDING COMPANY	OH	501(c)(2)		MERCY HEALTH NORTH LLC		No
2221 MADISON AVENUE TOLEDO, OH 43604 34-1726619	MEDICAL COLLEGE	OH	501(c)(3)	2	MERCY HEALTH NORTH LLC		No
2221 MADISON AVENUE TOLEDO, OH 43604 14-1963204	FOUNDATION	OH	501(c)(3)	7	MERCY COLLEGE OF OHIO		No
2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1354653	MEDICAL TRANSPORTATION	OH	501(c)(3)	10	MERCY HEALTH NORTH LLC		No
2600 NAVARRE AVENUE OREGON, OH 43616 34-1383325	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - ST CHARLES HOSPITAL LLC		No
750 W HIGH ST STE 400 LIMA, OH 45801 34-1937267	MEDICAL LAB SERVICES	OH	501(c)(3)	3	ST RITA'S MEDICAL CENTER LLC		No
9800 N MARKET STREET NORTH LIMA, OH 44452 34-1013695	NURSING HOME	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		No
5190 MARKET STREET YOUNGSTOWN, OH 44512 34-1288745	HOSPICE SERVICES	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC		No
755 OHLTOWN ROAD AUSTINTOWN, OH 44515 34-1894783	NURSING HOME	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN 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?
						YesNo
677 EASTLAND SE WARREN, OH 44484 34-6556121	FUNDRAISING	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC	No
1530 LONE OAK ROAD PADUCAH, KY 42003 61-0927805	FUNDRAISING	KY	501(c)(3)	10	MERCY HEALTH FOUNDATION	No
1701 Mercy Health Place CINCINNATI, OH 45237 46-3055925	MARKET PARENT	OH	501(c)(3)	Type II	MERCY HEALTH	No
1701 Mercy Health Place Cincinnati, OH 45237 34-0922268	HMO	OH	501(c)(3)	10	HEALTHSPAN PARTNERS	No
1701 Mercy Health Place CINCINNATI, OH 45237 52-1301088	HEALTHCARE SYSTEM PARENT	MD	501(c)(3)		NA	No
2975 Independence Avenue Bronx, NY 10463 91-2135196	Local System Parent Org	NY	501(c)(3)	Type I	Bon Secours Mercy Health Inc	No
St Christopher Dr Ashland, KY 41101 61-1356024	Local System Parent Org	KY	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	No
S 2000 West Baltimore Street Baltimore, MD 21223 80-0728893	Local System Parent Org	MD	501(c)(3)	Type 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)	Type 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)	Type III-FI	Bon Secours Mercy Health Inc	No
8580 Magellan Parkway Richmond, VA 23227 52-1988421	Local System Parent Org	VA	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	No
26 North Fulton Avenue Baltimore, MD 21223 38-3843816	Grant Making Foundation	MD	501(c)(3)	Type III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S	No
26 North Fulton Avenue Baltimore, MD 21223 52-1732800	Grant Making Foundation	MD	501(c)(3)	Type III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S	No
7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)(3)	Type III-FI	Mary Immaculate Hospital	No
7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)(3)	7	Bon Secours DePaul Medical Center	No
7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)(3)	7	Bon Secours Hampton Roads Health System	No
1000 St Christopher Dr Ashland, KY 41101 61-1356023	Health Care	KY	501(c)(3)	3	Bon Secours Kentucky Health System	No
2000 West Baltimore Street Baltimore, MD 21223 52-0591555	Health Care	MD	501(c)(3)	3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S	No
One St Francis Drive Greenville, SC 29601 58-2504530	Health Care	SC	501(c)(3)	3	Bon Secours St Francis Health System Inc	No
7007 Harbour View Blvd Suffolk, VA 23435 54-0548200	Health Care	VA	501(c)(3)	3	Bon Secours Mercy Health Inc	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
7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)(3)	3	Bon Secours Hampton Roads Health System		No
7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)(3)	3	Bon Secours Hampton Roads Health System		No
8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-0647482	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
St Christopher Dr Ashland, KY 41101 61-1381952	Grant Making Foundation	KY	501(c)(3)	7	Bon Secours Kentucky Health System		No
26 North Fulton Avenue Baltimore, MD 21223 76-0785344	Community Housing	MD	501(c)(3)	7	Unity Properties Inc		No
26 North Fulton Avenue Baltimore, MD 21223 52-1857768	Low Income Housing	MD	501(c)(3)	7	Bon Secours of Maryland Foundation		No
One St Francis Drive Greenville, SC 29601 26-0012031	Grant Making Foundation	SC	501(c)(3)	7	St Francis Hospital Inc		No
8580 Magellan Parkway Richmond, VA 23227 54-1201346	Grant Making Foundation	VA	501(c)(3)	7	Bon Secours Richmond LLC		No
10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Home Care Services	FL	501(c)(3)	10	Maria Manor Nursing Care Center		No
10300 Fourth Street North St Petersburg, FL 33716 65-0061820	Nursing Home	FL	501(c)(3)	10	Bon Secours Mercy Health Inc		No
St Christopher Dr Ashland, KY 41101 35-2320780	Physician Practices	KY	501(c)(3)	10	Bon Secours Kentucky Health System		No
26 North Fulton Avenue Baltimore, MD 21223 52-1442707	Low Income Housing	MD	501(c)(3)	10	Bon Secours of Maryland Foundation		No
26 North Fulton Avenue Baltimore, MD 21223 52-1543174	Low Income Housing	MD	501(c)(3)	10	Bon Secours of Maryland Foundation		No
2975 Independence Avenue Bronx, NY 10463 13-3098867	Housing	NY	501(c)(3)	10	Bon Secours NY Health System		No
One St Francis Drive Greenville, SC 29601 13-4290167	Physician Services	SC	501(c)(3)	10	St Francis Health System Inc		No
7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)(3)	10	Mary Immaculate Hospital		No
7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)(3)	10	Bon Secours Hampton Roads 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
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	Yes	
8990 Old Annapolis Road Columbia, MD 21045 47-4765376	Fundraising	MD	501(c)(3)	7	Bon Secours Mercy Health Inc		No
5008 Monument Avenue Richmond, VA 23230 54-1479847	Home Care Services	VA	501(c)(3)	10	Bon Secours Home Care LLC		No
101 Harris Road Kilmarnock, VA 22482 54-1210450	Supporting Organization	VA	501(c)(3)	7	Bon Secours Richmond Health System	Yes	
101 Harris Road Kilmarnock, VA 22482 54-1857174	Healthcare Services	VA	501(c)(3)	10	Bon Secours Richmond Health System	Yes	
101 Harris Road Kilmarnock, VA 22482 23-7424835	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
1505 Marriottsville Road Marriottsville, MD 27104 22-2754781	Local System Parent Org	NJ	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
308 Willow Hoboken, NJ 07030 22-1487324	Health Care	NJ	501(c)(3)	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)	Type III-FI	Bon Secours Mercy Health Inc		No
1505 Marriottsville Road Marriottsville, MD 27104	Health Care	PA	501(c)(3)	10	Mercy Health Services		No
1505 Marriottsville Road Marriottsville, MD 27104 52-1466304	Health Care	MD	501(c)(3)	3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S		No
8580 Magellan Parkway Richmond, VA 23227 54-1740128	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System		No
	Local System Parent Org	EI	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc		No
	Hospital	EI	501(c)(3)	3	Bon Secours Ireland DAC		No
26 North Fulton Avenue Baltimore, MD 21223 56-2306119	Financial services education	MD	501(c)(3)	10	Bon Secours of Maryland Foundation		No
2975 Independence Avenue Bronx, NY 10463 13-1740397	Long term nursing care	NY	501(c)(3)	10	Bon Secours NY Health System		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) NWO Integrated Laboratories Mercy LLC 2200 Jefferson Avenue Toledo, OH 43624 34-1898285	Laboratory services	OH	NA	N/A								
(1) Tiffin Ambulatory Surgical Associates 45 St Lawrence Drive Tiffin, OH 44833 37-1567866	Ambulatory Surgery Center	OH	NA	N/A								
(2) New Vision Medical Lab LLC 750 W High Street Lima, OH 45801 34-1913433	Lab Services	OH	NA	N/A								
(3) West Central Ohio Group Ltd 801 Medical Drive Lima, OH 45804 34-1848147	Orthopedic Hospital	OH	NA	N/A								
(4) West Central Ohio Regional Healthcare Alliance Ltd 2615 Fort Amanda Road Lima, OH 45805 34-1817078	Healthcare quality	OH	NA	N/A								
(5) Urologic Oncology of Mahoning Valley LLC 1044 Belmont Ave Youngstown, OH 44501 26-2989686	Radiation Therapy	OH	NA	N/A								
(6) Lourdes Ambulatory Surgery Center 225 Medical Center Drive Paducah, KY 42003 20-5588350	Surgery Center	KY	NA	N/A								
(7) Marshall County MRI LLC 615 Old Symsonia Road Benton, KY 42025 61-0601267	MRI facility	KY	NA	N/A								
(8) PREMIUM SURGERY CENTER LLC 5217 Maryland Way SUITE 200 Brentwood, TN 37027 20-0400753	Surgery Center	TN	NA	N/A								
(9) MERCY HEALTH INNOVATIONS LLC 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 82-0639499	BUSINESS DEVELOPMENT	OH	NA	N/A								
(10) MERCY FRANCISCAN AT WINTON WOODS I LP 10290 Mill Road Cincinnati, OH 45231 31-1624311	Rental Real Estate	OH	NA	N/A								
(11) Bon Secours Place at St Petersburg LLP 10300 Fourth Street North St Petersburg, FL 33716 59-3589729	Assisted Living/Senior Care	FL	NA	N/A								
(12) Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD 21223 52-1952505	Low Income Housing	MD	NA	N/A								
(13) Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD 21223 52-2063512	Low Income Housing	MD	NA	N/A								
(14) Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD 21223 52-2134447	Low Income Housing	MD	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproporionate 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	
(16) Bon Secours Apartments III LP 1800 West Baltimore St Baltimore, MD 21223 52-2134444	Low Income Housing	MD	NA	N/A								
(1) Bon Secours Smallwood Summit LP 26 North Fulton Ave Baltimore, MD 21223 52-2280175	Low Income Housing	MD	NA	N/A								
(2) Bon Secours Chesapeake Apartments LP 26 North Fulton Ave Baltimore, MD 21223 20-0107034	Low Income Housing	MD	NA	N/A								
(3) Bon Secours Shiloh LP 26 North Fulton Ave Baltimore, MD 21223 20-3965243	Low Income Housing	MD	NA	N/A								
(4) Bon Secours New Shiloh II Limited Partnership 26 North Fulton Ave Baltimore, MD 21223 82-0655142	Low Income Housing	MD	NA	N/A								
(5) Bon Secours Wayland LP 26 North Fulton Ave Baltimore, MD 21223 27-0468688	Low Income Housing	MD	NA	N/A								
(6) Bon Secours Gibbons Apartments LP 26 North Fulton Ave Baltimore, MD 21223 47-2322323	Low Income Housing	MD	NA	N/A								
(7) Upstate Surgery Center LLC One St Francis Drive Greenville, SC 29601 56-2186977	Ambulatory Surgery Center	SC	NA	N/A								
(8) Broad64 Imaging LLC 8580 Magellan Parkway Richmond, VA 23227 20-5886018	Imaging Services	VA	NA	N/A								
(9) Richmond Radiation Oncology Center I LLC 8580 Magellan Parkway Richmond, VA 23227 20-8444551	Radiation Oncology Services	VA	NA	N/A								
(10) RI LP 8580 Magellan Parkway Richmond, VA 23227 54-1708835	Imaging Services	VA	NA	N/A								
(11) Bon Secours Benet House LP 26 North Fulton Ave Baltimore, MD 21223 36-4765400	Low Income Housing	MD	NA	N/A								
(12) Bon Secours Benet House LLC 26 North Fulton Ave Baltimore, MD 21223 46-3055312	Low Income Housing	MD	NA	N/A								
(13) Southeastern Health PartnersLLC One St Francis Drive Greenville, SC 29601 81-3264385	Coordinated Care	SC	NA	N/A								
(14) Harbour View MOB 2 LLC 5818 Harbour View Blvd Suite A1 Suffolk, VA 23435 82-2484997	Real Estate	VA	NA	N/A								

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprrtionate 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	
(31) Bon Secours Diagnostic Imaging LLC 10 S Academy Street Suite 300 Greenville, SC 29601	Outpatient Imaging Centers	SC	NA	N/A								
(1) Memorial Ambulatory Surgery Center LLC 8580 Magellan Parkway Richmond, VA 23227 59-3813233	Ambulatory Surgery Center	VA	NA	N/A								
(2) Community Mercy Home Care Services of Springfield LLC 1700 Edison Drive Milford, OH 45150 31-1746556	Home Care	OH	NA	N/A								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) MERCY HEALTH INSURANCE COMPANY (SPC) LTD 98-0621978	SELF-INSURANCE	CJ	NA	C Corporation					No
(1) NORTHPARKE MEDICAL COMMONS CONDO ASSN 333 N LIMESTONE ST SPRINGFIELD, OH 45503 31-1391230	REAL PROPERTY MGMNT	OH	NA	C Corporation					No
(2) NORTHSIDE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1318438	RESIDENT RENTALS	OH	NA	C Corporation					No
(3) MERCY HEALTH SYSTEM PHO INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1778321	MEDICAL SERVICES	OH	NA	C Corporation					No
(4) MCAULEY MANAGEMENT SERVICES INC 730 W MARKET STREET LIMA, OH 45801 34-1379037	PROPERTY RENTAL	OH	NA	C Corporation					No
(5) LIMA MEDICAL SUPPLIES INC 730 W MARKET STREET LIMA, OH 45801 34-0944477	MEDICAL EQUIPMENT	OH	NA	C Corporation					No
(6) COMMUNITY HEALTH PARTNERS ENTERPRISES INC 3700 KOLBE ROAD LORAIN, OH 44053 34-1455525	HOLDING COMPANY	OH	NA	C Corporation					No
(7) MERCY HEALTH VENTURES INC 1701 Mercy Health Place CINCINNATI, OH 45237 31-1185477	DIVERSIFIED ACTIVITIES	OH	NA	C Corporation					No
(8) MERCY FRANCISCAN AT WINTON WOODS I INC 10290 MILL ROAD CINCINNATI, OH 45231 31-1658668	LOW-INCOME HOUSING	OH	NA	C Corporation					No
(9) RALPH EWE TRUST 270 PARK AVENUE NEW YORK, NY 10017 34-6866422	BENEFICIAL TRUST	NY	NA	Trust					No
(10) ELIZABETH HINES CATES TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6515678	BENEFICIAL TRUST	OH	NA	Trust					No
(11) WILLIS PARK TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6519904	BENEFICIAL TRUST	OH	NA	Trust					No
(12) ERMA GIBSON BALDWIN TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6515566	BENEFICIAL TRUST	OH	NA	Trust					No
(13) HEALTHSPAN INC 225 PICTORIA DR CINCINNATI, OH 45246 31-1431434	INSURANCE	OH	NA	C Corporation					No
(14) HEALTHSPAN SOLUTIONS INC 1701 Mercy Health Place CINCINNATI, OH 45237 30-0810766	CONSULTING	OH	NA	C Corporation					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
(16) HEALTHCARE SERVICES AND SUPPORT 1701 Mercy Health Place CINCINNATI, OH 45237 81-2388652	HEALTHCARE SERVICES	OH	NA	C Corporation					No
(1) Bon Secours Assurance Company Ltd 98-0152147	SELF-INSURANCE	CJ	NA	C Corporation					No
(2) Bon Secours-Florida Integrated Services Inc 10300 Fourth Street North St Petersburg, FL 33716 65-0779777	Holding Company/Assisted Living	FL	NA	C Corporation					No
(3) Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	NA	C Corporation					No
(4) Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	NA	C Corporation					No
(5) Professional Health Care Management Services Inc 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	NA	C Corporation					No
(6) OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	NA	C Corporation					No
(7) Bon Secours Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	NA	C Corporation					No
(8) Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	BON SECOURS - RICHMOND HEALTH SYSTEM	C Corporation	-149,357	-16,073,655	100 %	Yes	
(9) Ironbridge Assisted Living Retirement Community LC 5801 Brema Road Richmond, VA 23226 54-1807857	Ambulatory Healthcare Services	VA	NA	C Corporation					No
(10) Bon Secours-Virginia Healthsource Inc 8580 Magellan Parkway Richmond, VA 23227 54-1417686	Ambulatory Healthcare Services	VA	BON SECOURS - RICHMOND HEALTH SYSTEM	C Corporation	-29,495,254	-59,980,476	100 %	Yes	
(11) RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	NA	C Corporation					No
(12) Bon Secours New York Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY 10463 47-2224316	Low Income Housing	NY	NA	C Corporation					No
(13) Richmond MRI Inc 8580 Magellan Parkway Richmond, VA 23227 54-1568452	Medical Services	VA	BON SECOURS - RICHMOND HEALTH SYSTEM	C Corporation	475,004	130,402	100 %	Yes	
(14) Good Help Connections LLC 8990 Old Annapolis Road Columbia, MD 21045 47-2345223	IT Consulting	MD	NA	C Corporation					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
(31) Bon Secours New Shiloh II LLC 26 North Fulton Avenue Baltimore, MD 21223 82-0631206	Low Income Housing	MD	NA	C Corporation					No
(1) Maryview Building Corporation 3636 High Street Portsmouth, VA 23707 54-1306612	Administrative	VA	NA	C Corporation					No
(2) Richmond Radiation Oncology Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1570244	Ambulatory Healthcare Services	VA	NA	C Corporation					No
(3) Optimum Health Network Inc One St Francis Drive Greenville, SC 29601 57-0973524	Healthcare Services	SC	NA	C Corporation					No
(4) Barringtons Hospital Limited	Healthcare Services	EI	NA	C Corporation					No
(5) BMC Properties Limited	REAL PROPERTY MGMNT	EI	NA	C Corporation					No
(6) Post Office Plaza Owners Association Inc 1807 N Boulevard Anderson, SC 29621	REAL PROPERTY MGMNT	SC	NA	C Corporation					No