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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

Department of the Treasury
Internal Revenue Service

A For the 2016 calendar year, or tax year beginning 01-01-2016 , and ending 12-31-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

% MAUREEN BURKE

Doing business as

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

255 Lafayette Avenue

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

Suffern, NY 10901

F Name and address of principal officer

MARY LEAHY

255 Lafayette Avenue

Suffern, NY 10901

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 ▶ 5747

D Employer identification number

45-2964467

E Telephone number

(845) 368-5000

G Gross receipts \$ 526,197,063

I Tax-exempt status

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

J Website: ▶ www.bschs.org

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

L Year of formation

M State of legal domicile NY

Part I Summary

Activities & Governance

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

To operate several ACUTE CARE HOSPITALS, LONG-TERM CARE FACILITIES AND OTHER HEALTHCARE SERVICES FOR THE RESIDENTS OF THE COMMUNITIES SERVED

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 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

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

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

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)

Expenses

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

Net Assets or Fund Balances

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

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

MARY LEAHY CEO

Type or print name and title

2017-10-25

Date

Paid Preparer Use Only

Print/Type preparer's name

Laura Kielczewski

Preparer's signature

Laura Kielczewski

Date

Check ☐ if self-employed

PTIN P00740769

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

Firm's address ▶ 5 TIMES SQUARE

NEW YORK, NY 10036

Phone no (212) 773-3000

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 (2016)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE MISSION IS TO MAKE VISIBLE GOD'S LOVE AND TO BE GOOD HELP TO THOSE IN NEED, ESPECIALLY THOSE WHO ARE POOR, VULNERABLE AND DYING AS A SYSTEM OF CAREGIVERS, WE COMMIT OURSELVES TO HELP BRING PEOPLE AND COMMUNITIES TO HEALTH AND WHOLENESS AS PART OF THE HEALING MINISTRY OF JESUS CHRIST AND THE CATHOLIC CHURCH

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 \$ 458,090,497	including grants of \$ 17,959	(Revenue \$ 521,543,296)
	See Additional Data			

4b	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4c	(Code)	(Expenses \$	including grants of \$	(Revenue \$)
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4d	Other program services (Describe in Schedule O)	(Expenses \$	including grants of \$	(Revenue \$)
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4e	Total program service expenses ►	458,090,497		
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	297	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	3,838	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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	16	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	8	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	No
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	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
 ▶ MAUREEN BURKE 255 LAFAYETTE AVENUE Suffern, NY 10901 (845) 368-5305

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mary Leahy MD CEO	4 0 36 0	X		X				0	777,821	51,211
(2) John Wallenhorst PhD Board Member	1 0 39 0	X		X				0	454,099	35,488
(3) Mark Tulis Chair (THRU 11/30/16)	1 0 2 0	X		X				0	0	0
(4) Mark Nantz Chair (BEG 12/1/16)	1 0 39 0	X		X				0	938,016	130,212
(5) Zubeen Shroff Board Member	1 0 3 5	X						0	0	0
(6) Michael Israel Vice Chair	1 0 39 0	X		X				0	2,510,955	145,090
(7) John Heimerdinger Secretary	1 0 9 0	X		X				0	0	0
(8) Anthony Mahler Board Member	1 0 39 0	X						0	522,033	97,206
(9) Susan Gevertz Board Member	1 0 2 0	X						0	0	0
(10) Renee Garrick MD Board Member	1 0 2 0	X						0	0	0
(11) Gary Brudnicki Board Member	1 0 39 0	X						0	1,521,977	129,697
(12) Richard Wishnie BOARD MEMBER	1 0 6 0	X		X				0	0	0
(13) Julie Switzer Board Member	1 0 39 0	X						0	766,318	105,213
(14) Sr Ellen Dauwer Board Member (Thru 12/1/16)	1 0 1 0	X						0	0	0
(15) Marsha Casey Board Member (BEG 9/6/16)	1 0 39 0	X						0	973,748	102,971
(16) Stephen Dormer Board Member	1 0 1 0	X						0	0	0
(17) Tamer El-Rayess Treasurer	1 0 1 0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Sandra Grannum Board Member	1 0 1 0	X						0	0	0
(19) Martin Evers MD President - MedPC	40 0 0 0			X				331,710	0	43,157
(20) Peter Kenniff CFO	39 0 1 0			X				326,554	0	32,627
(21) Leon Harris MD Physician	40 0 0 0					X		736,936	0	21,666
(22) Cary Hirsch MD PHYSICIAN	40 0 0 0					X		0	1,058,391	20,295
(23) Thomas Facelle MD DIRECTOR OF SURGERY	40 0 0 0					X		0	794,278	21,666
(24) Seth Hurwitz MD CARDIOLOGIST	40 0 0 0					X		0	710,448	44,463
(25) Mill Etienne MD NEUROLOGIST	40 0 0 0					X		0	666,403	36,299
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,395,200	11,694,487	1,017,261

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 412**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CROTHALL HEALTHCARE INC, 13028 COLLECTIONS CTR CHICAGO, IL 60693	ENGINEERING	6,973,048
MORRISON MGT SPECIALISTS, PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICE	5,863,786
ARAMARK CTS INC, 12483 COLLECTIONS CTR CHICAGO, IL 60693	ENGINEERING	5,359,621
ACCESS REHABILITATION SERVICES, 16 MAYBROOK RD STE H CAMPBELL HALL, NY 10916	REHAB THERAPY	5,096,490
MARQUIS HOME CARE LLC, 230 N MAIN ST SPRING VALLEY, NY 10977	CONTRACT NURSING	2,866,049

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 **▶ 102**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	0			
	d Related organizations	1d	91,924			
	e Government grants (contributions)	1e	399,165			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	106,018			
	g Noncash contributions included in lines 1a-1f \$ _____		0			
	h Total. Add lines 1a-1f		597,107			
Program Service Revenue		Business Code				
	2a NET PATIENT SERVICE REVENUE	623000	504,895,526	504,895,526	0	0
	b Capitation Revenue	623000	749,350	749,350	0	0
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		505,644,876			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		89,992			89,992
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross rents	(i) Real (ii) Personal				
		1,048,836				
	b Less rental expenses	705,319				
	c Rental income or (loss)	343,517 0				
	d Net rental income or (loss)		343,517			343,517
	7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
			800,000			
	b Less cost or other basis and sales expenses		1,241			
	c Gain or (loss)		798,759			
	d Net gain or (loss)		798,759			798,759
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19	a	0			
	b Less direct expenses	b	0			
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances	a	0			
b Less cost of goods sold	b	0				
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue	Business Code					
11a NYS SUPPORT REVENUE	900099	13,898,698	13,898,698	0	0	
b MEANINGFUL USE REVENUE	900099	1,590,352	0	0	1,590,352	
c INCENTIVES, REBATES,& REFUNDS	900099	797,537	797,537	0	0	
d All other revenue		1,729,665	1,202,185	0	527,480	
e Total. Add lines 11a-11d		18,016,252				
12 Total revenue. See Instructions		525,490,503	521,543,296	0	3,350,100	

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.	0	0		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	17,959	17,959		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0	0		
4 Benefits paid to or for members.	0	0		
5 Compensation of current officers, directors, trustees, and key employees.	3,112,580	311,258	2,801,322	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0	0	0	0
7 Other salaries and wages.	214,535,132	200,591,508	13,943,624	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	6,608,540	5,578,110	1,030,430	0
9 Other employee benefits.	46,268,144	43,766,122	2,502,022	0
10 Payroll taxes.	17,324,572	16,178,048	1,146,524	0
11 Fees for services (non-employees):				
a Management.	0	0	0	0
b Legal.	1,555,664	27,596	1,528,068	0
c Accounting.	520,224	0	520,224	0
d Lobbying.	86,573	0	86,573	0
e Professional fundraising services. See Part IV, line 17.	0			0
f Investment management fees.	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	22,871,780	22,721,820	149,960	0
12 Advertising and promotion.	536,640	93,961	442,679	0
13 Office expenses.	6,789,808	3,371,063	3,418,745	0
14 Information technology.	1,144,123	533,656	610,467	0
15 Royalties.	0	0	0	0
16 Occupancy.	12,335,656	9,923,331	2,412,325	0
17 Travel.	1,174,280	972,909	201,371	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0	0	0	0
19 Conferences, conventions, and meetings.	63,183	36,709	26,474	0
20 Interest.	7,668,737	7,668,737	0	0
21 Payments to affiliates.	0	0	0	0
22 Depreciation, depletion, and amortization.	23,315,239	23,120,169	195,070	0
23 Insurance.	9,172,889	7,060,348	2,112,541	0
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	64,512,267	64,512,267	0	0
b PURCHASED SERVICES	42,975,802	39,292,276	3,683,526	0
c BSHSI/WMC MGT DUES	31,539,812	7,881,583	23,658,229	0
d OTHER EXPENSES	6,139,148	4,431,067	1,708,081	0
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	520,268,752	458,090,497	62,178,255	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).	0			

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		700,275	1	394,764
	2	Savings and temporary cash investments		350,643	2	323,495
	3	Pledges and grants receivable, net		2,380,498	3	1,056,887
	4	Accounts receivable, net		63,808,052	4	67,017,898
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		8,277,412	8	8,848,463
	9	Prepaid expenses and deferred charges		4,048,514	9	2,336,452
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D.	10a	343,877,129		
	b	Less: accumulated depreciation	10b	212,903,797		
				137,488,099	10c	130,973,332
	11	Investments—publicly traded securities		281,227	11	281,133
	12	Investments—other securities. See Part IV, line 11		0	12	0
	13	Investments—program-related. See Part IV, line 11		0	13	0
	14	Intangible assets		445,658	14	208,854
15	Other assets. See Part IV, line 11		8,402,126	15	8,135,213	
16	Total assets. Add lines 1 through 15 (must equal line 34)		226,182,504	16	219,576,491	
Liabilities	17	Accounts payable and accrued expenses		53,294,781	17	74,310,196
	18	Grants payable		0	18	0
	19	Deferred revenue		2,331,046	19	1,781,642
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		108,960	21	114,961
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		126,916,106	23	123,160,150
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		22,856,383	25	28,623,551
	26	Total liabilities. Add lines 17 through 25		205,507,276	26	227,990,500
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		19,867,357	27	-9,250,238
	28	Temporarily restricted net assets		807,871	28	836,229
	29	Permanently restricted net assets		0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		20,675,228	33	-8,414,009	
34	Total liabilities and net assets/fund balances		226,182,504	34	219,576,491	

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	525,490,503
2	Total expenses (must equal Part IX, column (A), line 25)	2	520,268,752
3	Revenue less expenses Subtract line 2 from line 1	3	5,221,751
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20,675,228
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-34,310,988
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-8,414,009

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

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

Additional Data

Software ID:

Software Version:

EIN: 45-2964467

Name: BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

Form 990 (2016)

Form 990, Part III, Line 4a:

Bon Secours Charity Health System Affiliated Group is composed of three acute care hospitals, primary and specialty medical care practices and two long-term care and residential facilities. Good Samaritan Hospital of Suffern, NY, Bon Secours Community Hospital, St. Anthony Community Hospital, Bon Secours Charity Health System Medical Group, PC, St. Francis Center at the Knolls (dba Mount Alverno Center), and Villas Francis at the Knolls (dba Schervier Pavilion). Good Samaritan Hospital (GSH) operates a 286-bed hospital located in Suffern, New York that provides emergency, medical, surgical, obstetrical/gynecological and acute care services to Rockland and Orange Counties, New York and northern Bergen County, New Jersey. GSH has a Level II Trauma Center, a designated stroke center and acute myocardial infarction (AMI) program, and a regional cardiovascular program, providing open heart surgery, a cardiac catheterization laboratory, emergency angioplasty, electrophysiology studies and a pacemaker clinic. GSH has received many awards and in 2014 was named one of the nation's 50 Top Cardiovascular Hospitals by Truven Health Analytics. GSH offers a comprehensive women's breast center, wound and hyperbaric center, sleep study center and maternal/child services, including a Level II neonatal intensive care unit supported by pediatric subspecialists from Westchester Medical Center (WMC). GSH's surgical weight loss institute provides pre-operative, surgical care and outpatient post-operative bariatric support. GSH provides kidney dialysis, psychiatric and substance abuse services and a range of social support services, education and population health services. The campus also includes a medical office building housing a state-of-the-art ambulatory surgery center, and primary care and specialty physicians. GSH's Certified Home Care Agency provides home health services to the residents of Rockland and Orange Counties, New York. This program is for patients who have acute needs and require home care for a relatively short period of time and will be discharged when they are stabilized or returned to a pre-illness level of functioning. Additional services include wound and ostomy assessments, physical therapy, occupational therapy, speech pathology, medical social work, nutrition and home health aides. The home health agency is certified for expansion into Manhattan and Westchester County, New York. Bon Secours Community Hospital (BSCH) operates a 122-bed acute care hospital located in Port Jervis, New York that provides community-based care to residents in the Port Jervis, New York and surrounding areas (Orange and Sullivan Counties in New York, Sussex County in New Jersey and Pike County in Pennsylvania). BSCH provides emergency care, laboratory and imaging services, medical and surgical services, and intensive care unit, inpatient dialysis, cardiopulmonary care, infusion therapy and outpatient wound care and diabetes programs. BSCH also offers inpatient psychiatric services and a chemical dependency program. A medical office building with primary care and diagnostic services is located across the street from BSCH. BSCH also offers a wide range of health education and population health support services for the community. St. Joseph's Place is a 46-bed nursing care center located on the first floor of BSCH that provides 24-hour nursing care, long- and short-term rehabilitation, tracheotomy care, head trauma care, respiratory care and psychological services. St. Anthony's Community Hospital (SACH) operates a 60-bed hospital that is located in Warwick, New York serving the residents of Orange County, New York, and Sussex and Passaic Counties, New Jersey. SACH provides emergency care, medical and surgical services, laboratory and imaging services, obstetrical, and gynecological and orthopedics. The SACH ambulatory services center provides various convenient services, including admitting, pre-admission screening, endoscopy, minor surgery and same-day surgery. An infusion center provides long-term intravenous antibiotics, blood transfusions, iron therapy, chemotherapy and long-term catheter insertion and maintenance. SACH education and outreach services include a diabetes education program and population health improvement programs. Bon Secours Charity Health System Medical Group, PC (MedPC) provides medical services to Suffern, New York and surrounding communities. Their services include primary care and various specialty professional services. The organization seeks to locate its physician practice sites in areas that most effectively meet the needs of the community. Villa Francis at the Knolls, Inc. d/b/a Schervier Pavilion (Schervier) is a 122-bed, skilled nursing facility located in Warwick, New York. Schervier provides therapeutic and social activities designed to enhance the physical and mental capabilities to help residents maintain and optimize their level of daily independence. Schervier is part of the 27-acre Warwick campus that includes Mount Alverno Center and SACH. Located in Schervier is a full-service adult day care program known as Day-At-A-Time. It provides health care, recreational and therapeutic activities from two to five days per week for the cognitively impaired and physically frail. The program provides an alternative to nursing home placement and home health care. St. Francis Center at the Knolls, Inc. d/b/a Mount Alverno Center (Mount Alverno) is an adult home located on the SACH campus with an assisted living program serving 85 residents by providing individualized care plans designed to help residents reach and maintain a maximum level of independence.

SCHEDULE A (Form 990 or 990-EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
	2016 Open to Public Inspection	
Department of the Treasury Internal Revenue Service Name of the organization BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP	Employer identification number 45-2964467	

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.
The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
- f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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						
<div>Calendar year (or fiscal year beginning in) ▶</div>	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 2016 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2015 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2016. 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—2015. 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—2016. 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—2015. 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	0	0	0	0	0	0
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	2,983,376	2,641,280	2,800,331	2,430,784	1,923,266	12,779,037
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	2,983,376	2,641,280	2,800,331	2,430,784	1,923,266	12,779,037
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public support. (Subtract line 7c from line 6.)						12,779,037

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6	2,983,376	2,641,280	2,800,331	2,430,784	1,923,266	12,779,037
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b						0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	123,965	107,429	120,377	224,288	122,030	698,089
13 Total support. (Add lines 9, 10c, 11, and 12.)	3,107,341	2,748,709	2,920,708	2,655,072	2,045,296	13,477,126
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 2016 (line 8, column (f) divided by line 13, column (f))	15	94.820 %
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2016. 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—2015. 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>		No
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>		No
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>		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
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>		
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>		No
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>		
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>		
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>		No
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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>		No
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>		No
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>		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
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>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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		No
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		No
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		No

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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 0	
2 Recoveries of prior-year distributions	2 0	
3 Other gross income (see instructions)	3 0	
4 Add lines 1 through 3	4 0	
5 Depreciation and depletion	5 0	
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 0	
7 Other expenses (see instructions)	7 0	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8 0	

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 0	
b Average monthly cash balances	1b 0	
c Fair market value of other non-exempt-use assets	1c 0	
d Total (add lines 1a, 1b, and 1c)	1d 0	
e Discount claimed for blockage or other factors (explain in detail in Part VI) 0		
2 Acquisition indebtedness applicable to non-exempt use assets	2 0	
3 Subtract line 2 from line 1d	3 0	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4 0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5 0	
6 Multiply line 5 by .035	6 0	
7 Recoveries of prior-year distributions	7 0	
8 Minimum Asset Amount (add line 7 to line 6)	8 0	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	0
2 Enter 85% of line 1	2	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	0
4 Enter greater of line 2 or line 3	4	0
5 Income tax imposed in prior year	5	0
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	0
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	0
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	0
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	0
4 Amounts paid to acquire exempt-use assets	0
5 Qualified set-aside amounts (prior IRS approval required)	0
6 Other distributions (describe in Part VI) See instructions	0
7 Total annual distributions. Add lines 1 through 6	0
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	0
9 Distributable amount for 2016 from Section C, line 6	0
10 Line 8 amount divided by Line 9 amount	0 %

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)		0	
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013. 0			
d From 2014. 0			
e From 2015. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2016 distributable amount			0
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2016 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2016 distributable amount			0
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)		0	
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			0
7 Excess distributions carryover to 2017. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a			
b Excess from 2013. 0			
c Excess from 2014. 0			
d Excess from 2015. 0			
e Excess from 2016. 0			

Part VI Supplemental Information.

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

Facts And Circumstances Test**990 Schedule A, Supplemental Information**

Return Reference	Explanation
Schedule A, Part I	One subordinate (ST FRANCIS CENTER OF THE KNOLLS D/B/A MOUNT ALVERO ASSISTED LIVING CENTE R) included in this return has public charity status as an organization described in secti on 509(a)(2) Schedule A, Part III is completed to report this entity's activities

Schedule A Form 990 or 990-EZ 2016

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2016

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 BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP	Employer identification number 45-2964467
--	---

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	
2	Political expenditures	▶ \$ _____
3	Volunteer hours	_____

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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(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	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?	Yes		86,573
j	Total. Add lines 1c through 1i			86,573
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).	2a	
a	Current year	2b	
b	Carryover from last year	2c	
c	Total	3	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1, Lobbying Activities	The filing organization maintains memberships to various professional healthcare associations. Portions of the membership dues are used for lobbying activities. The lobbying portion of such dues is included on line 1i.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493303013107	
<div>SCHEDULE D (Form 990)</div> <div>Department of the Treasury Internal Revenue Service</div>		<div>Supplemental Financial Statements</div> <div>► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.</div> <div>Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.</div>			<div>OMB No 1545-0047</div> <div>2016</div> <div>Open to Public Inspection</div>
Name of the organization BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP				Employer identification number 45-2964467	
Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.					
		(a) Donor advised funds		(b) Funds and other accounts	
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.					
1 Purpose(s) of conservation easements held by the organization (check all that apply) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space</div>					
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year					
				Held at the End of the Year	
a Total number of conservation easements				2a	
b Total acreage restricted by conservation easements				2b	
c Number of conservation easements on a certified historic structure included in (a)				2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register				2d	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►					
4 Number of states where property subject to conservation easement is located ►					
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►					
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$					
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>					
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements					
Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.					
1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items					
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items					
(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) 2016	

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		4,818,063		4,818,063
b Buildings		142,387,199	81,783,781	60,603,418
c Leasehold improvements		1,899,308	672,839	1,226,469
d Equipment		182,212,198	123,639,144	58,573,054
e Other		12,560,361	6,808,033	5,752,328
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				130,973,332

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX

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

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

Part X

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO THIRD PARTIES	9,953,076
FIN 47 LT ASBESTOS LIAB	2,829,446
CAPITAL LEASE LT LIABILITY	4,540,587
ARCHDIOCESE LT PENSION LIABILITY	9,409,696
DUE TO AFFILIATES	1,556,927
OTHER MISC LIABILITIES	333,819
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	28,623,551

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 45-2964467
Name: BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

Supplemental Information

Return Reference	Explanation
Part IV, Line 2B	CERTAIN FACILITIES HOLD, SAFEGUARD, MANAGE AND ACCOUNT FOR THE PERSONAL FUNDS OF RESIDENTS WHO HAVE AUTHORIZED THE FACILITY IN WRITING TO MANAGE PERSONAL FUNDS FUND REQUESTS LESS THAN \$50 ARE AVAILABLE FOR IMMEDIATE DISTRIBUTION TO RESIDENTS AND WRITTEN REQUESTS FOR \$50 OR MORE ARE HONORED, BY CHECK, WITHIN A REASONABLE TIME FRAME GENERALLY, ALL CUSTODIAL FUNDS IN EXCESS OF \$50 ARE HELD IN INTEREST BEARING ACCOUNTS SEPARATE FROM THAT OF THE ORGANIZATION

SCHEDULE H (Form 990) Department of the Treasury <small>Internal Revenue Service</small>	<h2 style="margin:0;">Hospitals</h2> <p>► Complete if the organization answered "Yes" on Form 990, Part IV, question 20. ► Attach to Form 990. ► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.</p>	OMB No 1545-0047 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div> Open to Public Inspection
Name of the organization BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP		Employer identification number 45-2964467

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 <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250 %</u>	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>500 %</u>	3b	Yes	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4 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"?	4	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			962,180	56,807	905,373	0 170 %
b Medicaid (from Worksheet 3, column a)			88,356,735	67,799,961	20,556,774	3 950 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0		
d Total Financial Assistance and Means-Tested Government Programs			89,318,915	67,856,768	21,462,147	4 120 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			445,697		445,697	0 090 %
f Health professions education (from Worksheet 5)			3,435,124		3,435,124	0 660 %
g Subsidized health services (from Worksheet 6)			8,323,561		8,323,561	1 600 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			17,959		17,959	0 %
j Total. Other Benefits			12,222,341		12,222,341	2 350 %
k Total. Add lines 7d and 7j			101,541,256	67,856,768	33,684,488	6 470 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			290,998		290,998	0.060 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			351,189		351,189	0.070 %
8 Workforce development						
9 Other						
10 Total			642,187		642,187	0.130 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	46,712,760	
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		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	144,005,230
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	163,865,084
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-19,859,854
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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?

3

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)

		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
	See Additional Data Table										

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

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

Name of hospital facility or letter of facility reporting group _____

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

123

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 <u>20 16</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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7 Yes	
a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>See Part V</u>		
b <input type="checkbox"/> Other website (list url) _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C) _____		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8 Yes	
9 Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 16</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>See Part V</u>	10 Yes	
a _____		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 500 % and FPG family income limit for eligibility for discounted care of 250 %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input 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 type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" 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) See Part V		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) See Part V		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) See Part V		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input checked="" type="checkbox"/> Other (describe in Section C)		

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

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	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 checked="" 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 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 checked="" 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 type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			

Policy Relating to Emergency Medical Care

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

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

Facility Reporting Group - A

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

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

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

If "Yes," explain in Section C

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

If "Yes," explain in Section C

	Yes	No
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, 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? **46**

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

Part VI Supplemental Information

Provide the following information

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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 7A	
PART III, LINE 2	<p>BAD DEBT EXPENSE INCLUDES 1) ACTUAL WRITE OFFS OF DISCOUNTED GROSS CHARGES WHERE IT IS DETERMINED AN UNINSURED PATIENT CAN PAY AND DOES NOT PAY, AND 2) THE ESTIMATED WRITE OFFS FOR UNINSURED PATIENT ACCOUNTS WITH OUTSTANDING BALANCES AFTER DISCOUNT ESTIMATES ARE BASED ON HISTORICAL COLLECTION RATES PART III, LINE 3 THE ORGANIZATION DOES NOT REPORT AN ESTIMATE FOR THE PORTION OF BAD DEBT EXPENSE THAT MAY QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY THE ORGANIZATION TAKES THE POSITION THAT AMPLE OPPORTUNITY AND ASSISTANCE IS PROVIDED TO THE PATIENT TO QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY IF SUFFICIENT INFORMATION IS NOT PROVIDED, THE ORGANIZATION MUST ASSUME THE PATIENT DOES NOT QUALIFY PART III, LINE 4 PLEASE SEE FOOTNOTE "(2D) ACCOUNTS RECEIVABLE, NET" ON PAGES 16-17 IN THE ATTACHED BSCHS CONSOLIDATED AUDITED FINANCIAL STATEMENTS ("AFS"), ALLOWANCE FOR DOUBTFUL ACCOUNTS IS DISCUSSED IN THE SECOND PARAGRAPH OF THE FOOTNOTE</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 8	
Part III, Line 9B	<p>THE ORGANIZATION HAS A WRITTEN POLICY THAT DESCRIBES COLLECTION PRACTICES APPLYING TO PATIENTS THAT QUALIFY FOR CHARITY CARE OR FINANCIAL ASSISTANCE. IF A PATIENT QUALIFIES FOR FULL ASSISTANCE, NO COLLECTION EFFORTS ARE PURSUED ON THAT PATIENT'S ACCOUNT(S). IF PARTIAL ASSISTANCE IS PROVIDED, THE PATIENT IS RESPONSIBLE FOR THE ADJUSTED ACCOUNT BALANCE AND COLLECTION EFFORTS WILL FOLLOW THE ESTABLISHED PRACTICES FOR ALL PATIENTS WHERE A SELF-PAY BALANCE EXISTS. COLLECTION EFFORTS ARE NOT PURSUED ON ANY PENDING FINANCIAL ASSISTANCE PROGRAM ACCOUNT. SPECIFIC CRITERIA EXIST FOR HOW MUCH FINANCIAL ASSISTANCE, PARTIAL OR TOTAL, WILL BE PROVIDED TO THE PATIENT BASED ON THE ASSESSED NEED. CRITERIA IS BASED ON FEDERAL POVERTY GUIDELINES AND IS REVIEWED AND UPDATED ANNUALLY. ONCE A PATIENT HAS BEEN DEEMED ELIGIBLE FOR THE PATIENT FINANCIAL ASSISTANCE PROGRAM (FAP), THE PATIENT IS NOTIFIED BY LETTER WITHIN 60 DAYS AFTER RECEIPT OF THE APPLICATION AND SUPPORTING DOCUMENTATION. THE PATIENT RETAINS ELIGIBILITY FOR A PERIOD OF TWELVE MONTHS FROM THE DATE OF THE APPLICATION. NOTICE OF THIS ELIGIBILITY IS PROVIDED TO HOSPITAL ADMISSIONS, BILLING AND COLLECTION STAFF BY THE ASSIGNMENT OF A SPECIFIC FINANCIAL CLASS WITH ACCOMPANYING ELIGIBILITY DATES. AT THE END OF THE TWELVE MONTH PERIOD, THE PATIENT IS RESPONSIBLE FOR REAPPLYING FOR FAP ELIGIBILITY. BSCHS's collection policy contains provisions on collection practices which all facilities follow for patients known to qualify for financial assistance. The Charity Care Policy specifically provides the following collection practices: a. Any firm contracted with the hospital for collection purposes shall also provide information to BSCHS patients on how to apply for financial assistance, in accordance with all provisions of this policy. b. Accounts will not be sent to an external collection agency without the patient or his / her designee having an opportunity and adequate time to develop an alternative payment arrangement. Accounts will not be referred for collection while an application for financial assistance is pending. c. All patients will receive a minimum of thirty (30) days written notice on data mailers / billing statements that their account is subject to referral to a collection agency. d. BSCHS will not commence collection activity on any account for which financial assistance has been approved. The application for charity care will include a statement that the patient will not be responsible for any bills until such time that a decision on the application has been made. e. All legal firms and collection agencies with whom BSCHS may contract for collection services will conduct all collection activities in accordance with THE ORGANIZATION'S policies and procedures. Further, such firms shall not commence any legal proceedings on an account without the prior written consent of BSCHS. f. BSCHS will make best efforts to work with the patient to determine an equitable payment schedule / installment plan for any out-of-pocket expenses, considering the patient's financial and medical circumstances. The monthly payments on any installment plan will not exceed 10% of the patient's gross monthly income and there will be no interest charges on an approved installment plan. g. BSCHS, nor any law firm or collection agency with which it contracts, will not force the sale or foreclose of a patient's primary residence to collect an outstanding bill. h. BSCHS will not pursue collections against any patient who was eligible for Medicaid at the time services were rendered.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 2	
Part VI, Line 4	<p>BSCHS facilities operate and serve populations of lower New York State, principally Rockland and Orange counties. Rockland County is located approximately 30 miles north of Manhattan on the West side of the Hudson River. The County is a popular residence for people who commute to work in nearby Westchester and Bergen Counties, as well as Manhattan. The County comprises approximately 115,000 acres and contains more than 35,000 acres of preserved open space and park land. Rockland continues to experience steady population growth in its five towns and 19 villages. The most recent Census Department estimates indicate that Rockland County grew 8.7% from 2000 to 2010, and now includes 311,687 residents. In Rockland County, there was substantial growth in all age cohorts 65 and older, a consistent trend nationally. Gender among the age groups is roughly equal from the early age cohorts through the 40s, but after age 65, women continue to outnumber men. Population projections - Preliminary population projections through 2035 show that Rockland County's older population may double in size in the next three decades, while those ages 30 to 44 may shrink in size. While projections are based on historical data and do not always predict accurate trends, the dramatic possible increase in the elderly population is a trend that should be of importance to County service providers and planners. Orange County is located in the Hudson River Valley, bordering New Jersey. The County comprises approximately 816 square miles. Orange County continues to experience steady population growth, with the 2010 Census indicating that Orange County grew 9.2% from 2000 to 2010, and now includes 372,813 residents. Based on 2010 U.S. Census population estimates, the median age in Orange County has increased by more than 2 years since 2007, to 36.6 years. The largest cohort of residents is age 45-49. The number of residents ages 65-69 is forecasted to more than double from 2000-2020 primarily due to the entry of 'baby boomers' into these age ranges. Twenty-one percent of Rockland County's population was estimated to be foreign-born in 2010. Among the 63,058 Rockland county residents estimated to be foreign born in 2007, the largest group was born in Latin America and the Caribbean (48%). One quarter of foreign-born residents (25%) originated from Asia. Approximately another quarter (23%) came from Europe and 3% from Africa. Countywide, 32.9% of persons over age 5 speak a language other than English at home. According to the U.S. Census, 11.1% of residents in Orange County were foreign born, with 22.3% of persons over the age of five speaking a language other than English at home. Rockland County's rate of poverty for children under 18 increased to 16.9% in 2009 when compared to (15%) in 2000. Poverty rates in Orange County vary greatly based on municipality. Poverty rates exceeding 25% for families with related children under 18 are found in Orange County's three cities (Middletown, Newburgh, and Port Jervis), as well as in the town of Monroe, largely due to the impact of the village of Kiryas Joel, where the poverty rate is more than 4 times the county average.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	
Part VI, Line 6	<p>BSCHS is a not-for-profit, non-stock membership corporation that is the sole member of five LEGAL ENTITIES that operate hospitals, nursing homes, and other healthcare-related facilities in the State of New York. Bon Secours Health System, Inc. ("BSHSI") a Maryland not-for-profit, non-stock membership corporation, is a member of BSCHS with a forty percent (40%) economic interest in BSCHS. Sisters of Charity of Saint Elizabeth ("SOCSE"), a New Jersey not-for-profit corporation, is a member of BSCHS without any economic interest. BSCHS, a Catholic health system, is canonically co-sponsored by Bon Secours Ministries ("BSM"), an affiliate of BSHSI and SOCSE. BSHSI is a not-for-profit, non-stock membership corporation, and the sole member of which is Bon Secours, Inc. ("BSI"). BSHSI is a corporation formed to participate in the charitable healthcare system now sponsored by BSM throughout the United States of America through which the healthcare mission of the Sisters of Bon Secours, USA, the founding participating entity of BSM, is furthered. The Ministry of BSHSI aids those in need, particularly those who are sick and dying, by offering services that include but are not limited to the following: acute inpatient, outpatient, pastoral, palliative, home health, nursing home, rehabilitative, primary and secondary care and assisted living without regard to race, religion, color, gender, age, marital status, national origin, sexual orientation, or disability. As a member of the Catholic health ministry and a member of Bon Secours Health System, Inc. (BSHSI), this organization and its related entities are called to continue the healing ministry of Jesus. THEY exist to benefit the people living in the communities we serve. Through all of the services offered to the community, the mission is "to bring compassion to health care and to be good help to those in need, especially those who are poor and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church." This organization and related organizations share the BSHSI Vision: "Inspired by the healing ministry of Jesus Christ and the charism of Bon Secours, Bon Secours Health System will be recognized for its leadership in justice, transforming the communities in which we serve and work into places of health and hope, and being a prophetic voice for systemic US health reform and a more humane world." Westchester County Healthcare Corporation was created in 1997 as a New York public benefit corporation and owns and operates a number of healthcare facilities including Westchester Medical Center located in Valhalla, New York. In December, 2014, WMC and BSHSI ENTERED INTO a transaction (the "Affiliation") under which WMC, or its subsidiary, became a majority co-member in BSCHS and manages the day to day operations of BSCHS and its subsidiaries and facilities pursuant to a management agreement approved by the New York State Department of Health, BSCHS and its subsidiaries remain a Catholic healthcare ministry subject to the Ethical and Religious Directives for Catholic Healthcare Services. WMC appoints at least sixty percent (60%) of the members of the BSCHS Board of Directors, while BSHSI and SOCSE jointly appoint approximately 40% of the BSCHS Board, and each member of BSCHS holds certain reserve powers. Please see Schedule R for listings of the related organizations and Schedule H for the hospitals included in this return.</p>

990 Schedule H, Supplemental Information	
Form and Line Reference	Explanation
Part VI, Line 7	List of States Receiving Community Benefit Report NY

Additional Data

Software ID:
Software Version:
EIN: 45-2964467
Name: BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

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

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 3											
1	GOOD SAMARITAN HOSPITAL OF SUFFERNNY 255 LAFAYETTE AVENUE SUFFERN, NY 10901 goodsamhosp.org 4329000H	X	X					X			A
2	St Anthony Community Hospital 15 Maple Avenue Warwick, NY 10990 stanthonycommunityhosp.org 3529000H	X	X					X			A
3	Bon Secours Community Hospital 160 East Main Street Port Jervis, NY 12771 bonsecourscommunityhosp.org 3535001H	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.	
Form and Line Reference	Explanation
Part V, section B	Facility Reporting Group A consists of - Facility 1 Good Samaritan Hospital of Suffern, NY - Facility 2 St Anthony Community Hospital - Facility 3 Bon Secours Community Hospital

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

Form and Line Reference	Explanation
Part V, Line 5	Staff from Bon Secours Charity Health System (BSCHS) represents the health system on numerous community boards and agencies throughout the year. Several of the boards and agencies include Catholic Charities Community Services of Rockland County, Rockland County Dept. of Health, Public Health Priorities Steering Committee, Orange County Chamber of Commerce Healthcare Committee, Orange County Citizen's Foundation Healthcare Committee, Tri-State Chamber of Commerce, Rockland Business Association and Rockland Economic Development Corporation. By actively participating and collaborating with these agencies, BSCHS is able to obtain input and insight on the health needs and concerns of the communities served. Additionally, BSCHS employees work together with several community liaisons who work closely with area employers and specific geographical and religious groups to identify personal health related needs.

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

Form and Line Reference	Explanation
Part V, Line 6a	The following hospitals within Bon Secours Charity Health System conducted a joint Community Health Needs Assessment (CHNA) Good Samaritan Hospital of Suffern, NY, St Anthony Community Hospital, Bon Secours Community Hospital

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

Form and Line Reference	Explanation
Part V, Line 7	The CHNA is widely available to the public The CHNA is easily accessible on the BSCHS Website http //bschs org/about-us-community-health-needs-assessment html Part V, Line 7d The CHNA for each hospital was distributed at various community events copies were provided to various community members and groups Additionally, the CHNAs and the New York State Community Service Plans are posted on the BSCHS websites Part V, Line 10 The BSCHS implementation strategy plan is posted on the website http //www charity bonsecours com/bschs/community-health-needs-assessment1 aspx

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

Form and Line Reference	Explanation
Part V, Line 11	<p>Based on data from the community health needs assessment and the NYS Prevention Agenda priorities, the most significant health needs of the service area are as follows - Chronic Disease prevention, - Healthy and Safe environments, - Healthy Women, Infants and Children, - Mental Health and Substance Abuse, and - Communicable Diseases BSCHS is ADDRESSING THE CHRONIC DISEASE PREVENTION NEEDS LISTED ABOVE BY FOCUSING ON OBESITY AND DIABETES BSCHS supports the following organizations, community resources, and programs to address the remaining identified health needs as follows Healthy and Safe Environments encompasses air and water quality issues, access to healthy foods, assault-related hospitalizations, and hospitalizations/ED visits related to falls BSCHS has partnered with the Rockland and Orange County Departments of Health and supports their efforts to address these areas In addition to BSCHS Maternal and Infant hospital-based services, the Lower Hudson Valley Perinatal Network (LHVPN) has expertise and resources available to address these health needs BSCHS supports LHVPN's mission to enhance maternal, child and family health services in Dutchess, Putnam, Orange, Rockland & Westchester counties The outpatient program at The Monsignor Patrick J Frawley Psychiatric Unit at Good Samaritan Hospital is designed to treat emotional and psychiatric disorders in adolescents, adults and geriatric patients In addition, our patients have access to a number of comprehensive services in the Alcohol Outpatient Clinic and our Chemical Dependency Program In addition to providing direct care for individuals, the Mental Health Outpatient Clinic offers mental health consultation and outreach services to community organizations The Rockland County Department of Mental Health oversees delivery of high quality, comprehensive, patient-centered and recovery oriented mental health services, developmental disability services and chemical dependency services Bon Secours Community Hospital provides psychiatric, psychological, medical and neurological care in a supportive environment The New Directions Program utilizes a multidisciplinary treatment team consisting of psychiatrists, nurses, case managers, social workers, and Credentialed Alcohol and Substance Abuse Counselors (CASAC) The Adult Inpatient Program at Bon Secours Community Hospital is designed to provide a patient-centered and comprehensive treatment program for adults ages 18 and older who are struggling with an acute phase of mental illness The Orange County Department of Mental Health ensures that quality Mental Health, Developmental Disabilities and Chemical Dependency services are accessible to all the people of Orange County, that such services are delivered in a cost effective, timely and culturally sensitive manner under the jurisdiction of the Mental Hygiene Law of New York State and provided within the rules, regulations, policies and procedures of the licensing authority of appropriate State Offices Additional mental health and substance abuse resources are available at Orange Regional Medical Center In addition to the communicable diseases that BSCHS addresses through immunization clinics and patient vaccination, BSCHS also supports Refuah Health Center, Hudson River Healthcare, Middletown Community Health Center, the Rockland and Orange county health departments and the NYS Dept. of Health in their efforts to combat communicable diseases Part V, Lines 13d & 13e The Financial Aid Policy is applied to Insured and Underinsured patients it is applied for uninsured patients on balances that are the patient's responsibility Hospital reimbursement is still limited to the AMOUNTS Generally Billed (AGB) including any previous insurance payments</p>

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

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

Form and Line Reference	Explanation
Part V, Line 13h	Patients above the 500% Federal Poverty Guidelines are eligible for the lower of the 60% discount on total charges or the Medicare FFS rate, after they have paid the required out of pocket expense of 20% of family income Part V, Line 15e BSCHS provides upfront financial assistance outreach services to all patients who do not have insurance The service provider explains the options for federal and state financial assistance and provides assistance in filling out all required applications, including an application for Charity Care The service provider reaches out to all patients who do not have insurance, either by meeting with patients who are still at the Hospital OR reaching out to those discharged with a phone call/mail contact information is also provided on the FAP summary and on our Charity Care application for patient convenience

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

Form and Line Reference	Explanation
Part V, Lines 16a and 16b	The financial assistance policy, application and plain language summary can be found at the following websites http //bschs bonsecours com/bsch/billing-insurance-and-financial-assistanc e aspx http //bschs bonsecours com/gsh/billing-insurance-and-financial-assistance aspx http //bschs bonsecours com/sach/billing-insurance-and-financial-assistanc e aspx

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

Form and Line Reference	Explanation
Part V, Line 16j	In addition to the methods reported on lines 16a through 16i, brochures are available at the time of registration, and onsite counselors and hospital paid eligibility vendor staff are available to assist patients. All billing statements also include information regarding the FAP and the eligibility vendor contacts all uninsured patients to determine the patient's eligibility for all Federal and State financial assistance programs including Charity Care. BSCHS has actively taken measures to publicize the FAP policy within the communities served. In addition to the methods noted in Line 16, BSCHS makes brochures available at the time of registration and has available onsite counselors and onsite vendor staff to assist patients with determining their eligibility for federal and state financial assistance programs, including Charity Care. Additionally, all billing statements include FAP information.

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

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

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

Name and address	Type of Facility (describe)
1 THE AMBULATORY SURGERY CENTER 257 LAFAYETTE AVENUE SUFFERN, NY 10901	AMBULATORY SURGERY CENTER
1 GOSHEN MEDICAL ASSOCIATES 70 HATFIELD LANE SUITE 101 GOSHEN, NY 10924	INTERNAL MEDICINE
2 GOOD SAMARITAN HOME CARE 15 MATTHEW STREET SUITE 302 GOSHEN, NY 10924	HOME CARE
3 ROCKLAND PULMONARY & MEDICAL ASSOC 2 CROSSFIELD AVENUE WEST NYACK, NY 10994	PULMONOLOGY
4 METROPOLITAN CARDIOLOGY CONSULTANTS SUFF 257 LAFAYETTE AVENUE SUFFERN, NY 10901	CARDIOLOGY
5 RAMAPO VALLEY SURGICAL ASSOCIATES 257 LAFAYETTE AVENUE SUFFERN, NY 10901	outpatient ambulatory sugery
6 REGIONAL KIDNEY CENTER 33-1 ROUTE 17M HARRIMAN, NY 10926	OUTPATIENT DIALYSIS CENTER
7 BON SECOURS NEUROLOGY 100 ROUTE 59 SUFFERN, NY 10901	NEUROLOGY
8 HUDSON VALLEY MEDICAL ASSOCIATES 26 FIREMANS MEMORIAL DRIVE POMONA, NY 10970	INTERNAL MEDICINE
9 CENTER FOR PHYSICAL REHABILITATION 70 HATFIELD LANE GOSHEN, NY 10924	OUTPATIENT PHYSICAL THERAPY
10 CENTER FOR PHYSICAL REHABILITATION 153 SOUTH ROUTE 94 WARWICK, NY 10990	OUTPATIENT REHAB
11 METROPOLITAN CARDIOLOGY CONSULTANTS-GOSH 30 HATFIELD LANE GOSHEN, NY 10924	CARDIOLOGY
12 GOOD SAMARITAN HOME CARE 1 CROSSFIELD AVENUE SUITE 202 WEST NYACK, NY 10994	HOME CARE
13 MOB PORT JERVIS PRIMARY 161 EAST MAIN STREET PORT JERVIS, NY 12771	Primary Care
14 GOOD SAMARITAN HOME CARE 200 WHITES PLAINS ROAD TARRYTOWN, NY 10591	HOME CARE

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

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

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

Name and address	Type of Facility (describe)
16 WOMEN'S IMAGING CENTER 55 RONALD REAGAN BOULEVARD WARWICK, NY 10990	OUTPATIENT WOMEN'S IMAGING CENTER
1 ROCKLAND PULMONARY MEDICAL ASSOCIATES SU 257 LAFAYETTE AVENUE SUFFERN, NY 10901	PULMONARY
2 ST ANTHONY SLEEP DISORDER INSTITUTE 74 NORTH MAIN STREET FLORIDA, NY 10921	SLEEP LAB
3 ROCKLAND HEART & VASCULAR ASSOCIATES 972 ROUTE 45 SUITE 103 POMONA, NY 10970	CARDIOLOGY
4 MAHWAH MEDICAL 10 FRANKLIN TURNPIKE MAHWAH, NJ 07430	INTERNAL MEDICINE
5 GOSHEN PRIMARY CARE PHYSICIANS 1 HATFIELD LANE GOSHEN, NY 10924	PRIMARY CARE
6 MONSIGNOR PATRICK J FRAWLEY MENTAL HLTH 3 CAMPBELL AVENUE SUFFERN, NY 10901	MENTAL HEALTH
7 MEHTA PULMONARY 55 OLD NYACK TURNPIKE NANUET, NY 10954	PULMONOLOGY
8 ROCKLAND HEART & VASCHUDSON VALLEY MED 2 EXECUTIVE BOULEVARD SUITE 406 SUFFERN, NY 10901	CARDIOLOGY
9 ROCKLAND HEART VASCULAR ASSOCIATES INNER 257 LAFAYETTE AVENUE Suffern, NY 10901	cardiology
10 PORT JERVIS GASTROENTEROLOGY 39 EAST MAIN STREET PORT JERVIS, NY 12771	GASTROENTEROLOGY
11 BON SECOURS MEDICAL GROUP 104 BENNETT AVENUE MILFORD, PA 18337	internal medicine
12 Gopal Shah MD 33 Delaware Street Port Jervis, NY 12771	Primary Care
13 BON SECOURS MEDICAL GROUP 2 EXECUTIVE BOULEVARD SUFFERN, NY 10901	PRIMARY CARE
14 ALAM PCP 906 PENNSYLVANIA AVENUE MATAMORAS, NY 18336	PRIMARY CARE

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

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

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

Name and address	Type of Facility (describe)
31 George Cox MD 257 Lafayette Avenue Suffern, NY 10901	Primary Care
1 ROCKLAND HEART & VASCULAR ASSOCIATES 79 ROUTE 59 SUITE 5 Suffern, NY 10901	PULMONOLOGY
2 LUTWAK CARDIOLOGY 505 ROUTE 208 MONROE, NY 10950	cardiology
3 BON SECOURS MEDICAL GROUP 5 SKINNER STREET PORT JERVIS, NY 12771	CARDIOLOGY
4 NORTH ROCKLAND MEDICAL ASSOCIATES 71 SOUTH ROUTE 9W WEST HAVERSTRAW, NY 10993	primary care
5 YACOV TENDLER MD 257 Lafayette Avenue Suffern, NY 10901	PRIMARY CARE
6 BON SECOURS MEDICAL GROUP 500 NEW HEMPSTEAD ROAD NEW CITY, NY 10956	internal medicine
7 MONROE PRIMARY CARE 745 RTE 17M MONROE, NY 10950	Primary Care
8 BON SECOURS MEDICAL GROUP 601 BROAD STREET MILFORD, PA 18337	internal medicine
9 LAFAYETTE MEDICAL-GASPARE POLIZZI 599 STATE RTE 32 HIGHLAND MILLS, NY 10930	primary care
10 RALPH BOWMAN MD 170 EAST MAIN STREET PORT JERVIS, NY 12771	primary care
11 LUTWAK CARDIOLOGY 4 S AIRMONT ROAD SUFFERN, NY 10901	cardiology
12 WARWICK PALLIATIVE CARE 22 VAN DUZER PLACE WARWICK, NY 10990	palliative care
13 ROCKLAND PULMONARY ASSOC-STONY POINT 27 LIBERTY SQUARE MALL STONY POINT, NY 10980	PULMONARY
14 BON SECOURS MEDICAL GROUP GE 15 MAPLE AVENUE WARWICK, NY 10990	GASTROENTEROLOGY

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

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

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

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

Name and address	Type of Facility (describe)
46 GOOD SAMARITAN HOME CARE 2975 INDEPENDENCE AVENUE BRONX, NY 10463	HOME CARE

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As Filed Data -

DLN: 93493303013107

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number
45-2964467

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 non-cash 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) INDIGENT CAB FARE	232	17,959			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
► Attach to Form 990.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP	Employer identification number 45-2964467
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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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	
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. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
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	

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART 1, LINE 3	Westchester County HealthCare corporation, A RELATED ORGANIZATION OF THE FILING ORGANIZATION, USES THE FOLLOWING TO ESTABLISH THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
PART I, LINE 4B	CERTAIN BOARD MEMBERS PARTICIPATE IN A BSHSI SPONSORED EXECUTIVE RETIREMENT PROGRAM THAT ALLOWS FOR DEPOSITS INTO ADDITIONAL RETIREMENT PLANS AND IS AVAILABLE ONLY TO OFFICERS AND KEY EMPLOYEES. THE 457F PLAN IS A NON-QUALIFIED PLAN AND IS SUBJECT TO A MINIMUM THREE-YEAR SERVICE REQUIREMENT BEFORE VESTING ON DEPOSITS MADE INTO THIS PLAN. Individuals that received a distribution included John Wallenhorst, \$34,685 and Mark Nantz, \$71,441.

Additional Data

Software ID:

Software Version:

EIN: 45-2964467

Name: BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

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				
1Mary Leahy MDCEO	(i)	0	0	0	0	0	0	0
	(ii)	627,821	150,000	0	15,900	-	-	0
						35,311	829,032	
1John Wallenhorst PhD Board Member	(i)	0	0	0	0	0	0	0
	(ii)	300,576	72,652	80,871	24,843	-	-	24,034
						10,645	489,587	
2Martin Evers MD President - MedPC	(i)	135,275	195,967	468	20,295	22,862	374,867	0
	(ii)	0	0	0	0	-	-	0
						0	0	
3Mark Nantz Chair (BEG 12/1/16)	(i)	0	0	0	0	0	0	0
	(ii)	666,960	155,881	115,175	103,665	-	-	67,200
						26,547	1,068,228	
4Michael IsraelVice Chair	(i)	0	0	0	0	0	0	0
	(ii)	1,428,330	1,082,625	0	76,205	-	-	0
						68,885	2,656,045	
5Anthony Mahler Board Member	(i)	0	0	0	0	0	0	0
	(ii)	437,393	84,640	0	69,232	-	-	0
						27,974	619,239	
6Gary Brudnicki Board Member	(i)	0	0	0	0	0	0	0
	(ii)	988,824	533,153	0	76,205	-	-	0
						53,492	1,651,674	
7Julie SwitzerBoard Member	(i)	0	0	0	0	0	0	0
	(ii)	617,068	149,250	0	70,205	-	-	0
						35,008	871,531	
8Peter KenniffCFO	(i)	284,746		41,808	6,925	25,702	359,181	0
	(ii)	0	0	0	0	-	-	0
						0	0	
9Leon Harns MDPhysician	(i)	299,006	434,120	3,810	20,295	1,371	758,602	0
	(ii)	0	0	0	0	-	-	0
						0	0	
10Marsha Casey Board Member (BEG 9/6/16)	(i)	0	0	0	0	0	0	0
	(ii)	783,748	190,000	0	74,695	-	-	0
						28,276	1,076,719	
11Cary Hirsch MDPHYSICIAN	(i)	0	0	0	0	0	0	0
	(ii)	1,000,004	50,000	8,387	20,295	-	-	0
						0	1,078,686	
12Thomas Facelle MD DIRECTOR OF SURGERY	(i)	0	0	0	0	0	0	0
	(ii)	607,012	184,288	2,978	20,295	-	-	0
						1,371	815,944	
13Seth Hurwitz MD CARDIOLOGIST	(i)	0	0	0	0	0	0	0
	(ii)	342,102	367,986	360	20,295	-	-	0
						24,168	754,911	
14Mill Etienne MD NEUROLOGIST	(i)	0	0	0	0	0	0	0
	(ii)	234,315	431,859	229	20,067	-	-	0
						16,232	702,702	

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

Name of the organization

BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED
GROUP**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016**Open to Public
Inspection****Employer identification number**

45-2964467

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6	Members or stockholders the members of BSCHS are as follows WMC Rockland, Inc - 60% BSH SI, together with SOC - 40% Pursuant to New York State Law, as an organization engaged in the profession of medicine, Bon Secours Charity Health System Medical Group, P C (MedPC) was the sole shareholder of the organization who is engaged in the practice of medicine an d licensed to practice in the State of New York

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a	Power to elect or appoint members The governing bodies of the members within the Group, w ith the exception of MedPC, are appointed by its members, WMC-Rockland, BSHSI and SOC and are subject to the approval of its members

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b	Decisions reserved to members or stockholders Certain authorities of the members of the Group, with the exception of Bon Secours Charity Health System Medical Group, PC, are jointly reserved to WMC-Rockland, BSHSI and SOC, certain authorities are reserved to BSHSI and WMC-Rockland, and certain authorities are reserved solely to BSHSI

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b	Process used to review the Form 990 The Form 990 was prepared by our tax advisors together with our finance department with the assistance from various departments throughout the organization The Form 990 was reviewed by internal leadership Upon completion of the various reviews, the Form 990 was presented to the board of the organization for approval prior to filing with the IRS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	<p>The organization monitors and enforces compliance with the Conflict of Interest policy by means of a survey developed and approved by the WMCHHealth Chief Compliance Officer. The survey is sent to all trustees, officers, and key executives for completion. All survey responses are reviewed by the Chief Compliance Officer. Any potential conflicts identified in the responses are discussed with senior management and/or referred to the WMCHHealth Conflicts of Interest Committee for discussion. Potential actions to be taken in response to a conflict can be one or more of the following: 1) disclosure of the conflict, 2) individual recusal from decisions for transactions where that individual may have a conflict, 3) request in writing the individual alleviate the conflict, or 4) removal of the individual from employment.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15	<p>The organization has a comprehensive process for the oversight and management of remuneration for the CEO and other senior executives and disqualified parties. Compensation for such key employees is set by reviewing and relying on objective market data to ensure they receive compensation that is in full compliance with the IRS' rebuttable presumption of reasonableness. The organization maintains a compensation philosophy, reviews pay practices against SIMILAR healthcare organizations and approves all remunerative decisions for this group of individuals. Further, the organization ensures that all levels of pay within the organization are reasonable based on performance and validates that incentives payments, if any, are adequately supported. Such decisions are documented in Board and other relevant Committee minutes.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Other changes in net assets Transfers to Affiliates (\$34,310,988)

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SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047
					2016
	Department of the Treasury Internal Revenue Service	Name of the organization BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP			Employer identification number 45-2964467
Open to Public Inspection					

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	

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

See Additional Data Table

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

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

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

1

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

a

Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

Lease of facilities, equipment, or other assets to related organization(s)

k

Lease of facilities, equipment, or other assets from related organization(s)

l

Performance of services or membership or fundraising solicitations for related organization(s)

m

Performance of services or membership or fundraising solicitations by related organization(s)

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

Other transfer of cash or property to related organization(s)

s

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

Yes

Yes

No

No

No

No

No

No

No

Yes

No

No

No

Yes

Yes

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2016

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
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Additional Data

Software ID:
Software Version:
EIN: 45-2964467
Name: BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

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
(1) 100 WOODS ROAD VALHALLA, NY 10595 32-0467873	SUPPORTING	NY	501(C)(3)	12A	NA		No
(1) 100 WOODS ROAD VALHALLA, NY 10595 32-0477183	SUPPORTING	NY	501(C)(3)	12A	WCHCC		No
(2) 100 WOODS ROAD VALHALLA, NY 10595 13-3964321	HEALTHCARE	NY	115	N/A	NA		No
(3) 100 WOODS ROAD VALHALLA, NY 10595 13-4107894	FUNDRAISING	NY	501(C)(3)	12A	WCHCC		No
(4) 241 NORTH ROAD POUGHKEEPSIE, NY 12601 46-5293268	HOMECARE SVCS	NY	501(C)(3)	10	WCHCC		No
(5) 241 NORTH ROAD POUGHKEEPSIE, NY 12601 46-5534882	PRESCHOOL	NY	501(C)(3)	10	WCHCC		No
(6) 100 WOODS ROAD VALHALLA, NY 10595 13-4095845	FUNDRAISING	NY	501(C)(3)	7	WCHCC		No
(7) 741 GRANT AVENUE LAKE KATRINE, NY 12449 26-1850453	SUPPORTING	NY	501(C)(3)	12A	WCHCC	Yes	
(8) 396 BROADWAY KINGSTON, NY 12401 14-1349558	EXEMPT HOSP	NY	501(C)(3)	3	HA INC	Yes	
(9) 105 MARYS AVENUE KINGSTON, NY 12401 14-1338470	EXEMPT HOSP	NY	501(C)(3)	3	HA INC	Yes	
(10) 42084 STATE ROUTE 28 MARGARETVILLE, NY 12455 15-0552726	EXEMPT HOSP	NY	501(C)(3)	3	HA INC	Yes	
(11) 396 BROADWAY KINGSTON, NY 12401 30-0164277	RTMNT COMM	NY	501(C)(3)	10	HA INC	Yes	
(12) 42158 STATE HIGHWAY 28 MARGARETVILLE, NY 12455 22-3143565	NURSING HOME	NY	501(C)(3)	10	MMH	Yes	
(13) 42084 STATE HIGHWAY 28 MARGARETVILLE, NY 12455 26-1998454	SUPPORT FDN	NY	501(C)(3)	12A	MMH	Yes	
(14) 741 GRANT AVENUE LAKE KATRINE, NY 12449 26-4201295	SUPPORT FDN	NY	501(C)(3)	7	HAH BWAY	Yes	
(15) 255 LAFAYETTE AVE SUFFERN, NY 10901 13-3400353	SUPPORT FDN	NY	501(C)(3)	7	BSCHSI		No
(16) 255 LAFAYETTE AVE SUFFERN, NY 10901 81-0667395	SUPPORT FDN	NY	501(C)(3)	7	BSCHSI	Yes	
(17) 255 LAFAYETTE AVE SUFFERN, NY 10901 14-1972807	SUPPORT FDN	NY	501(C)(3)	7	BSCHSI	Yes	
(18) 255 LAFAYETTE AVE SUFFERN, NY 10901 91-2135195	SUPPORTING	NY	501(C)(3)	12C, III-FI	WCHCC		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HUDSON RIVER WEST INSURANCE (BARBADOS) 38 PINE ROAD BELLEVILLE ST MICHAEL BB	CAP INSURANCE	BB	BSCHSI	C CORP				Yes	
(1) KINGSTON INSURANCE (BARBADOS) LIMITED 38 PINE ROAD BELLEVILLE ST MICHAEL BB	CAP INSURANCE	BB	HEALTHALLIANCE	C CORP				Yes	
(2) NORTHEAST PROVIDER SOLUTIONS INC 100 WOODS ROAD VALHALLA, NY 10595 13-3991673	MSO & HEARING AID	NY	NA	C CORP				Yes	
(3) WMC ADVANCED PHYSICIAN SERVICES PC 19 BRADHURST AVENUE HAWTHORNE, NY 10595 26-4709927	PHYSICIAN OFFICES	NY	NA	C CORP				Yes	
(4) WESTCHESTER MEDICAL REGIONAL PHYS SVCS 241 NORTH ROAD POUGHKEEPSIE, NY 10532 46-5522536	PHYSICIAN OFFICES	NY	NA	C CORP				Yes	
(5) WCHCC (BERMUDA) LIMITED VICTORIA HALL 11 VICTORIA STREET HAMILTON BD	CAP INSURANCE	BD	NA	C CORP				Yes	
(6) KINGSTON REGIONAL HEALTH CARE ENTERPRISE 396 BROADWAY KINGSTON, NY 12401 16-1514994	INVESTMENT	NY	HAH BWAY	C CORP				Yes	
(7) MID HUDSON PHYSICIANS PC 396 BROADWAY KINGSTON, NY 12401 20-3564769	MEDICAL SVCS	NY	HAH BWAY	C CORP				Yes	

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

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	WMC HEALTH NETWORK - ROCKLAND INC	r	7,409,870	FMV
(1)	BON SECOURS HEALTH SYSTEM INC	r	22,980,318	FMV
(2)	Good Samaritan Foundation for Better Health	c	125,470	FMV
(3)	BON SECOURS COMMUNITY HOSPITAL FDN	c	126,764	FMW
(4)	Bon Secours Charity Health System Inc	r	31,007,817	FMV
(5)	Good Samaritan Hospital of Suffern NY	r	81,159,198	FMV
(6)	Good Samaritan Hospital of Suffern NY	q	155,295,645	FMV
(7)	Good Samaritan Foundation for Better Health	q	394,415	FMV
(8)	St Anthony Community Hospital	r	69,248,630	FMV
(9)	St Anthony Community Hospital	q	36,609,052	FMV
(10)	St Anthony Community Hospital	o	15,660,764	FMV
(11)	Bon Secours Warwick Foundation	q	66,959	FMV
(12)	Bon Secours Community Hospital	r	75,797,747	FMV
(13)	Bon Secours Community Hospital	q	36,681,588	FMV
(14)	Bon secours Community Hospital	o	24,662,238	FMV
(15)	Bon Secours Community Foundation	q	39,372	FMV
(16)	Villa Frances at the Knolls Inc	r	14,561,172	FMV
(17)	Villa Frances at the Knolls Inc	q	7,522,949	FMV
(18)	Villa Frances at the Knolls Inc	o	5,523,588	FMV
(19)	St Francis at the Knolls Inc	q	2,516,851	FMV
(20)	St Francis at the Knolls Inc	r	2,018,723	FMV
(21)	St Francis at the Knolls Inc	o	1,923,153	FMV
(22)	Bon Secours CHARITY HLTH SYSTEM MED GROUP PC	r	48,913,600	FMV
(23)	Bon Secours CHARITY HLTH SYSTEM MED GROUP PC	q	21,813,360	FMV
(24)	Bon Secours CHARITY HLTH SYSTEM MED GROUP PC	o	34,067,409	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26) Good Samaritan Foundation for Better Health	r	79,647	FMV