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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

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

C Name of organization
Roper Hospital Inc

Doing business as

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

8536 Palmetto Commerce Pkwy 201

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

Ladson, SC 29456

F Name and address of principal officer:
Anthony Jackson SVP & COO
8536 Palmetto Commerce Pkwy 201
Ladson, SC 29456

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

H(b) Are all subordinates included?
☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

D Employer identification number
57-0828733

E Telephone number
(843) 724-2958

G Gross receipts \$ 402,016,487

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

J Website: ▶ www.rsfh.com

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

M State of legal domicile: SC

Part I Summary

Activities & Governance

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

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

3 Number of voting members of the governing body (Part VI, line 1a)

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

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

b Net unrelated business taxable income from Form 990-T, line 39

3

4

5

6

7a

7b

12

6

2,006

305

1,127,968

400,851

Revenue

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

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

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

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

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

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

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

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

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

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

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

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

19 Revenue less expenses. Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Prior Year

Current Year

6,368,144

1,487,943

377,436,529

397,658,868

-243,519

-36,255

8,717,968

2,690,884

392,279,122

401,801,440

254,495

48,597

159,194,830

137,933,847

0

0

195,928,239

215,157,381

355,377,564

353,139,825

36,901,558

48,661,615

Beginning of Current Year

End of Year

347,899,026

375,084,634

203,331,222

187,749,115

144,567,804

187,335,519

Part II Signature Block

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

Sign Here

Signature of officer

Anthony Jackson SVP & COO

Type or print name and title

2020-11-11

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00369623

Firm's name ▶ Pricewaterhousecoopers LLP

Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 13th Street NW Ste 1000

Washington, DC 20005

Phone no. (212) 414-1000

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 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

Healing all people with compassion, faith, and excellence.

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

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

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

If "Yes," describe these changes on Schedule O.

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

| | |
|-----------|---|
| 4a | (Code:) (Expenses \$ 284,004,643 including grants of \$ 48,597) (Revenue \$ 396,535,891) |
| | 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 ▶ 284,004,643 |
|-----------|---|

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 0 |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1c | |

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

Form **990** (2019)

Part VI

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

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

Section A. Governing Body and Management

| | | Yes | No |
|--|--------------|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year | 1a 12 | | |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 6 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | No |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | No |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | No |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | No |
| 6 Did the organization have members or stockholders? | 6 | Yes | |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | 7a | Yes | |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | 7b | Yes | |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| a The governing body? | 8a | Yes | |
| b Each committee with authority to act on behalf of the governing body? | 8b | Yes | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | No |

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **SC**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-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:
►The Finance Department 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 (843) 724-2958

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.

See instructions for the order in which to list the persons above.

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

[illegible]

Part VII

| | | | |
|---|-----------|-----------|-----------|
| 1b Sub-Total | | | |
| 1c Total from continuation sheets to Part VII, Section A | | | |
| 1d Total (add lines 1b and 1c) | 2,080,134 | 6,548,310 | 1,020,124 |

2 Total number of individuals (including but not limited to 1
of reportable compensation from the organization ▶ 100

| | | 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> | 3 | Yes |
| 4 | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | 4 | Yes |
| 5 | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | 5 | No |

Section B. Independent Contractors

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) | (B) | (C) |
|---------------------------|-------------------------|--------------|
| Name and business address | Description of services | Compensation |
| | | |
| | | |
| | | |
| | | |

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 ► 0

| | | | | | | | |
|--|--|--|---|----------------------------------|---|-----------|--|
| Form 990 (2019) | | Page 9 | | | | | |
| Part VIII | | Statement of Revenue | | | | | |
| Check if Schedule O contains a response or note to any line in this Part VIII <input 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 | 1,487,943 | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | | | | | |
| | g Noncash contributions included in lines 1a - 1f:\$ | 1g | 95,752 | | | | |
| | h Total. Add lines 1a-1f ▶ | 1,487,943 | | | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2a Net Patient Service | 621400 | 387,869,299 | 386,746,322 | 1,122,977 | | |
| | b Joint Venture Income | 900099 | 165,730 | 165,730 | | | |
| | c 340B Prescription Revenue | 621400 | 9,623,839 | 9,623,839 | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f All other program service revenue. | | 0 | 0 | 0 | | |
| g Total. Add lines 2a-2f. ▶ | | 397,658,868 | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | 37,371 | | | 37,371 | |
| | 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| | 5 Royalties ▶ | | | | | | |
| | 6a Gross rents | (i) Real | (ii) Personal | | | | |
| | | 6a | 117,543 | | | | |
| | | b Less: rental expenses | 6b | | | | |
| | | c Rental income or (loss) | 6c | 117,543 | 0 | | |
| | d Net rental income or (loss) ▶ | | 117,543 | | | 117,543 | |
| | 7a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| | | 7a | | 0 | | | |
| | | b Less: cost or other basis and sales expenses | 7b | | 73,626 | | |
| | | c Gain or (loss) | 7c | 0 | -73,626 | | |
| | d Net gain or (loss) ▶ | | -73,626 | | | -73,626 | |
| | 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | 8a | | | | |
| | b Less: direct expenses | | 8b | | | | |
| | c Net income or (loss) from fundraising events ▶ | | | | | | |
| | 9a Gross income from gaming activities. See Part IV, line 19 | | 9a | | | | |
| | b Less: direct expenses | | 9b | | | | |
| | c Net income or (loss) from gaming activities ▶ | | | | | | |
| | 10aGross sales of inventory, less returns and allowances | | 10a | 190,452 | | | |
| b Less: cost of goods sold | | 10b | 141,421 | | | | |
| c Net income or (loss) from sales of inventory ▶ | | 49,031 | | | 49,031 | | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11aCafeteria & Vending | | 722210 | 1,629,751 | | | 1,629,751 | |
| b Miscellaneous Revenue | | 900099 | 390,855 | | 4,991 | 385,864 | |
| c Garage Revenue | | 900099 | 503,704 | | | 503,704 | |
| d All other revenue | | | 0 | 0 | 0 | 0 | |
| e Total. Add lines 11a-11d ▶ | | 2,524,310 | | | | | |
| 12 Total revenue. See instructions ▶ | | 401,801,440 | 396,535,891 | 1,127,968 | | 2,649,638 | |

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|------------------------------|--|---|------------------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 12,310 | 12,310 | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 36,287 | 36,287 | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,050,171 | 892,645 | 157,526 | |
| 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 | 107,913,268 | 92,335,279 | 15,577,989 | |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) | 5,175,369 | 4,450,817 | 724,552 | |
| 9 Other employee benefits | 15,796,623 | 13,585,096 | 2,211,527 | |
| 10 Payroll taxes | 7,998,416 | 6,878,638 | 1,119,778 | |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | | | | |
| d Lobbying | 4,514 | 4,514 | | |
| 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) | 97,144,512 | 52,308,896 | 44,835,616 | 0 |
| 12 Advertising and promotion | 26,308 | 21,046 | 5,262 | |
| 13 Office expenses | 7,090,348 | 4,679,630 | 2,410,718 | |
| 14 Information technology | 138,915 | 111,132 | 27,783 | |
| 15 Royalties | | | | |
| 16 Occupancy | 7,078,418 | 5,662,734 | 1,415,684 | |
| 17 Travel | 800,118 | 640,094 | 160,024 | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 131,299 | 105,039 | 26,260 | |
| 20 Interest | 3,614,616 | 3,614,616 | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 18,020,145 | 18,020,145 | | |
| 23 Insurance | 2,152,907 | 1,722,326 | 430,581 | |
| 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 | 70,806,763 | 70,806,763 | | |
| b DSH Tax | 7,920,907 | 7,920,907 | | |
| c Federal & State Income Taxes | 23,000 | 23,000 | | |
| d Sales and Property Taxes | 45,202 | 45,202 | | |
| e All other expenses | 159,409 | 127,527 | 31,882 | 0 |
| 25 Total functional expenses. Add lines 1 through 24e | 353,139,825 | 284,004,643 | 69,135,182 | 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 | | 10,475 | 1 | 7,728 | |
| | 2 | Savings and temporary cash investments | | | 2 | | |
| | 3 | Pledges and grants receivable, net | | | 3 | | |
| | 4 | Accounts receivable, net | | 61,040,240 | 4 | 54,178,591 | |
| | 5 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 5 | 0 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | | 6 | 0 | |
| | 7 | Notes and loans receivable, net | | | 7 | | |
| | 8 | Inventories for sale or use | | 6,997,932 | 8 | 6,785,669 | |
| | 9 | Prepaid expenses and deferred charges | | 1,651,531 | 9 | 1,178,120 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a | 421,128,674 | | | |
| | b | Less: accumulated depreciation | 10b | 275,874,108 | 145,329,721 | 10c | 145,254,566 |
| | 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 | | 118,286,975 | 13 | 136,089,883 | |
| | 14 | Intangible assets | | 11,124,499 | 14 | 11,124,499 | |
| | 15 | Other assets. See Part IV, line 11 | | 3,457,653 | 15 | 20,465,578 | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 347,899,026 | 16 | 375,084,634 | | |
| Liabilities | 17 | Accounts payable and accrued expenses | | 1,361,448 | 17 | 645,424 | |
| | 18 | Grants payable | | | 18 | | |
| | 19 | Deferred revenue | | 309,833 | 19 | 0 | |
| | 20 | Tax-exempt bond liabilities | | 114,201,882 | 20 | 108,029,242 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | | 21 | | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | | 22 | 0 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | | 24 | 20,726 | |
| | 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 | | 87,458,059 | 25 | 79,053,723 | |
| 26 | Total liabilities. Add lines 17 through 25 | | 203,331,222 | 26 | 187,749,115 | | |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | | | |
| | 27 | Net assets without donor restrictions | | 144,567,804 | 27 | 171,987,521 | |
| | 28 | Net assets with donor restrictions | | | 28 | 15,347,998 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | | | |
| | 29 | Capital stock or trust principal, or current funds | | | 29 | | |
| | 30 | Paid-in or capital surplus, or land, building or equipment fund | | | 30 | | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | | 31 | | |
| | 32 | Total net assets or fund balances | | 144,567,804 | 32 | 187,335,519 | |
| 33 | Total liabilities and net assets/fund balances | | 347,899,026 | 33 | 375,084,634 | | |

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 | 401,801,440 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 353,139,825 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 48,661,615 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 144,567,804 |
| 5 | Net unrealized gains (losses) on investments | 5 | 1,084,873 |
| 6 | Donated services and use of facilities | 6 | 6,190 |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | -6,984,963 |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 187,335,519 |

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

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

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 57-0828733

Name: Roper Hospital Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Roper Hospital builds on a long legacy of excellence. Founded in 1829 as the first community hospital in the Carolinas, downtown Roper Hospital today is one of the most trusted names in Lowcountry. In 2019, Roper Hospital contributed \$20.2 million in community benefit. Please visit our website for a detailed community benefit report at: <http://www.rsfh.com/mission-department/>.

| Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors | | | | | | | | | | |
|---|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| Brian Cuddy MD | 0.5 | | | | | | | | | |
| Chair, Neurosurgeon - RSFPP | 49.5 | X | | X | | | | 0 | 961,103 | 70,412 |
| Susan Datta MD | 0.5 | | | | | | | | | |
| Vice-Chairperson, Internist - RSFPP | 49.5 | X | | X | | | | 0 | 301,585 | 70,729 |
| Brett Denton | 0.5 | | | | | | | | | |
| Board Member (Beg 6/1/19) | 3.5 | X | | | | | | 0 | 0 | 0 |
| Edward McKelvey | 0.5 | | | | | | | | | |
| Board Member | 3.5 | X | | | | | | 0 | 0 | 0 |
| Henry West MD | 0.5 | | | | | | | | | |
| Board Member (Beg 01/19), Surgeon - RSFPP | 49.5 | X | | | | | | 0 | 593,280 | 61,811 |
| John B Holloway Jr | 0.5 | | | | | | | | | |
| Board Member, CEO - MSSC | 49.5 | X | | | | | | 0 | 464,000 | 36,462 |
| Julie Medich | 0.5 | | | | | | | | | |
| Board Member (7/1/19-10/11/19) | 3.5 | X | | | | | | 0 | 0 | 0 |
| Katherine Duffy PHD | 0.5 | | | | | | | | | |
| Board Member (End 6/30/19) | 3.5 | X | | | | | | 0 | 0 | 0 |
| Kent Stock MD | 0.5 | | | | | | | | | |
| Board Member | 3.5 | X | | | | | | 25,028 | 0 | 0 |
| Mark Nantz | 0.5 | | | | | | | | | |
| Board Member | 3.5 | 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 | | | |
| Mary Thornley | 0.5 | | | | | | | | | |
| Board Member | 3.5 | X | | | | | | 0 | 0 | 0 |
| Roberta Pinckney | 0.5 | | | | | | | | | |
| Board Member | 3.5 | X | | | | | | 0 | 0 | 0 |
| Roger Ray MD | 0.5 | | | | | | | | | |
| Board Member (1/1/19-05/31/19) | 3.5 | X | | | | | | 0 | 0 | 0 |
| Sr Anne Lutz CBS | 0.5 | | | | | | | | | |
| Board Member | 3.5 | X | | | | | | 0 | 0 | 0 |
| Wills C Geils MD | 0.5 | | | | | | | | | |
| Board Member | 3.5 | X | | | | | | 8,225 | 1,134 | 0 |
| Anthony Jackson | 10.0 | | | | | | | | | |
| VP and CEO Acute Care Services | 40.0 | | | X | | | | 0 | 574,760 | 91,673 |
| Bret D Johnson | 1.0 | | | | | | | | | |
| CFO & SVP / Treasurer | 49.0 | | | X | | | | 0 | 720,630 | 110,425 |
| Lorraine Lutton | 1.0 | | | | | | | | | |
| President & CEO | 49.0 | | | X | | | | 0 | 1,437,023 | 81,309 |
| Stephen Porter | 10.0 | | | | | | | | | |
| VP/CEO, Roper Hospital and Berkeley Hospital (End 02/19) | 40.0 | | | X | | | | 0 | 373,844 | 29,322 |
| Matthew Desmond | 50.0 | | | | | | | | | |
| Chief Administrative Officer | 0 | | | | X | | | 220,284 | 0 | 48,004 |

| 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 | | | |
| Stanley Wilson MD | 25.0 | | | | | | | | | |
| Chief Medical Officer | 25.0 | | | | X | | | 456,039 | 0 | 55,361 |
| Susan Bennett | 50.0 | | | | | | | | | |
| Chief Nursing Officer | 0 | | | | X | | | 212,256 | 0 | 24,973 |
| Troy Powell | 50.0 | | | | | | | | | |
| VP Post Acute Care Services | 0 | | | | X | | | 0 | 241,237 | 66,877 |
| Bonnie Mello | 50.0 | | | | | | | | | |
| Director Home Care Services | 0 | | | | | X | | 183,085 | 0 | 11,679 |
| John Fowler | 50.0 | | | | | | | | | |
| Manager Pharmacy | 0 | | | | | X | | 194,086 | 0 | 25,991 |
| Mary Elizabeth Hanley | 50.0 | | | | | | | | | |
| Doctor Osteopathic Medicine | 0 | | | | | X | | 290,963 | 0 | 51,257 |
| Thomas Lavin | 50.0 | | | | | | | | | |
| Staff Physicist | 0 | | | | | X | | 200,365 | 0 | 12,698 |
| Tiffany Richter | 50.0 | | | | | | | | | |
| Medical Director RSFPP | 0 | | | | | X | | 289,803 | 0 | 50,710 |
| C Scott Ferguson | 1.0 | | | | | | X | 0 | 197,876 | 43,038 |
| Former Key EE, Director of Material Services | 0 | | | | | | | | | |
| Pennie Peralta | 0.0 | | | | | | | | | |
| Former Key EE, VP Nursing/Sr. Nurse Exec SFX | 50.0 | | | | | | X | 0 | 467,835 | 36,947 |

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Roper Hospital Inc

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

57-0828733

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support | | | | | | |
|---|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶ | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (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 2019 (line 6, column (f) divided by line 11, column (f)) | | | | | 14 | |
| 15 Public support percentage for 2018 Schedule A, Part II, line 14 | | | | | 15 | |
| 16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. | | | | | | |
| c Add lines 7a and 7b. . | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. | | | | | | |
| c Add lines 10a and 10b. | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) . . | | | | | | |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|--|
| 15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) | 15 | |
| 16 Public support percentage from 2018 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|--|
| 17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f)) | 17 | |
| 18 Investment income percentage from 2018 Schedule A, Part III, line 17 | 18 | |

19a 33 1/3% support tests—2019. 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—2018. 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? | | | 11a | |
| c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. | | | 11b | |
| | | | 11c | |

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

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

| Section D. All Type III Supporting Organizations | | | Yes | No |
|--|--|--|-----|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | | | |
| | | | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | | | |
| | | | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | | | |
| | | | 3 | |

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

| | | | |
|---|--|----------------|--------------------------------|
| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations | | | |
| 1 <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3 | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035 | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1 | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3 | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) | | |

Part V

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

| Section D - Distributions | Current Year |
|---|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required) | |
| 6 Other distributions (describe in Part VI). See instructions | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions | |
| 9 Distributable amount for 2019 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-2019 | (iii) Distributable Amount for 2019 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2019 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2019: | | | |
| a From 2014. | | | |
| b From 2015. | | | |
| c From 2016. | | | |
| d From 2017. | | | |
| e From 2018. | | | |
| f Total of lines 3a through e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2019 distributable amount | | | |
| i Carryover from 2014 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 Distributions for 2019 from Section D, line 7: | | | |
| \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2019 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2015. | | | |
| b Excess from 2016. | | | |
| c Excess from 2017. | | | |
| d Excess from 2018. | | | |
| e Excess from 2019. | | | |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 57-0828733
Name: Roper Hospital Inc

Part VI

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

| | |
|--|--|
| Name of the organization Roper Hospital Inc | Employer identification number 57-0828733 |
|--|--|

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

| | | |
|---|---|----|
| 1 | Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities") | |
| 2 | Political campaign activity expenditures (see instructions) | \$ |
| 3 | Volunteer hours for political campaign activities (see instructions) | |

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

| | | |
|----|---|--|
| 1 | Enter the amount of any excise tax incurred by the organization under section 4955 | \$ |
| 2 | Enter the amount of any excise tax incurred by organization managers under section 4955 | \$ |
| 3 | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4a | Was a correction made? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b | If "Yes," describe in Part IV. | |

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

| | | |
|---|---|--|
| 1 | Enter the amount directly expended by the filing organization for section 527 exempt function activities | \$ |
| 2 | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities | \$ |
| 3 | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. | \$ |
| 4 | Did the filing organization file Form 1120-POL for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. | |

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

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

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals |
|--|--|-----------------------------|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | |
| Not over \$500,000 | 20% of the amount on line 1e. | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | |
| Over \$17,000,000 | \$1,000,000. | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

| | | (a) | | (b) |
|-----------|---|-----|----|--------|
| | | Yes | No | Amount |
| 1 | During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a | Volunteers? | | No | |
| b | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | No | |
| c | Media advertisements? | | No | |
| d | Mailings to members, legislators, or the public? | | No | |
| e | Publications, or published or broadcast statements? | | No | |
| f | Grants to other organizations for lobbying purposes? | Yes | | 4,514 |
| g | Direct contact with legislators, their staffs, government officials, or a legislative body? | | No | |
| h | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | No | |
| i | Other activities? | | No | |
| j | Total. Add lines 1c through 1i | | | 4,514 |
| 2a | Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | No | |
| b | If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c | If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

| Return Reference | Explanation |
|---|---|
| Schedule C, Part II-B, Line 1 Lobbying Activities | Roper Hospital, Inc. is a member of the American Rehab Providers Association. The ARPA engages in lobbying efforts on behalf of its membership body, and each year a portion of the dues paid to the ARPA are allocated towards those efforts. For 2019, the amount of membership dues allocated to lobbying was \$4,514. |

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Roper Hospital Inc

Employer identification number
57-0828733

Part I

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

| | Held at the End of the Year |
|--|-----------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 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?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

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 | 4,670,332 | | 4,670,332 |
| b | Buildings | 288,349,885 | 182,143,561 | 106,206,324 |
| c | Leasehold improvements | 8,077,712 | 6,611,868 | 1,465,844 |
| d | Equipment | 118,883,009 | 87,118,679 | 31,764,330 |
| e | Other | 1,147,736 | | 1,147,736 |
| Total. | Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ | | | 145,254,566 |

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) Net Intercompany Receivables | 135,724,367 | F |
| (2) Investment in RSF Eye Surgery Center | 365,516 | F |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶ | 136,089,883 | |

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) Other Assets | 2,988,896 |
| (2) Other Receivables | 3,027,918 |
| (3) Pooled Investments | 14,448,764 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶ | 20,465,578 |

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 | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶ | 79,053,723 |

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

| Return Reference | Explanation |
|---------------------------|-------------|
| See Additional Data Table | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part XIII Supplemental Information *(continued)*

| Return Reference | Explanation |
|------------------|-------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 57-0828733
Name: Roper Hospital Inc

Supplemental Information

| Return Reference | Explanation |
|--|---|
| Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote | Roper Hospital, Inc. is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and are generally exempt from federal and state income taxes. The Lowcountry Surgery Center is a limited liability company. Under current laws, income of a limited liability companies is included in the income tax returns of the members. Accordingly no provision for income taxes is made on the consolidated financial statements. Although Roper St. Francis Healthcare (RSFH), including Roper Hospital, Inc., is generally exempt from federal and state income taxes, it evaluates whether there are any uncertain tax positions that fail to meet the more-likely-than-not threshold for recognition in the consolidated financial statements. Uncertain tax positions may include the characterization of income, such as a characterization of income as passive, a decision to exclude reporting taxable income in a tax return, or a decision to classify a transaction, entity, or other position in a tax return as tax exempt. The tax benefit from an uncertain tax position is recognized when it is more likely than not that the position will be sustained upon examination, including resolutions of any related appeals or litigation processes, based on the technical merits. RSFH had no unrecognized tax positions as of December 31, 2019 and 2018, and does not expect that unrecognized tax benefits will materially increase within the next 12 months. Interest and penalties related to uncertain tax positions, if any, would be recognized in the consolidated financial statements as income tax expense. |

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Roper Hospital Inc

Employer identification number
57-0828733

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | | | |
|----|--|-----|-----|
| | | Yes | No |
| 1a | Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | 1a | Yes |
| b | If "Yes," was it a written policy? | 1b | Yes |
| 2 | If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities | | |
| 3 | Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? b If "Yes," did the organization make it available to the public? Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. | 3a | Yes |
| | | 3b | Yes |
| | | 4 | Yes |
| | | 5a | Yes |
| | | 5b | No |
| | | 5c | |
| | | 6a | Yes |
| | | 6b | Yes |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 23,748,996 | 6,741,792 | 17,007,204 | 4.82 % |
| b Medicaid (from Worksheet 3, column a) | | | 23,637,140 | 20,989,511 | 2,647,629 | 0.75 % |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | 0 | 0 % |
| d Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 47,386,136 | 27,731,303 | 19,654,833 | 5.57 % |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4). | | | 57,829 | | 57,829 | 0.02 % |
| f Health professions education (from Worksheet 5) | | | 784,801 | 385,139 | 399,662 | 0.11 % |
| g Subsidized health services (from Worksheet 6) | | | 1,240 | | 1,240 | 0 % |
| h Research (from Worksheet 7) | | | 0 | | 0 | 0 % |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 100,240 | | 100,240 | 0.03 % |
| j Total. Other Benefits | 0 | 0 | 944,110 | 385,139 | 558,971 | 0.16 % |
| k Total. Add lines 7d and 7j | 0 | 0 | 48,330,246 | 28,116,442 | 20,213,804 | 5.72 % |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | 3,477 | | 3,477 | 0 % |
| 2 Economic development | | | | | 0 | 0 % |
| 3 Community support | | | | | 0 | 0 % |
| 4 Environmental improvements | | | | | 0 | 0 % |
| 5 Leadership development and training for community members | | | | | 0 | 0 % |
| 6 Coalition building | | | | | 0 | 0 % |
| 7 Community health improvement advocacy | | | | | 0 | 0 % |
| 8 Workforce development | | | | | 0 | 0 % |
| 9 Other | | | | | 0 | 0 % |
| 10 Total | 0 | 0 | 3,477 | 0 | 3,477 | 0 % |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|----------|------------|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | | No |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount. | 2 | 28,804,638 | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 | 0 | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | | |
|---|---|---|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 123,469,874 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 142,174,146 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -18,704,272 |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: | | |
| <input type="checkbox"/> Cost accounting system | <input type="checkbox"/> Cost to charge ratio | <input checked="" type="checkbox"/> Other |

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

| (a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions) | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--|---|--|--|---|
| 1 Lowcountry Surgery Center (DBA Roper St Francis Eye Surgery) | Eye Surgery | 64.65 % | 0 % | 35.35 % |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |

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

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

How many hospital facilities did the organization operate during the tax year?
1

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

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

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

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Roper Hospital Inc

Name of hospital facility or letter of facility reporting group _____

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

Community Health Needs Assessment

| | Yes | No |
|---|------------|-----|
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | 1 | No |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C. | 2 | No |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply): | 3 | Yes |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | 5 | Yes |
| 6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | 6a | Yes |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | 6b | Yes |
| 7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | 7 | Yes |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.rsfh.com/mission-department/</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11. | 8 | Yes |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>20</u> | | |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.rsfh.com/mission-department/</u> | 10 | Yes |
| a | | |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | 10b | |
| 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? | 12a | No |
| b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | 12b | |
| c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____ | | |

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

Roper Hospital Inc

Name of hospital facility or letter of facility reporting group _____

| | | Yes | No |
|---|---|---------------|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | 13 Yes | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0</u> % and FPG family income limit for eligibility for discounted care of <u>400.0</u> % | | |
| b | <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input checked="" type="checkbox"/> Asset level | | |
| d | <input checked="" type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input checked="" type="checkbox"/> Underinsurance discount | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input checked="" type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | 14 Yes | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | 15 Yes | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | 16 Yes | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.rsfh.com/billing-financial-assistance/</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.rsfh.com/billing-financial-assistance/</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.rsfh.com/billing-financial-assistance/</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h | <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations | | |
| j | <input checked="" type="checkbox"/> Other (describe in Section C) | | |

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

Roper Hospital Inc

Name of hospital facility or letter of facility reporting group

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

Policy Relating to Emergency Medical Care

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

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

Roper Hospital Inc

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

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

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

| | Yes | No |
|-----------|-----|----|
| 22 | | |
| 23 | | No |
| 24 | | No |

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

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? 3

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 1 Roper St Francis Home Healthcare 1483 Tobias Gadson Blvd Ste 2018 Charleston, SC 29407 | Home Health Care |
| 2 Roper Hospice 1483 Tobias Gadson Blvd Ste 208 Charleston, SC 29407 | Hospice Care |
| 3 Lowcountry Surgery Center dba Roper 18 Farmfield Avenue Charleston, SC 29407 | Ambulatory Surgery Center |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Part VI Supplemental Information

Provide the following information.

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part I, Line 3c Roper Hospital, Inc. | In addition to using the FPG to determine eligibility for free or discounted care, the system offers a 35% discount for patients who are uninsured. A 10% prompt payment discount is offered to all self-pay or self-pay-after-insurance patients who pay the balance at one time. Medical indigency adjustments are available to those that meet the established guidelines. |
| Schedule H, Part V, Section B, Line 9 Roper Hospital, Inc. | The hospital adopted its Community Health Needs Assessment (CHNA) in August 2019. Both the hospital's CHNA and its implementation strategy to address the needs identified in the CHNA were posted to the hospital's website and made publicly available as required by the IRS. The hospital's implementation strategy was adopted by the Board in October 2020. The hospital is eligible for and is relying on the relief provided in Notice 2020-56, and should not be treated as failing to meet the requirements of Section 501 (r)(3) prior to December 31, 2020. Although the hospital's implementation strategy was not formally adopted by the fifteenth day of the fifth month following the hospital's tax year end, the hospital had documented its strategies to address the prioritized health needs identified in its CHNA, had posted those strategies on the hospital's website, and began taking actions towards those strategies as required by the IRS. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part I, Line 6a Community benefit report prepared by related organization | Roper St. Francis Healthcare dba CareAlliance Health Services |
| Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance | A cost to charge ratio was used to report financial assistance costs and actual expenses were used to report other community benefit costs. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part II Community Building Activities | Roper St. Francis Healthcare addresses various community concerns including health improvement, poverty, workforce development, and access to health care. Roper St. Francis Healthcare hospitals conduct community health education and support groups, health fairs and screenings for the communities served. Roper St. Francis Healthcare hospitals work with state and local leadership to address community needs and provide healthcare services to the poor and underserved. Roper St. Francis Healthcare hospitals provide programs to improve the physical surroundings and housing in the communities served. Inadequate housing has a negative impact on the health of residents in the area by leading to violence in the neighborhoods. A robust economy positively impacts residents covered by health insurance and improves the capacity of the community to support health services. |
| Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount | THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS. NET PATIENT ACCOUNTS ARE REDUCED BY AN ALLOWANCE FOR DOUBTFUL RECEIVABLES BASED UPON MERCY HEALTH'S HISTORICAL COLLECTION EXPERIENCE ADJUSTED FOR CURRENT ENVIRONMENTAL RISKS AND TRENDS FOR EACH MAJOR PAYOR SOURCE. SIGNIFICANT PROVISION IS MADE FOR SELF-PAY PATIENT ACCOUNTS IN THE PERIOD OF SERVICE BASED ON PAST COLLECTION EXPERIENCE. MERCY HEALTH'S CONCENTRATION OF CREDIT RISK RELATED TO NET PATIENT ACCOUNTS IS LIMITED DUE TO THE DIVERSITY OF PATIENTS AND PAYORS. NET PATIENT ACCOUNTS CONSIST OF AMOUNTS DUE FROM GOVERNMENTAL PROGRAMS (PRIMARILY MEDICARE AND MEDICAID), PRIVATE INSURANCE COMPANIES, MANAGED CARE PROGRAMS AND PATIENTS THEMSELVES. NET PATIENT SERVICE REVENUE FOR SERVICES PROVIDED TO PATIENTS WHO HAVE THIRD-PARTY PAYOR COVERAGE IS RECOGNIZED BASED ON CONTRACTUAL RATES FOR SERVICES RENDERED. MERCY HEALTH RECOGNIZES A SIGNIFICANT AMOUNT OF PATIENT SERVICE REVENUE AT THE TIME SERVICES ARE RENDERED EVEN THOUGH IT DOES NOT ASSESS THE PATIENT'S ABILITY TO PAY. AS A RESULT, THE PROVISION FOR BAD DEBTS IS PRESENTED AS A DEDUCTION FROM PATIENT SERVICE REVENUE (NET OF CONTRACTUAL PROVISIONS AND DISCOUNTS). AMOUNTS RECOGNIZED ARE SUBJECT TO ADJUSTMENT UPON REVIEW BY THIRD-PARTY PAYORS. FOR UNINSURED PATIENTS THAT DO NOT QUALIFY FOR CHARITY CARE, MERCY HEALTH RECOGNIZES REVENUE WHEN SERVICES ARE PROVIDED. BASED ON HISTORICAL EXPERIENCE, A SIGNIFICANT PORTION OF MERCY HEALTH'S ININSURED PATIENTS WILL BE UNABLE OR UNWILLING TO PAY FOR SERVICES PROVIDED. THUS, MERCY HEALTH RECORDS A SIGNIFICANT PROVISION FOR BAD DEBTS RELATED TO UNINSURED PATIENTS IN THE PERIOD THE SERVICES ARE PROVIDED. ANY DISCOUNTS APPLIED TO SELF-PAY PATIENTS WOULD BE DEEMED EITHER CHARITY OR A CONTRACTUAL ADJUSTMENT. BAD DEBT WOULD BE BASED ON THE BALANCE AFTER THE CHARITY OR CONTRACTUAL ADJUSTMENT THAT IS DEEMED UNCOLLECTABLE FOLLOWING A REASONABLE COLLECTION EFFORT. |

990 Schedule H, Supplemental Information

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

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs | The entire amount of Medicare shortfall qualifies as community benefit. Our treatment of Medicare patients, as described in IRS Rev. Rul. 69-545, indicates that Roper Hospital, Inc. operates to promote the health of the community. By Taking Medicare patients, the hospital promotes access to healthcare services, which is a community benefit. The organization uses the Medicare cost report to determine the costs reported on Part III, Line 5 and 6. Had we included revenues and costs from all Medicare programs including Medicare Part C this would have resulted in an additional shortfall of \$14,333,060. |
| Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance | Roper Hospital, Inc. uses the same reasonable efforts and follows the same reasonable process for collecting amounts due for services provided to all patients, including insured, underinsured or uninsured patients. Collection activities may occur during the pre-registration process and will continue until account resolution, a determination the account is uncollectible, or determination of eligibility for financial assistance. The collection process may include the use of deposits, the implementation of payment plans or discretionary settlements. The collection process may involve the use of outside collection agencies. The collection process is documented in the patient's account files accessible to the Hospital and its business associates involved in the collection process. Collection will not, however, be pursued against patients who fall within populations exempt from collection action by law. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 16a FAP website | - Roper Hospital, Inc.: Line 16a URL: https://www.rsfh.com/billing-financial-assistance/ ; |
| Schedule H, Part V, Section B, Line 16b FAP Application website | - Roper Hospital, Inc.: Line 16b URL: https://www.rsfh.com/billing-financial-assistance/ ; |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 16c FAP plain language summary website | - Roper Hospital, Inc.: Line 16c URL: https://www.rsfh.com/billing-financial-assistance/ ; |
| Schedule H, Part VI, Line 2 Needs assessment | The CHNA team used surveys sent out to the community at large and asked respondents to rank the top 10 topics areas from Health People 2020 that impact the communities where they live and/or work from 1 (most concerning) to 10 (least concerning). The top five health topic areas prioritized by the community were then used as the focus of health improvement efforts going forward. Additionally, secondary sources of data in the assessment process came from interviews with community leaders, elected officials and health care professionals, health focus groups with the community at large, and feedback from participants at the CHNA team's community input session. Healthy People 2020 is consistently recognized as a national benchmark for healthcare goals and standards. |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|---|--|
| Schedule H, Part VI, Line 3 Patient education of eligibility for assistance | <p>Statements to patients from the Hospital outline our charity care policy and our charity care policy is posted on our website. If patients indicate they are not able to pay their bill, we will provide the patient with a charity care application. The Hospital shall send anyone who requests information on the Hospital's financial assistance program a letter outlining required information and a financial assistance application form. Requests for financial assistance may be proposed by sources other than the patient, such as the patient's physician, family members, social service organizations, community or religious groups, or Hospital personnel. Patients can also meet with a member or our financial counseling department to learn about their financial assistance options. Brochures are printed in English and Spanish telling patients to contact the financial counseling department. The Hospital wants its patients focus to be on health and recovery and not financial worry. There is absolutely no additional cost for our financial counseling assistance. Additionally, patients can meet with staff of the Medicaid program. The program staff will meet with patients individually to help them apply for publicly supported programs such as Medicaid, Medicare, and disability. Counselors meet with patients in the Hospital as well as making home visits as appropriate. The staff can also help identify resources to help pay for medication. All of this information is posted on our website with the appropriate contact information.</p> |
| Schedule H, Part VI, Line 4 Community information | <p>The primary service area for Roper St. Francis Healthcare and its four hospitals (collectively referred to as RSFH) consists of Charleston, Berkeley, and Dorchester counties. These counties include the major municipalities of Charleston, North Charleston, Mount Pleasant, and Summerville. The tri-county area that makes up the primary service area has a population of approximately 750,000 residents and is expected to grow based on the results of the most recently completed Community Health Needs Assessment (CHNA). These residents are 47% Male and 53% Female with a majority between the ages of 18 and 64. The average annual household income of the tri-county area is between \$50,000 - \$75,000 with the average level of education being an Associates degree. The race/ethnicity of these residents is approximately 66% White (non-Hispanic), 27% African American, and 6% Hispanic/Latinx. Based on the respondents from the CHNA the average amount of individuals with no health insurance is between 6.8% in Dorchester County, 7.5% in Berkeley County, and 10.6% in Charleston County. Accordingly to national health rankings, South Carolina struggles with high rates of premature death, obesity, violent crime, poverty, and diabetes. However, County Health Rankings and Roadmaps ranks the Tri-County region high in overall health compared to the other 43 counties in South Carolina. Additional detail regarding the community served by RSFH can be found in the CHNA at the following link: https://www.rsfh.com/mission-department/</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part VI, Line 5 Promotion of community health | <p>In keeping with our mission of healing all people with compassion, faith, and excellence, Roper St. Francis Healthcare strives to enrich the health of our community. We do this by offering charity care to those in need, reaching out to our neighbors with health fairs and educational materials, sponsoring organizations and events that promote wellness and community well-being, and marshaling our resources to advance the health and dignity of each person with whom we come in contact. We are the Low Country's only non-governmental, not for profit healthcare system. With this distinction, we believe it is our responsibility to advocate for and respond to our neighbors needs through community benefit. Surplus funds are returned to our community through the development of new facilities to serve population growth, the expansion of existing facilities, subsidizing care for those who are unable to pay, sponsorship of healthcare related activities including outreach clinics and programs for the uninsured, and investing in technology to improve the quality of patient care. The Organization is committed to the enrichment of healthcare in our community as evidenced by the composition of our Board of Directors and Open Medical Staff. Our governing body is comprised of a 13-member Board of Directors. At least nine directors must have their primary residence in a community served by the System. Five directors must be physicians actively engaged in the full time practice of medicine. The hospital extends medical staff privileges to all qualified physicians in the area for most of our departments.</p> |
| Schedule H, Part VI, Line 6 Affiliated health care system | <p>Roper St. Francis Healthcare (RSFH) dba CareAlliance Health Services is a charitable health care delivery system based in Charleston, South Carolina. The 657-bed health system provides services at 90 facilities and doctors' offices conveniently located throughout our region. RSFH was formed effective August 1, 1998, through the execution of an affiliation agreement between the following founding members: - The Medical Society of South Carolina (MSSC), - Bon Secours Mercy Health, Inc. (BSMH), and - Atrium Health (formerly Carolinas Healthcare System). During the year Atrium redeemed its 10% interest in RSFH and its membership interest was terminated. As of December 31, 2019, MSSC's membership percentage was 70% and BSMH's membership percentage was 30%. RSFH is the sole corporate member and, through its by-laws, has the power to control the financial and business affairs of Bon SEcours Mt. Pleasant Hospital. System leadership provides strategic vision and management oversight in support of the system by directing resources, providing access to lower cost debt financing, improving clinical outcomes and reducing operating costs. System-wide community benefit for 2019 per the 2019 Community Benefit Report is as follows: Total 2019 Community Benefit: \$54.1 Million Charity Care: \$40.5 million Unreimbursed Care for Those Who Are Poor and Qualify for Medicaid: \$11.8 million Community Outreach and Community Sponsorship Programs: \$1.8 million Community Benefit as Percent of Net Operating Expense: 5.7 percent.</p> |

990 Schedule H, Supplemental Information

| Form and Line Reference | Explanation |
|--|-------------|
| Schedule H, Part VI, Line 7 State filing of community benefit report | SC |

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 57-0828733

Name: Roper Hospital Inc

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

| Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1 | | Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (Describe) | Facility reporting group |
|--|---|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| 1 | Roper Hospital Inc 316 Calhoun Street Charleston, SC 29401 https://www.rsfh.com/roper-hospital/ HTL-0063 | X | X | | | | | X | | REHAB | |

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

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

| Form and Line Reference | Explanation |
|---|---|
| Schedule H, Part V, Section B, Line 5 Facility , 1 | Facility , 1 - Roper Hospital, Inc.. In an effort to create a greater impact on the community and address the greatest needs, Roper St. Francis Healthcare participated in and produced a joint Community Health Needs Assessment (CHNA) in collaboration with the Medical University of South Carolina and the Trident United Way. Data for the CHNA was collected from January - February 2019. To gather community input the Community Health Needs Assessment team disseminated a community survey with the purpose of identifying a general overview of the most concerning health topics. The surveys had 5,128 responses which greatly surpassed the number of responses from the previous CHNA of 905 survey responses. This level of engagement is an immediate benefit of collaborating with community partners. Furthermore, the team hosted 19 Interviews with community leaders, elected officials and health care professionals, held 12 focus groups with 57 participants from the community at large, and had 100 participants at the team's community input session. During the 2019 CHNA planning process, specific community groups and organizations, including area schools, churches, and clinics, were included to to engage more members from African American, Latino, low socioeconomic and rural communities. Using feedback from the surveys, interviews, focus groups and the community input session a summary of community feedback was created. This summary would be used in the creation of team's priorities and ultimately the implementation strategy. |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
|--|---|
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| Schedule H, Part V, Section B, Line 6a Facility , 1 | Facility , 1 - Roper Hospital, Inc.. Roper Hospital, Inc. Bon Secours St. Francis Xavier Hospital Roper St. Francis Mt. Pleasant Hospital Roper St. Francis Hospital - Berkeley Inc. Medical University of South Carolina |

| | |
|--|---|
| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| Schedule H, Part V, Section B, Line 6b Facility , 1 | Facility , 1 - Roper Hospital, Inc.. Trident United Way |

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

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 11 Facility , 1 | Facility , 1 - Roper Hospital, Inc.. The Roper St. Francis Healthcare (RSFH) Community Needs Assessment Team developed implementation strategies for each health issue identified as a strategic priority. This implementation plan was rolled out over 3 years. Some strategies may be addressed by more than one RSFH hospital or the system as a whole. The team developed a monitoring method at the conclusion of the implementation planning process to provide status updates to community partners, stakeholders, and the community-at-large. The following are the 2019 strategies and outcomes on the 5 issues identified as priorities in the 2016 Community Health Needs Assessment. Access to Care 2019 Strategies and Outcomes: Strategy (System-wide): Navigate high users of emergency departments to primary care medical homes, and to refer underinsured and uninsured patients to AccessHealth and/or the Transitions Clinic * During 2019, the four local hospital systems actively participated in AccessHealth Tri-County Network in order to collaborate with local healthcare systems to identify Emergency Department (ED) "super utilizers". * RSFH took steps to navigate uninsured ED "super utilizers" to AccessHealth and/or the Transitions Clinic. During 2019, AccessHealth had 3,411 patients, including 1,042 new patients, and Transitions Clinic had 1,321 patients, including 406 new patients. The resulting new patients reduced the number of ED visits by 61%. * RSFH developed a team-based program to create a comprehensive, patient-centered care plan for ED "super utilizers," engaging both RSFH and community resources. During 2019, Bon Secours St. Francis Xavier enrolled 45 patients in the program, and Roper Hospital enrolled 25 patients in the program. Strategy (System-wide): Coordinate and collaborate with safety-net partners for delivery of services, including area Federally Qualified Health Centers (FQHC), free clinics, and homeless shelters. * RSFH provides lab work, free supplies, and ancillaries to partner medical clinics and supportive agencies. During 2019, RSFH signed contracts to continue its partnership with these clinics and supportive agencies. * RSFH coordinated with local partners and managed care coordination for eligible patients through the shared care navigation hub through AccessHealth. Strategy (System-wide): Provide in-home care to patients with limited mobility through Home Health and Hospice Care. * RSFH provided high quality care for patients with transportation or mobility issues or those with end-of-life needs through in-home or inpatient Hospice or Home Health Services. During 2019, 5,525 patients received Home Health Services, while 561 patients received In-home Hospice care and 562 patients received Inpatient Hospice care. Clinical Preventative Services 2019 Strategies and Outcomes: Strategy (System-wide): Provide routine, primary care for low-income, uninsured adults that live or work on the Sea Islands of Charleston County. * RSFH provides lab work |

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

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 11 Facility , 1 | <p>, free supplies, and ancillaries to partner medical clinics and supportive agencies. During 2019, RSFH signed contracts to continue its partnership with these clinics and supportive agencies. * RSFH also provided financial support for clinical staff and infrastructure at Our Lady of Mercy Outreach. Strategy (System-wide): Provide early intervention services for patients diagnosed with HIV/AIDS. * During 2019, RSFH enrolled HIV positive patients into the federally funded Ryan White program. The Ryan White Wellness Center provided comprehensive HIV and primary care for 869 HIV positive patients. * During 2019, RSFH worked with the Ryan White Wellness Center to ensure continued health insurance coverage for 267 HIV positive adult patients using federal and employer insurance programs. * RSFH sought grant funding to expand primary prevention services for high risk HIV negative adults and prevent the rate of transmission for HIV positive patients. Partially due to RSFH's support, the Ryan White Wellness Center invested over \$105,000 in transportation assistance to reduce barriers to accessing services and provided HIV prevention to 123 HIV negative patients. * During 2019, RSFH provided 44 free HIV testing at community events and 311 HIV tests in the clinic. Strategy (System-wide): Provide evidence-based outpatient care for diabetic patients and expand access to free annual breast health screenings for all women, particularly African-American women. * Through its affiliated physician entity, Roper St. Francis Physician Partners (RSFPP), the system tracked the percentage of patients who receive evidence-based outpatient care for diabetes. In 2019, 92.6% of all RSFPP with a diagnosis of diabetes received A1c testing. * RSFPP hosted the annual "Family Wellness Night" and other screening events for underserved men and women to get breast and colorectal screenings. In 2019, 79 clinical breast exams were provided and resulted in 72 referrals for additional screening. 55 colorectal screenings were also provided no resulting referrals. * RSFPP hosted an annual skin cancer screening event and offered 119 screenings in 2019 resulting in 31 referrals for biopsy. Mental Health 2019 Strategies and Outcomes: Strategy (System-wide): Coordinate services between Emergency Departments and regional mental health agencies. * During 2019, RSFH continued to participate and collaborate in the Charleston/Dorchester Mental Health Department's community task force. * During 2019, RSFH continued to coordinate care of behavioral health patients, using local agencies and resources for support. * RSFH continued to collaborate with mental health providers to engage community members in highest need areas to direct appropriate services. * During 2019, RSFH added Charleston County Public Library to the list of collaborators. RSFH continues to work with other agencies to broaden the scope of the project. Strategy (System-wide): Provide services and education to combat the opioid epidemic.</p> |

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

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 11 Facility , 1 | mic. * RSFH has continued work to develop partnerships with local law enforcement to create an alliance for holding Drug Take Back events. During 2019, RSFH expanded the initiative and created relationships with the North Charleston Police Department and Berkeley County Sheriff's Dept. * RSFH organized Drug Take Back events with local law enforcement throughout the tri-county area. During 2019, RSFH successfully applied for two grants to increase the reach of the take back events with education and awareness around the opioid epidemic. 755 pounds of drugs were collected at 11 drug take back events in 2019. Strategy (System-wide): Provide mental health screenings at wellness and postpartum OB/GYN visits. * RSFH incorporates depression screenings at primary care wellness visits and postpartum OB/GYN patient visits. In 2019, 79.8% of all patients received a depression screening during primary care wellness checks and 90.6% of all patients received a depression screening during the follow-up postpartum visit. |

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

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 11 Facility , 2 | <p>Facility , 2 - Roper Hospital, Inc.. Obesity, Nutrition, and Physical Activity 2019 Strategies and Outcomes: Strategy (System-wide): increase opportunities for comprehensive wellness. * RSFH requires all system employees to have an annual primary care screening. In 2019 , RSFH had 3,463 employees with PCP visits. * RSFH promotes employee participation in disease-specific events to increase health awareness and advocacy. In 2019, RSFH employees recorded 7,859 hours of staff time supporting initiatives while serving 19,373 community residents. * In 2019, RSFH hosted informative and interactive tables/booths and participated in over 100 local community and health fairs, screenings, and events. Strategy (System-wide): Collaborate with local partners to increase healthy food options in underprivileged communities. * RSFH engaged community members in highest need areas to promote wellness and nutrition. In 2019, over 2,000 bags of fresh produce was distributed to families in need. * RSFH collaborates with Lowcountry Food Bank and East Cooper Meals on Wheels to provide home-delivered meals in low-income communities. In 2019, 3,000 meals were provided to 400 homeless residents in Charleston County. Strategy (System-wide): Host evidence-based health and wellness community programs for older adults. * RSFH offered physical wellness classes specifically targeting older adults. In 2019, 1,789 seniors were enrolled as members at Lowcountry Senior Center and 1,619 seniors enrolled at Waring Senior Center. There were 76 ,882 visits to fitness centers and exercise activities in 2019. Maternal, Infant, and Child Health Roper Hospital, Inc. no longer offers labor and delivery services at its hospital facility and will not directly address this identified significant health need. While this need is not a direct focus for the hospital, Roper Hospital will support the strategies of the Roper St. Francis sites and other local organizations specifically designed and better prepared both through resources and experience to respond to this need. 2019 System-Wide Strategies and Outcomes: Strategy (Bon Secours St. Francis Xavier Hospital (BSSF)): Offer specialized services for high risk pregnancies. * BSSF offered specialized care teams for high risk pregnant women to include a board-certified maternal fetal medicine specialist during 2019. * BSSF supports a Maternal Fetal Medicine program that includes medical management, counseling, biophysical profiles, diagnosis and management of birth defects as well as other highly specialized services. During 2019, this program had 5,761 patient visits with 1,930 total patients served. Strategy (BSSF): Provide prenatal care for uninsured patients that are not eligible for Medicaid. * BSSF provided prenatal care for eligible uninsured and immigrant patients of Our Lady of Mercy Outreach. During 2019, this support resulted in 103 annual exams, 25 deliveries, and 60 GYN patients. * During 2019, BSSF signed contracts to continue partners</p> |

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

| Form and Line Reference | Explanation |
|--|---|
| Schedule H, Part V, Section B, Line 11 Facility , 2 | hips that provide routine lab work, radiology services, prenatal education classes, and Maternal Fetal Medicine services for Spanish speaking patients. Strategy (BSSF, Roper St. Francis Mt. Pleasant Hospital (MPH), and Roper St. Francis Hospital - Berkeley, Inc. (BH)): Host expectant parent education classes and tours, and Safe Sitter classes. * During 2019, BSSF, MPH, and BH facilitated regularly scheduled expectant parent education classes and hospital tours as well as Safe Sitter classes. The total classes facilitated during the year total 251, including 134 free classes, and had 2,582 participants. This was the first year of expanding to the BH campus. Roper Hospital, Inc. no longer offers labor and delivery services at its hospital facility and will not directly address this identified significant health need. While this need is not a direct focus for the hospital, Roper Hospital will support the strategies of the Roper St. Francis sites and other local organizations specifically designed and better prepared both through resources and experience to respond to this need. |

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

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

| Form and Line Reference | Explanation |
|--|--|
| Schedule H, Part V, Section B, Line 13 Facility , 1 | Facility , 1 - Roper Hospital, Inc.. Full charity care will be provided to patients with income 200% or less of FPG. Patients with an FPG of 201% - 400% will receive a discount based upon a sliding scale. Patients who qualify and are receiving benefits from the following programs may be presumed eligible for 100 percent financial assistance - food stamps, county and state relief programs, homelessness, deceased patients, and religious organizations. Patients who meet presumptive eligibility criteria may be granted financial assistance without completing the financial assistance application. In order to determine the appropriate level of financial assistance to apply to a patient's account, the facility will utilize a scoring mechanism, with the assistance of a third party vendor that provides a patient profile, or require the patient to complete a financial assistance application. Household income, as defined for federal tax guidelines, will be considered in determining whether a patient is eligible for financial assistance. |

| Form 990 Part V Section C Supplemental Information for Part V, Section B. | |
|--|--|
| Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc. | |
| Form and Line Reference | Explanation |
| Schedule H, Part V, Section B, Line 16 Facility , 1 | Facility , 1 - Roper Hospital, Inc.. The patient handbook provided with registration references the Policy and includes contact information for patients who need assistance. In addition, signs are posted at all Hospital registration sites that reference our financial assistance policies and how they are accessed. |

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

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
Roper Hospital Inc

Employer identification number
57-0828733

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) | | | | | | | |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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) Nursing Scholarship | 1 | 36,287 | | | |
| (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 III Purpose of RSF Nursing Scholarship | The purpose of the RSF General Nursing Scholarship is to financially support continued education of high performing, exemplary staff nurses and students to meet a specific nursing workforce strategic need (i.e. hard to fill nursing positions or educational goals as determined by RSF senior nursing leaders). |
| Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. | The purpose of the RSF General Nursing Scholarship Program is to financially support continued education of high performing, exemplary staff nurses and students to meet a specific nursing workforce strategic need (i.e. hard to fill nursing positions or educational goals as determined by RSF senior nursing leaders). The application process includes a completed application form, letters of recommendation, letter of acceptance into an academic program or research internship, candidate statement, and an interview. All scholarship awards are dependent upon the number of scholarship applications and the available funding from the RSF Foundation and other sources that support RSF nursing scholarships. Recipients are selected by members of the Roper St. Francis Physicians Advanced Nursing Committee (Committee). The Committee may request that each award recipient attend a Committee meeting to provide an update on his/her progress. In addition, a report of academic progress and extracurricular activities for each recipient will be provided to the Committee after each academic semester. In the event a student defaults on an award by not successfully completing the applicable program, the student may be required to repay the award within 30 days of default. |

| | | |
|--|---|--|
| Schedule J (Form 990) | Compensation Information | OMB No. 1545-0047 |
| | | 2019 |
| | | 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 Roper Hospital Inc | | Employer identification number 57-0828733 |

| Part I Questions Regarding Compensation | | Yes | No |
|--|--|-----|-----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| <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 idemnification 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 on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | | 1b | |
| 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 on Line 1a? | | 2 | |
| 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? | | 4a | No |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? | | 4b | Yes |
| c Participate in, or receive payment from, an equity-based compensation arrangement? | | 4c | No |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | | |
| a The organization? | | 5a | No |
| b Any related organization? | | 5b | No |
| If "Yes," on line 5a or 5b, describe in Part III. | | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | | |
| a The organization? | | 6a | No |
| b Any related organization? | | 6b | No |
| If "Yes," on line 6a or 6b, describe in Part III. | | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. | | 7 | Yes |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. | | 8 | No |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | | 9 | |

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

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

[illegible]

Part III Supplemental Information

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

| Return Reference | Explanation |
|---|--|
| Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation | A related organization of Roper Hospital, Inc. determined the compensation of the Organization's CEO using the following methods: Compensation Committee Independent Compensation Consultant Compensation Survey or Study Approval by the Board or Compensation Committee |
| Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan | The Roper St. Francis Healthcare 457(f) Plan's purpose is to offer eligible employees of the employer deferred compensation benefits to supplement Eligible Employees' retirement income. The Plan is intended to be a top-hat plan (i.e. an unfunded deferred compensation plan maintained for certain members of a select group of management or highly compensated employees). INDIVIDUALS THAT PARTICIPATED OR RECEIVED A DISTRIBUTION INCLUDE: Bret D. Johnson, \$51,320; Pennie Peralta, \$92,610; Anthony Jackson, \$0; Troy Powell, \$16,284; Lorraine Lutton, \$142,112. |
| Schedule J, Part I, Line 7 Non-fixed payments | Goals are developed each year to support the Organization's strategic initiatives for people, quality, financial, growth and service. The Ad Hoc Compensation Committee approves the system goals annually and reports it to the full Board of Directors. Progress on each metric is reported to the Board each month on the corporate scorecard. At year-end, the Ad Hoc Compensation Committee approves the final scorecard number and reports results to the full Board. Annual incentives for the executives are based 60% on the corporate scorecard and 40% on individual performance. Executives maintain an individual scorecard on the leader evaluation manager and discuss results monthly with the President/CEO. The President/CEO approves the individual executive scorecard. |

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 57-0828733
Name: Roper Hospital Inc

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base Compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1Brian Cuddy MD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chair, Neurosurgeon - RSFPP | (ii) | 896,742 | 24,960 | 39,401 | 35,942 | 34,470 | 1,031,515 | 0 |
| 1Susan Datta MD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vice-Chairperson, Internist - RSFPP | (ii) | 256,943 | 38,014 | 6,628 | 33,765 | 36,964 | 372,314 | 0 |
| 2John B Holloway Jr | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Board Member, CEO - MSSC | (ii) | 339,000 | 125,000 | 0 | 16,942 | 19,520 | 500,462 | 0 |
| 3Henry West MD | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Board Member (Beg 01/19), Surgeon - RSFPP | (ii) | 491,911 | 100,775 | 594 | 35,942 | 25,869 | 655,091 | 0 |
| 4Lorraine Lutton | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| President & CEO | (ii) | 837,453 | 220,326 | 379,244 | 45,036 | 36,273 | 1,518,332 | 218,986 |
| 5Bret D Johnson | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| CFO & SVP / Treasurer | (ii) | 460,454 | 113,613 | 146,563 | 71,967 | 38,458 | 831,055 | 137,301 |
| 6Stephen Porter | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VP/CEO, Roper Hospital and Berkeley Hospital (End 02/19) | (ii) | 219,311 | 103,345 | 51,188 | 8,352 | 20,970 | 403,166 | 16,403 |
| 7Anthony Jackson | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VP and CEO Acute Care Services | (ii) | 410,968 | 76,554 | 87,238 | 54,790 | 36,883 | 666,433 | 53,200 |
| 8Pennie Peralta | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Former Key EE, VP Nursing/Sr. Nurse Exec SFX | (ii) | 264,787 | 55,871 | 147,177 | 14,120 | 22,827 | 504,782 | 117,649 |
| 9C Scott Ferguson | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Former Key EE, Director of Material Services | (ii) | 173,913 | 19,841 | 4,122 | 11,180 | 31,858 | 240,914 | 0 |
| 10Stephanie McKoin | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Former Key EE, Director of Perioperative Services | (ii) | 192,153 | 20,163 | 1,687 | 12,724 | 27,722 | 254,449 | 0 |
| 11Matthew Desmond | (i) | 207,056 | 9,138 | 4,090 | 11,751 | 36,253 | 268,288 | 0 |
| Chief Administrative Officer | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 12Susan Bennett | (i) | 192,533 | 18,548 | 1,175 | 11,756 | 13,217 | 237,229 | 0 |
| Chief Nursing Officer | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 13Troy Powell | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| VP Post Acute Care Services | (ii) | 205,055 | 16,658 | 19,524 | 29,891 | 36,986 | 308,114 | 0 |
| 14Stanley Wilson MD | (i) | 417,226 | 38,325 | 488 | 31,565 | 23,796 | 511,400 | 0 |
| Chief Medical Officer | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15Mary Elizabeth Hanley | (i) | 276,603 | 13,973 | 387 | 15,640 | 35,617 | 342,220 | 0 |
| Doctor Osteopathic Medicine | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 16Tiffany Richter | (i) | 288,722 | 0 | 1,081 | 13,418 | 37,292 | 340,513 | 0 |
| Medical Director RSFPP | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17Thomas Lavin | (i) | 199,743 | 0 | 622 | 11,324 | 1,374 | 213,063 | 0 |
| Staff Physicist | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18John Fowler | (i) | 181,040 | 11,758 | 1,288 | 10,519 | 15,472 | 220,077 | 0 |
| Manager Pharmacy | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19Bonnie Mello | (i) | 164,337 | 17,702 | 1,046 | 8,414 | 3,265 | 194,764 | 0 |
| Director Home Care Services | (ii) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Roper Hospital Inc

Employer identification number
57-0828733

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

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

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

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

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

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

Total ▶ \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| (1) Annette Rivers-Watson | Family member of Roberta Pinckney, board member | 55,393 | Compensation | | No |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part V Supplemental Information

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

SCHEDULE M
(Form 990)

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Roper Hospital Inc

Employer identification number
57-0828733

Part I

Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|---|--|
| 1 Art—Works of art | | | | |
| 2 Art—Historical treasures | | | | |
| 3 Art—Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities—Publicly traded | | | | |
| 10 Securities—Closely held stock | | | | |
| 11 Securities—Partnership, LLC, or trust interests | | | | |
| 12 Securities—Miscellaneous | | | | |
| 13 Qualified conservation contribution—Historic structures | | | | |
| 14 Qualified conservation contribution—Other | | | | |
| 15 Real estate—Residential | | | | |
| 16 Real estate—Commercial | | | | |
| 17 Real estate—Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | X | 4 | 95,752 | Cost |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ► () | | | | |
| 26 Other ► () | | | | |
| 27 Other ► () | | | | |
| 28 Other ► () | | | | |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

31 If "Yes," describe the arrangement in Part II.

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

33

Yes

No

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|---|--|
| Schedule M, Part I Explanations of reporting method for number of contributions | Drugs and medical supplies - Number of Contributions |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Roper Hospital Inc

Supplemental Information to Form 990 or 990-EZComplete 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

2019**Open to Public
Inspection****Employer identification number**

57-0828733

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 6 Classes of members or stockholders | The sole member of the Corporation is Roper St. Francis Healthcare, a South Carolina nonprofit, nonstock corporation. Roper St. Francis Healthcare is in turn governed by a Board of Directors appointed by the "founding members". Please see response o Line 7a below. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 7a Members or stockholders electing members of governing body | RSFH is governed by a 13-member board of directors (the "Board of Directors") appointed by the Founding Members. Subject to certain Nominating Committee approvals, six directors are appointed by each of the Medical Society of South Carolina (MSSC) and Bon Secours Mercy Health (BSMH) and one director is appointed by Atrium. It is the Founding Members' intent that the members of RSFH's Board of Directors are appointed to such positions because they have a willingness to serve the needs of RSFH as a whole and not the needs of any individual Founding Member. During the year Atrium redeemed its 10% interest in RSFH and its membership interest was terminated. As of December 31, 2019, MSSC's membership percentage was 70% and BSMH's membership percentage was 30%. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders | <p>The following actions shall require the unanimous affirmative approval of all of the founding members: (a) to amend the Articles of Incorporation or By-laws, including without limitation, any change in the Corporation's purposes; provided, however, that, subject to the procedures and voting requirements with respect to the admission of non-founding members, Schedule 3.1 may be amended with the approval of two (2) of the founding members to reflect the admission of a non-founding member; (b) to dissolve or liquidate the Corporation and to determine the distribution of assets upon dissolution; (c) to merge or consolidate the Corporation or to sell, convey, transfer, lease, or otherwise dispose of all or substantially all of its assets; (d) to appoint the President and Chief Executive Officer of the Corporation in a manner other than that established within the By-laws; (e) to alter or amend the Corporation's ethical performance standards (defined below); or (f) to enter into any material agreement whereby a third party will: (i) become an equity owner in any joint venture with the Corporation or any System participant and will not be legally obligated to support the Corporation's ethical performance standards; or (ii) manage a substantial part of the facilities, assets, or operations of the system and will not be legally obligated to comply with and support the Corporation's ethical performance standards.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 11b Review of form 990 by governing body | The Form 990 was prepared by the BSMH Tax Department with assistance and oversight by management and was reviewed by an independent accounting firm. Reviews were then conducted by senior management. Upon review, the Form 990 along with a summary memo is forwarded to the governing body for approval. After approval by the governing body the final version is filed with the Internal Revenue Service. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|---|
| Form 990, Part VI, Line 12c Conflict of interest policy | <p>The HR policy requires COI disclosures from "every RSFH senior leader, employed physicians and non-physician practitioners, all directors and all Value Analysis Team members". The governing board policies define covered persons as "directors and to all officers (as defined by the President/CEO) and all persons who serve in a position functionally equivalent to that of a corporate officer". All covered persons shall complete and return to the Secretary an annual statement that each of them: (a) has received a copy of the Conflict of Interest Policy; (b) has read and understands the Policy; (c) agrees to comply with this Policy; (d) understands that the Policy applies to all committees; and (e) understands that the Organization is a charitable organization and must continuously engage primarily in activities which accomplish one or more of its tax-exempt purposes.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|---|--|
| Form 990, Part VI, Line 15a Process to establish compensation of top management official | <p>An independent company, Towers Watson, provides research, advice and guidance to the Compensation Committee and senior leadership to ensure the Organization's compensation programs for executives covered by the "Intermediate Sanctions Legislation" (IRC Section 4958) are aligned with its stated philosophy: Base salaries are targeted at the 50th percentile of the established comparator market; Total cash compensation (base salary plus annual incentive payments) are targeted at the 75th percentile of the established comparator market; Total direct compensation (total cash compensation plus long term incentive payments) will not exceed the 90th percentile of the established comparator market; Benefits are targeted at market median; and In aggregate, base salary, total cash compensation, total direct compensation and benefits comprise total compensation for executives. The Compensation Committee ensures that executive total compensation is reflective of the Organization's stated compensation philosophy. The committee, in this process, authorizes and supports an annual three step process utilizing Towers Watson's resources: 1) Salary levels, annual bonus targets/payments and long term incentive grants are compared rigorously each year with market data based on comparable positions and organizations. A. Comparable organizations are typically not-for-profit healthcare systems with similar operating revenues. Private sector employer data, when available, are also included in the analysis for "transferable skills positions". B. Historically, performance incentive payouts generally track with a normal bonus payout distribution. Incentive goals are primarily based on formally defined quantitative goals approved by the ad hoc Compensation Committee of the RSFH Board of Directors. 2) All recommended pay decisions are tested against these data and the organization's stated compensation philosophy. 3) A formal opinion letter is prepared by Towers Watson, representing that senior executives are compensated within the reasonableness standards mandated by the IRS. A similar process is performed by Towers Watson for the CEO and CFO positions. This letter provides a "safe harbor" for the organization's "directors" relative to the reasonableness of total executive compensation consistent with IRC Section 4958.</p> |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--------------------------|
| Form 990, Part VI, Line 15b Process to establish compensation of other employees | See explanation for 15A. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part VI, Line 19 Required documents available to the public | The organization's governing documents, conflict of interest policy and financial statements are available to the public upon request. |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|--|
| Form 990, Part IX, Line 11g Other Fees | Purchased Services - Total Expense: 16361836, Program Service Expense: 12925850, Management and General Expenses: 3435986, Fundraising Expenses: ; Professional Fees - Total Expense : 14810760, Program Service Expense: 14218330, Management and General Expenses: 592430, Fundraising Expenses: ; Corp Admin Fees - Total Expense: 52099655, Program Service Expense: 14066907, Management and General Expenses: 38032748, Fundraising Expenses: ; Other Fees - Total Expense: 13872261, Program Service Expense: 11097809, Management and General Expenses: 2774452, Fundraising Expenses: ; |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|--|---|
| Form 990, Part XI, Line 9 Other changes in net assets or fund balances | Assets Released from Restrictions - -6437201; Physician Partners Due - 261920; Equity Tran sfer from Foundation - 14013877; Net Pension Benefit - 496374; Adjustment for Intercompany Cash and Investments - -15319933; |

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As Filed Data -

DLN: 93493316033120

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

2019

Open to Public Inspection

Name of the organization
Roper Hospital Inc

Employer identification number
57-0828733

Part I

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

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

Part II

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

See Additional Data Table

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

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income(related, unrelated, excluded from tax under sections 512- 514) | (f) Share of total income | (g) Share of end- of-year assets | (h) Disproportionate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|---|----------------------------|---|--|--|---------------------------------|---|---|----|--|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) Lowcounty Surgery Center (dba Roper St Francis eye Surgery Center) 8536 Palmetto Commerce Pky Ladson, SC 29456 58-1693021 | Eye Surgery | SC | Roper Hospital Inc | Related | 180,979 | 437,851 | | No | | Yes | | 64.65 % |
| (2) RSFH - ATI Physical Therapy 125 Doughty St Ste 760 Charleston, SC 29403 47-4797980 | Physical Therapy | SC | NA | N/A | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of- year assets | (h) Percentage ownership | (i) Section 512(b) (13) controlled entity? | |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| (1) CareAlliance Medical Services Organization 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29546 57-1012837 | Inactive | SC | NA | C Corporation | | | | | 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 Yes | |
| b Gift, grant, or capital contribution to related organization(s) | 1b | No |
| c Gift, grant, or capital contribution from related organization(s) | 1c Yes | |
| d Loans or loan guarantees to or for related organization(s) | 1d | No |
| e Loans or loan guarantees by related organization(s) | 1e | No |
| f Dividends from related organization(s) | 1f | No |
| g Sale of assets to related organization(s) | 1g | No |
| h Purchase of assets from related organization(s) | 1h | No |
| i Exchange of assets with related organization(s) | 1i Yes | |
| j Lease of facilities, equipment, or other assets to related organization(s) | 1j Yes | |
| k Lease of facilities, equipment, or other assets from related organization(s) | 1k | No |
| l Performance of services or membership or fundraising solicitations for related organization(s) | 1l Yes | |
| m Performance of services or membership or fundraising solicitations by related organization(s) | 1m Yes | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | 1n Yes | |
| o Sharing of paid employees with related organization(s) | 1o Yes | |
| p Reimbursement paid to related organization(s) for expenses | 1p Yes | |
| q Reimbursement paid by related organization(s) for expenses | 1q Yes | |
| r Other transfer of cash or property to related organization(s) | 1r Yes | |
| s Other transfer of cash or property from related organization(s) | 1s Yes | |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|---|----------------------------------|------------------------|--|
| (1) Lowcountry Surgery Center (dba Roper St Francis Eye Surgery Center) | A | 117,045 | GAAP |
| (2) Lowcountry Surgery Center (dba Roper St Francis Eye Surgery Center) | L | 147,877 | GAAP |
| (3) Lowcountry Surgery Center (dba Roper St Francis Eye Surgery Center) | O | 853,176 | GAAP |
| | | | |
| | | | |
| | | | |

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: 19010655
Software Version: 2019v5.0
EIN: 57-0828733
Name: Roper Hospital Inc

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c) (3)) | (f) Direct controlling entity | (g) Section 512 (b)(13) controlled entity? | |
|--|-----------------------------------|--|-------------------------------|---|-------------------------------------|--|----|
| | | | | | | Yes | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-0831165 | HEALTHCARE SYSTEM PARENT | SC | 501(c)(3) | 3 | NA | | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-0828733 | Healthcare | SC | 501(c)(3) | 3 | Roper St Francis Healthcare | | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-1067254 | Healthcare | SC | 501(c)(3) | 3 | Roper St Francis Healthcare | | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-0360499 | Healthcare | SC | 501(c)(3) | 3 | Roper St Francis Healthcare | | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 26-3710229 | Healthcare | SC | 501(c)(3) | 3 | Roper St Francis Healthcare | | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 26-2946628 | Healthcare | SC | 501(c)(3) | 3 | Roper St Francis Healthcare | | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 57-1068509 | Fundraising | SC | 501(c)(3) | Type I | Roper St Francis Healthcare | | No |
| 69-B Barre St Charleston, SC 29401 57-0288358 | Supporting Org/Founding Member | SC | 501(c)(3) | Type III-FI | NA | | No |
| 8536 Palmetto Commerce Pkwy Ste 201 Ladson, SC 29456 47-5407453 | Healthcare | SC | 501(c)(3) | 4 | Roper St Francis Healthcare | | No |