

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

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

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 \$ 469,364,571	including grants of \$ 24,296	(Revenue \$ 530,913,653)
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 ▶	469,364,571
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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	1a	376
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,900
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	15	
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 PRESIDENT & CEO 4 0	36 0 4 0	X		X				0	863,550	79,513
(2) JOHN WALLENHORST PHD BOARD MEMBER - SPONSOR REP 39 0	1 0 39 0	X		X				0	487,050	27,128
(3) MARK NANTZ CHAIR 39 0	1 0 39 0	X		X				0	1,554,618	147,147
(4) MICHAEL ISRAEL VICE CHAIR 39 0	1 0 39 0	X		X				0	2,618,278	146,826
(5) JOHN HEIMERDINGER SECRETARY 7 0	1 0 7 0	X		X				0	0	0
(6) ANTHONY MAHLER BOARD MEMBER (RESIGNED 6/2017) 39 0	1 0 39 0	X						0	573,909	79,583
(7) SUSAN GEVERTZ BOARD MEMBER 2 0	1 0 2 0	X						0	0	0
(8) RENEE GARRICK MD BOARD MEMBER 2 0	1 0 2 0	X						0	0	0
(9) GARY BRUDNICKI BOARD MEMBER 39 0	1 0 39 0	X						0	1,540,681	131,399
(10) RICHARD WISHNIE 1ST VICE CHAIR 6 0	1 0 6 0	X		X				0	0	0
(11) JULIE SWITZER BOARD MEMBER 39 0	1 0 39 0	X						0	851,690	102,845
(12) MARSHA CASEY BOARD MEMBER (RESIGNED 9/2017) 39 0	1 0 39 0	X						0	1,034,617	103,090
(13) STEPHEN DORMER BOARD MEMBER 1 0	1 0 1 0	X						0	0	0
(14) TAMER EL-RAYESS BOARD MEMBER & TREASURER 1 0	1 0 1 0	X		X				0	0	0
(15) SANDRA GRANNUM BOARD MEMBER 1 0	1 0 1 0	X						0	0	0
(16) MARK FERSKO BOARD MEMBER (EFFECT 11/2017) 39 0	1 0 39 0	X						0	894,167	124,500
(17) SRELISE GITTRIC EFFECT 11/2017 BOARD MEMBER-SPONSOR REP 1 0	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) MARTIN EVERS MD PRESIDENT - MEDPC	40 0 0 0			X				345,979	0	45,575
(19) PETER KENNIFF CFO	39 0 1 0			X				417,619	0	47,715
(20) CARY HIRSH MD PHYSICIAN	40 0 0 0					X		1,058,386	0	20,484
(21) THOMAS FACELLE MD DIRECTOR OF SURGERY	40 0 0 0					X		731,043	0	21,467
(22) SETH HURWITZ MD CARDIOLOGIST	40 0 0 0					X		754,602	0	46,550
(23) MILL ETIENNE MD NEUROLOGIST	40 0 0 0					X		831,956	0	42,650
(24) LEE P ROOT MD PHYSICIAN	40 0 0 0					X		673,976	0	46,765

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	4,813,561	10,418,560	1,213,237

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 ▶ 539		
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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? If "Yes," complete Schedule J for such individual	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year		
(A) Name and business address	(B) Description of services	(C) Compensation
CROTHALL HEALTHCARE INC, 13028 COLLECTIONS CTR CHICAGO, IL 60693	ENGINEERING	7,182,194
MORRISON MGT SPECIALISTS, PO BOX 102289 ATLANTA, GA 30368	FOOD SERVICE	5,210,057
ACCESS REHABILITATION SERVICES, 16 MAYBROOK RD STE H CAMPBELL HALL, NY 10916	REHAB THERAPY	5,151,603
HOSPITAL ATTENDING PHYSICIANS, 484 TEMPLE HILL RD STE 102 NEW WINDSOR, NY 12553	PHYSICIAN SVCS	3,131,448
MARQUIS HOME CARE LLC, 230 N MAIN ST SPRING VALLEY, NY 10977	CONTRACT NURSING	1,824,524
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 ► 97		

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues . . .	1b					
	c	Fundraising events . . .	1c					
	d	Related organizations	1d	495,228				
	e	Government grants (contributions)	1e	430,466				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	101,939				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f	1,027,633					
Program Service Revenue			Business Code					
	2a	NET PATIENT SERVICE REVENUE	623000	516,906,629	516,906,629	0	0	
	b	CAPITATION REVENUE	623000	835,748	835,748	0	0	
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	517,742,377					
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)	231,547			231,547	
	4		Income from investment of tax-exempt bond proceeds	0				
	5		Royalties	0				
	6a	(i) Real	(ii) Personal					
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)		197,158			197,158	
	7a	(i) Securities	(ii) Other					
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		2,020,243			2,020,243	
	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	INCENTIVES, REBATES, & REFUNDS	900099	875,275	875,275	0	0		
b	NYS VBP-QIP REVENUE	900099	9,800,400	9,800,400	0	0		
c	NYS DELIVERY SYSTEM REFORM INCENTIVE PYMT	900099	860,979	860,979	0	0		
d	All other revenue		2,626,709	1,939,297	0	687,412		
e	Total. Add lines 11a-11d	14,163,363						
12	Total revenue. See Instructions	535,382,321				531,218,328	0	3,136,360

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			
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	24,296	24,296		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	5,084,768	508,477	4,576,291	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			
7 Other salaries and wages.	222,137,478	212,270,383	9,867,095	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	7,292,836	5,838,279	1,454,557	0
9 Other employee benefits.	46,966,665	45,691,659	1,275,006	0
10 Payroll taxes.	16,194,571	15,110,595	1,083,976	0
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	1,076,783	14,643	1,062,140	0
c Accounting.	656,010		656,010	0
d Lobbying.	80,919		80,919	0
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	21,876,350	21,817,279	59,071	
12 Advertising and promotion.	872,884	88,256	784,628	0
13 Office expenses.	8,298,230	4,518,208	3,780,022	0
14 Information technology.	1,222,016	708,407	513,609	0
15 Royalties.	0			
16 Occupancy.	12,755,387	10,529,173	2,226,214	0
17 Travel.	1,002,292	857,806	144,486	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	127,112	61,909	65,203	0
20 Interest.	7,691,208	7,691,208		
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	24,966,349	24,684,490	281,859	0
23 Insurance.	9,325,299	7,007,093	2,318,206	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	65,528,943	65,528,943		
b PURCHASED SERVICES	40,056,883	31,779,522	8,277,361	
c CORPORATE DUES	33,978,129	10,192,744	23,785,385	
d OTHER EXPENSES	5,828,911	4,441,201	1,387,710	
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	533,044,319	469,364,571	63,679,748	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		394,764	1	412,111
	2	Savings and temporary cash investments		323,495	2	281,238
	3	Pledges and grants receivable, net		1,056,887	3	0
	4	Accounts receivable, net		67,017,898	4	60,039,910
	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		8,848,463	8	9,079,707
	9	Prepaid expenses and deferred charges		2,336,452	9	2,780,006
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	366,004,141		
	b	Less: accumulated depreciation	10b	237,601,954		
				130,973,332	10c	128,402,187
	11	Investments—publicly traded securities		281,133	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		208,854	14	0
15	Other assets. See Part IV, line 11		8,135,213	15	4,659,957	
16	Total assets. Add lines 1 through 15 (must equal line 34)		219,576,491	16	205,936,249	
Liabilities	17	Accounts payable and accrued expenses		74,310,196	17	65,680,574
	18	Grants payable		0	18	0
	19	Deferred revenue		1,781,642	19	1,318,785
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		114,961	21	168,073
	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		123,160,150	23	123,100,041
	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		28,623,551	25	32,185,927
	26	Total liabilities. Add lines 17 through 25		227,990,500	26	222,453,400
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		-9,250,238	27	-17,353,380
	28	Temporarily restricted net assets		836,229	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		-8,414,009	33	-16,517,151
	34	Total liabilities and net assets/fund balances		219,576,491	34	205,936,249

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	535,382,321
2	Total expenses (must equal Part IX, column (A), line 25)	2	533,044,319
3	Revenue less expenses Subtract line 2 from line 1	3	2,338,002
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-8,414,009
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,441,144
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-16,517,151

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		

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

Form 990 (2017)

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 ADMISSION, 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 AVERNO 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 990EZ)	Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

Enter the number of supported organizations _____
- g

Provide the following information about the supported organization(s)

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ►	(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

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

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	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	2,641,280	2,800,331	2,430,784	1,923,266	1,781,088	11,576,749
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	2,641,280	2,800,331	2,430,784	1,923,266	1,781,088	11,576,749
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.)						11,576,749

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	2,641,280	2,800,331	2,430,784	1,923,266	1,781,088	11,576,749
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.)	107,429	120,377	224,288	122,030	99,086	673,210
13 Total support. (Add lines 9, 10c, 11, and 12.)	2,748,709	2,920,708	2,655,072	2,045,296	1,880,174	12,249,959

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	94.504 %
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	94.820 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	0 %

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	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** ☐ 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions		0	
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013. 0			
c From 2014. 0			
d From 2015. 0			
e From 2016. 0			
f Total of lines 3a through e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2017 distributable amount			0
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f	0		
4 Distributions for 2017 from Section D, line 7 \$ 0			
a Applied to underdistributions of prior years		0	
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4	0		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		0	
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			0
7 Excess distributions carryover to 2018. Add lines 3j and 4c	0		
8 Breakdown of line 7			
a Excess from 2013. 0			
b Excess from 2014. 0			
c Excess from 2015. 0			
d Excess from 2016. 0			
e Excess from 2017. 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 C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2017

Open to Public Inspection

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

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

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

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

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

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

Name of the organization 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 (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions) _____

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

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**
- 4a** Was a correction made? ☐ **Yes** ☐ **No**
- b** If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

d Other exempt purpose expenditures

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		80,919
j	Total Add lines 1c through 1i			80,919
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Part II-B, Line 1, Lobbying Activities	The filing organization maintains memberships IN various professional healthcare associations. Portions of the membership dues are used for lobbying activities. The lobbying portion of such dues, AS PROVIDED BY THE MEMBERSHIP ORGANIZATION, is included on PART IX, line 11D.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BON SECOURS 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?

☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

► \$

(ii) Assets included in Form 990, Part X

► \$

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

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☒ No

b

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

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

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

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

3b

Yes

No

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	0	4,896,018		4,896,018
b Buildings	0	144,438,209	89,325,422	55,112,787
c Leasehold improvements	0	1,945,308	835,236	1,110,072
d Equipment	0	199,493,941	140,189,468	59,304,473
e Other	0	15,230,665	7,251,828	7,978,837
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				128,402,187

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DUE TO THIRD PARTIES	14,007,082
LONG TERM ASBESTOS LIABILITY	2,847,598
CAPITAL LEASE LT LIABILITY	6,236,337
ARCHDIOCESE LT PENSION LIABILITY	7,125,785
DUE TO AFFILIATES	1,843,693
OTHER L/T LIABILITIES	125,432
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	32,185,927

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 FACILITIES 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 FACILITIES

SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

► 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.

Internal Revenue Service
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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care	3a Yes	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250 %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b Yes	
<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 500 %		
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)			1,580,433	67,914	1,512,519	0 280 %
b Medicaid (from Worksheet 3, column a)			92,395,872	66,288,007	26,107,865	4 900 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			93,976,305	66,355,921	27,620,384	5 180 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			594,317		594,317	0 110 %
f Health professions education (from Worksheet 5)			2,798,041		2,798,041	0 520 %
g Subsidized health services (from Worksheet 6)			6,287,700		6,287,700	1 180 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			9,680,058		9,680,058	1 810 %
k Total. Add lines 7d and 7j			103,656,363	66,355,921	37,300,442	6 990 %

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			295,220		295,220	0.060 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			321,688		321,688	0.060 %
8 Workforce development						
9 Other						
10 Total			616,908		616,908	0.120 %

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	42,883,870	
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	139,572,998
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	163,625,633
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-24,052,635
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
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

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA <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 <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>500</u> % b <input type="checkbox"/> Income level other than FPG (describe in Section C) c <input type="checkbox"/> Asset level d <input type="checkbox"/> Medical indigency e <input 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) <u>See Part V</u> b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>See Part V</u> c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>See Part V</u> d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations j <input checked="" type="checkbox"/> Other (describe in Section C)			

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

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input 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 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? 50

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

Form and Line Reference	Explanation
PART I, LINE 7A	<p>CHARITY CARE AT COST IS COMPUTED BY APPLYING THE COST-TO-CHARGE RATIO TO THE AGGREGATE CHARITY ADJUSTMENTS. PART I, LINE 7B UNREIMBURSED MEDICAID IS COMPUTED BY DETERMINING THE COST OF MEDICAID SERVICES LESS PAYMENTS RECEIVED FOR THESE SERVICES. TO DETERMINE THE COST OF MEDICAID SERVICES PROVIDED, A COST-TO-CHARGE RATIO IS APPLIED TO TRADITIONAL AND MANAGED MEDICAID GROSS CHARGES. PAYMENTS INCLUDE PAYMENTS FOR INDIVIDUAL CLAIMS, PAYMENTS FROM THE MEDICAID PROGRAM PAID OUTSIDE THE CLAIM PROCESS (SUCH AS MEDICAL EDUCATION PAYMENTS) AND EXPECTED OR ACTUAL COST REPORT SETTLEMENTS. PART I, LINE 7C UNREIMBURSED COSTS FROM OTHER MEANS-TESTED GOVERNMENT PROGRAMS ARE COMPUTED BY APPLYING A COST-TO-CHARGE RATIO TO THE TOTAL CHARGES TO PATIENTS COVERED UNDER THESE PROGRAMS. THE CHARGES ARE IDENTIFIED BY THE FINANCIAL CLASS ASSIGNED TO THE PATIENT. PART I, LINE 7 A-C COMPUTATIONS THE COST-TO-CHARGE RATIO IS DERIVED USING THE SUGGESTED COMPUTATION IN WORKSHEET 2, RATIO OF PATIENT CARE COST-TO-CHARGES. OPERATING EXPENSES AND GROSS PATIENT CHARGES ARE TAKEN FROM THE GENERAL LEDGER, EXPENSES FOR NONPATIENT CARE ACTIVITIES RECORDED IN OPERATING EXPENSES ARE APPROXIMATELY AS DIRECTLY EQUALING OTHER OPERATING REVENUE. PART I, LINE 7E COMMUNITY HEALTH IMPROVEMENT SERVICES AND COMMUNITY BENEFIT OPERATIONS ARE ACCUMULATED THROUGHOUT THE YEAR AND REPORTED AT ACTUAL COST IN A SOFTWARE PROGRAM THAT SPECIFICALLY ADDRESSES THIS PURPOSE. PART I, LINE 7F HEALTH PROFESSIONS EDUCATION COST IS DETERMINED AS THE DIRECT AND INDIRECT COST OF QUALIFYING EDUCATION ACTIVITIES AS TRADITIONALLY REPORTED IN COLUMNS 21-24 ON WORKSHEET B OF THE MEDICARE COST REPORT AS A MEDICAL EDUCATION PROGRAM OR OTHER ALLIED HEALTH PROGRAM. PART I, LINE 7 THE FOLLOWING CHARITY CARE PERCENTAGES HAVE BEEN DERIVED BY ONLY INCLUDING HOSPITAL EXPENSES: Percent of total expense Line 7a 35 Line 7b 59 Line 7d 63 Line 7e 7e 14 Line 7f 64 Line 7g 144 Line 7j 222 Line 7k 855</p> <p>Part II, Community Building Activities</p> <p>BSCHS was actively engaged in community building activities which promoted the health of the communities throughout its service area. BSCHS has a dedicated community engagement department which evaluates, plans, and implements community health and education programs, based on community need as well as requests for programs on specific topics. In 2017, over 25 support groups met monthly in the BSCHS facilities and an additional 2 groups, sponsored by BSCHS, met at off-site locations. The community engagement department worked with the BSCHS Healthcare Speakers' Bureau which connected our BSCHS medical professionals directly with the community on broad topics such as cardiac health, orthopedics, women's health, obesity, stroke, diabetes, wound care, safety, asthma, senior services, men's health, nutrition, medication management, etc. BSCHS's outreach events were held at various locations, including libraries and work-sites. At these presentations, BSCHS provided educational booklets in English and Spanish. In addition to this, the outreach department also held service line specific programs such as breast and cervical cancer screenings, hearing testing, sleep disturbances seminars, as well as other programs benefitting the community. In 2017, BSCHS employees worked over 3,500 hours to provide community health improvement programs. In Port Jervis, Orange County, BSCHS transformed the delivery of healthcare through its Building Healthy Communities Initiatives. BON SECOURS COMMUNITY HOSPITAL ("BSCH") applied for a Certificate of Need with the NYSDOH to undertake a physical plant modernization and renovation project that will provide significant and needed improvements in order to implement BSCH's innovative DSRIP-related project to increase the breadth of the outpatient delivery system in western Orange County through the creation of a Medical Village. BSCH was awarded \$24.5 million in CAPITAL RESTRUCTURING FINANCING PROGRAM ("CRFP") grant funds to undertake this major project, which included several of the DSRIP projects, including care transitions intervention to reduce 30-day readmissions for chronic health conditions, integration of primary care and behavioral health, community crisis stabilization services, implementation of evidence-based strategies in the community to address chronic disease, such as diabetes and asthma. Implementation of these projects is achieved through increased access to primary care, outpatient services, pharmacy and an expansion of community services. The Total ANTICIPATED Project Cost for this project is \$41.5 MILLION which will be funded in part by CAPITAL RESTRUCTURING FINANCE PROGRAM (CRFP) grant funds (\$24.5 MILLION). Planning and collaboration for BSCH's medical village began in 2014 and has been ongoing with more than 86 meetings with constituents, stakeholders, and community organizations. Key partners include Westchester Medical Center, Cornerstone Family Healthcare, Bon Secours Medical Group, Catholic Charities, East</p>

Form and Line Reference	Explanation
PART I, LINE 7A	<p>er Seals, the Maternal-Infant Services Network, ShopRite Super Market, New York State Office of Alcoholism and Substance Abuse Services, Orange County Department of Health, Orange County Department of Mental Health, Port Jervis Community Garden, Empowering Port Jervis, Port Jervis Library, the Salvation Army, SUNY Community Colleges, and 1199SEIU Workforce. The participatory, collaborative development process RESULTED IN a plan that included a strategy to reduce 25 staffed beds and decertify 36 licensed beds that preserves critical safety-net capacity and creates new space for a range of ambulatory care and social services including (1) expanded access to primary care, dental, and pharmacy services, (2) a new observation unit and EMERGENCY ROOM diversion program, (3) enhanced care coordination by supporting practices THAT MEET THE NCQA PCMH Level 3 accreditation, (4) co-located behavioral health providers and community based organizations to deliver vital disease management, prevention, nutrition, and wellness services, and (5) connecting BSCHS to HealthLinkNY, which offers electronic access to patients' community-wide health records and serves as the region's access point to the Statewide Health Information Network of New York (SHIN-NY), supporting collaboration between healthcare providers across the state. Building upon BSCH's in-patient reduction and reconfiguration experience through the HEAL-NY program and leveraging value-based purchasing efforts, the medical village will improve the quality, safety, effectiveness and efficiency of care delivery to the more than 80,000 Medicaid beneficiaries in Orange County and ensure that BSCH is on a sustainable path.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART III, LINE 2	<p>BAD DEBT EXPENSE INCLUDES 1) ACTUAL WRITE OFFS OF DISCOUNTED GROSS CHARGES WHERE IT IS DETERMINED THAT 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	THE MEDICARE SHORTFALL IS A COMMUNITY BENEFIT THE ORGANIZATION IS ASSUMING A GOVERNMENT BURDEN BY PROVIDING CARE in excess of the revenue the MEDICARE ALLOWABLE COSTS REFLECTED IN PART III ARE REFLECTED IN the FACILITY'S MEDICARE COST REPORT THE COST REPORT SEGREGATES THE TOTAL FACILITY ACTUAL EXPENSES INTO COSTS FOR SUPPORT DEPARTMENTS, CLINICAL DEPARTMENTS (ROUTINE AND ANCILLARY) AND NONREIMBURSEABLE DEPARTMENTS THE COST REPORT USES APPROPRIATE STATISTICAL BASES TO "STEP DOWN" SUPPORT COSTS TO ALLOWABLE CLINICAL AND NONREIMBURSEABLE DEPARTMENTS THE CHARGES FOR CLINICAL DEPARTMENTS ARE MATCHED TO THE TOTAL COST FOR THESE DEPARTMENTS FOR A COST-TO-CHARGE RATIO

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.</p> <p>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:</p> <ul style="list-style-type: none"> 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 patients financial and medical circumstances. The monthly payments on any installment plan will not exceed 10% of the patients gross monthly income and there will be no interest charges on an approved installment plan. g. BSCHS, including any law firm or collection agency with which it contracts, will not force the sale or foreclose of a patients 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.

Form and Line Reference	Explanation
Part VI, Line 2	<p>In addition to the CHNA, BSCHS continually assesses the health care needs of the community throughout the year. After every Community Outreach event, the System Director of Community ENGAGEMENT meets with various people who were involved in the event as well as participants and assesses and evaluates all aspects of the event. The assessment includes questions such as: did this event serve the needs of the community, which members of the community did we serve and who did we miss, how can we improve this event, do we need to invest more resources, and should this event be continued or expanded? BSCHS STAFF ALSO ACTIVELY PARTICIPATED IN THE FOLLOWING ACTIVITIES AND PROGRAMS BENEFITING THE COMMUNITY: CONDUCTED LGBTQ+ FOCUS GROUP TO IDENTIFY BARRIERS IN ACCESSING HEALTHCARE AND TO UNDERSTAND SPECIFIC HEALTH NEEDS, SPONSORED AND PARTICIPATED IN THE TRI-STATE CHAMBER 10K RACE, SPONSORED, PARTICIPATED AND COORDINATED TRI-STATE CHAMBER ANNUAL BUSINESS DINNER, COORDINATED TRI-STATE CHAMBER BUSINESS BREAKFAST SERIES WHICH PROVIDED INFORMATION ON OPIOID ABUSE IN THE COMMUNITY, PARTNERED WITH TRI-STATE CHAMBER TO DESIGN AND COORDINATE DISTRIBUTION OF OVER 1,600 PAIRS OF SHOES TO CHILDREN IN NEED OVER A TWO YEAR PERIOD, STAFF PARTICIPATED IN THE CHAMBER MATTERS RADIO SHOW AND DISCUSSED DIABETES MANAGEMENT AND PREVENTION, PROVIDED EDUCATION TO THE CENTER FOR DEVELOPMENTAL DISABILITIES STAFF ON INFECTION CONTROL AND MEDICATION ADMINISTRATION, SPONSORED THE PORT JERVIS ROTARY CLUB BREAKFAST TO BENEFIT LOCAL HIGH SCHOOL STUDENTS THROUGH SCHOLARSHIPS, PARTICIPATED, EVERY MONTH, IN THE PROJECT DISCOVERY COMMUNITY OUTREACH PROGRAM TO PROVIDE HOUSEHOLD NECESSITIES, FOOD AND CLOTHING TO THOSE IN NEED IN THE COMMUNITY, PROVIDED NUTRITIONIST AND PHYSICAL THERAPIST WHO CONDUCTED EDUCATIONAL PROGRAMMING FOR THE MAHWAH REGIONAL CHAMBER OF COMMERCE, AND WORKED WITH THE HEALTHY ORANGE COMMITTEE OF THE ORANGE COUNTY DEPT. OF HEALTH THROUGH WHICH WE RECEIVED A GRANT FOR THE GET FIT PORT JERVIS AND YOGA PROGRAMS, BY ACTIVELY PARTICIPATING AND COLLABORATING WITH THESE AGENCIES, ORGANIZATIONS, AND THE COMMUNITY, BSCHS IS ABLE TO OBTAIN INPUT AND INSIGHT ON THE HEALTH NEEDS AND CONCERNS OF THE COMMUNITIES SERVED. ADDITIONALLY, BSCHS EMPLOYEES WORK TOGETHER WITH COMMUNITY LIAISONS WHO WORK CLOSELY WITH AREA EMPLOYERS AND SPECIFIC GEOGRAPHICAL AND RELIGIOUS GROUPS TO IDENTIFY PERSONAL HEALTH RELATED NEEDS. BASED ON THESE NEEDS, BSCHS CLINICAL STAFF AND PHYSICIANS PROVIDED 60 HOURS OF EDUCATION ON PREVENTIVE HEALTH INTERVENTIONS TO A TOTAL OF ABOUT 2,024 EMPLOYEES AT THE FOLLOWING WORKSITES: ACTIVE INTERNATIONAL, AVON, CHILD CARE RESOURCES OF ROCKLAND, CLARKSTOWN CENTRAL SCHOOL DISTRICT, DOMINICAN COLLEGE, EAST RAMAPO SCHOOL DISTRICT, EASTWICK COLLEGE, GENERAL BEARING GROUP, JAWONIO, JCC OF ROCKLAND, NORTH ROCKLAND SCHOOL DISTRICT, NYACK COLLEGE, NYACK SCHOOL DISTRICT, ORANGE & ROCKLAND UTILITIES, ORANGE-ULSTER BOCES, PFIZER, INC, PEARL RIVER SCHOOL DISTRICT, RAMAPO COLLEGE, ROCKLAND BOCES, ROCKLAND COMMUNITY COLLEGE, SALVATION ARMY, ST. DOMINIC HOME, ST. THOMAS AQUINAS COLLEGE, STERLING NATIONAL BANK, SOUTH ORANGETOWN SCHOOL DISTRICT, TD BANK, TOWN OF HAVERSTRAW, TOWN OF ORANGETOWN, TOWN OF RAMAPO, UNEEDA ENTERPRISES, INC., AND THE VILLAGE OF SUFFERN. PREVENTIVE HEALTH TOPICS WERE PRESENTED AT EACH WORK SITE: BACK HEALTH AND ERGONOMICS, BENEFITS OF WALKING, BETTER HEARING, BREAST HEALTH, CARDIOHEALTH & STROKE AWARENESS, CONCUSSION MANAGEMENT, EMERGENCY CARE, FALL PREVENTION, MANAGING STRESS, MANAGING MEDICATIONS, NUTRITION (FOOD LABELING, HEALTHY DINING OUT), SLEEPY HEALTHY, VITAMINS/SUPPLEMENTS, AND WOMENS HEART HEALTH. Part VI, Line 3 Patient financial assistance policy is communicated to patients upon scheduling, registration, THROUGH visible postings of the policy in common areas throughout the hospital, brochures at registration and on Bon Secours website. In addition, patient statements request that patients apply for financial assistance if needed, once any patient financial obligation is determined. BSCHS is committed to ensuring access to health care services for all. As a health care provider, BSCHS treats all patients, whether insured, underinsured or uninsured, with dignity, respect and compassion throughout admission, delivery of services, discharge and billing and collection processes. BSCHS addresses the needs of the uninsured by providing free or reduced fees FOR hospital services and is ACTIVELY ENGAGED IN community outreach efforts to assist with enrollment in Medicaid and other medical coverage programs, including free community-based preventive and primary care services. BSCHS proactively screens to identify individuals and their families who may qualify for federal, state or local health insurance programs or the BSCHS Patient Financial Assistance Program ("FAP") and assists potential eligible patients through the qualification process. Potentially eligible patients that do not qualify for a federal or state health insurance</p>

Form and Line Reference	Explanation
Part VI, Line 2	<p>program are referred to the Financial Assistance Coordinator located in Patient Financial Services for assistance in completing the documentation required to establish FAP eligibility. Patients are responsible for providing the information necessary to complete the documentation. The FAP aids uninsured and underinsured patients who do not qualify for government-sponsored health insurance and who communicate their inability to pay for their medical care. The FAP provides 100% financial assistance to uninsured patients with annual family incomes at or below 250% of the Federal Poverty Guidelines ("FPG"). INCOMES UP TO 500% ARE ALSO DISCOUNTED AT THE LOWER PERCENTAGES as indicated in the chart included in the FAP or the AMOUNTS GENERALLY BILLED ("AGB"). BSCHS offers 100% charity care to its patients with income up to 250% of the FPG. Patients with income between 251% - 350% of the FPL are offered the lower of a 50% reduction of total charges or the APG (the Medicare FFS rate). Patients with income between 351% - 500% of the FPL are offered the lower of a 30% reduction of total charges or the APG (the Medicare FFS rate). BSCHS is dedicated to meeting the needs of non-English speaking patients by having on-site Spanish translators, and other language translation services. In addition, BSCHS employs a telephone language service which assists in meeting any language needs that arise. The translation services are offered to non-English speaking patients from admission to discharge, including through the financial ASSISTANCE process. Patient financial assistance policy is communicated to patients upon scheduling, registration, THROUGH visible postings of the policy in common areas throughout the hospital, brochures at registration and on Bon Secours website. In addition, patient statements request that patients apply for financial assistance if needed, once any patient financial obligation is determined. BSCHS is committed to ensuring access to health care services for all. As a health care provider, BSCHS treats all patients, whether insured, underinsured or uninsured, with dignity, respect and compassion throughout admission, delivery of services, discharge and billing and collection processes. BSCHS addresses the needs of the uninsured by providing free or reduced fees FOR hospital services and is ACTIVELY ENGAGED IN community outreach efforts to assist with enrollment in Medicaid and other medical coverage programs, including free community-based preventive and primary care services. BSCHS proactively screens to identify individuals and their families who may qualify for federal, state or local health insurance programs or the BSCHS Patient Financial Assistance Program ("FAP") and assists potential eligible patients through the qualification process. Potentially eligible patients that do not qualify for a federal or state health insurance program are referred to the Financial Assistance Coordinator located in Patient Financial Services for assistance in completing the documentation required to establish FAP eligibility. Patients are responsible for providing the information necessary to complete the documentation. The FAP aids uninsured and underinsured patients who do not qualify for government-sponsored health insurance and who communicate their inability to pay for their medical care. The FAP provides 100% financial assistance to uninsured patients with annual family incomes at or below 250% of the Federal Poverty Guidelines ("FPG"). INCOMES UP TO 500% ARE ALSO DISCOUNTED AT THE LOWER PERCENTAGES as indicated in the chart included in the FAP or the AMOUNTS GENERALLY BILLED ("AGB"). BSCHS offers 100% charity care to its patients with income up to 250% of the FPG. Patients with income between 251% - 350% of the FPL are offered the lower of a 50% reduction of total charges or the APG (the Medicare FFS rate). Patients with income between 351% - 500% of the FPL are offered the lower of a 30% reduction of total charges or the APG (the</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 Countys 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 Countys 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 Countys 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 Countys 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>

Form and Line Reference	Explanation
Part VI, Line 5	<p>BSCHS facilities promoted the health of the community to further its exempt purpose through various programs and initiatives throughout the year. BSCHSs community ENGAGEMENT department provided educational presentations at various community locations on broad topics such as cardiac health, orthopedics, women's health, obesity, stroke, diabetes, wound care, safety, asthma, senior services, etc. The outreach department also held service line specific programs such as breast and cervical cancer screenings, hearing testing, sleep disturbance seminars, as well as other programs benefiting the community. BSCHS expects to continue providing these programs and services through 2018. BSCHS continued its commitment to being accessible and providing for the health care needs of the communities in its service area. As evidenced by BSCHSs active participation in the various DSRIP projects, BSCHS provided improved access to health care services, especially to the underserved population, as well as provided various opportunities to enroll in governmental and/or community health plans. All three BSCHS hospitals partnered with local federally qualified health centers (FQHC) to increase public awareness of the available services that were either free of charge or based on a sliding scale payment. In furtherance of this commitment, all BSCHS facilities provided space each month, free of charge, to insurance specialists to meet with patients to register for health insurance benefits. In response to the growing community needs of its service area, BSCHS continued to recruit and hire more employed physicians, who accept Medicaid and participate in programs to provide charity care, in alignment with the BSCHS mission. BSCHS also continued to address the community need for chronic disease prevention at all of its facilities. The following programs and initiatives were provided, which are expected to continue: BSCHS hosted/ participated in free cardiac awareness and prevention programs that were attended by over 2,000 people. Some of the programs offered include the following: heart disease prevention, signs and symptoms, blood pressure screenings, obesity and women and heart disease. In addition, BSCHS also participated in the American Heart Walk which was attended by over 1,000 people. The Lower Hudson Valley Mended Hearts Chapter #368, which met eight times last year at a local community center, was supported by BSCHSs community ENGAGEMENT department budget. BSCHS trained the Mended Hearts volunteers to visit cardiac patients and their family members in the hospital to offer hope and support. The volunteers, who are former heart surgery patients, also visited patients post-surgery to provide support. In 2017, volunteers made 112 visits to cardiac patients at GSH. BSCHS provided the community in its service area with ample cancer treatment and support options. BSCHS also engaged the community to increase awareness of risk factors and prevention. BSCHS hosted numerous cancer awareness, early detection, prevention, and support programs that reached over 1,800 people. The programs focused on different cancer related illnesses and provided the community with access to meet Oncology specialists on a one-to-one basis. The cancer program at GSH was accredited by the American College of Surgeons and the radiation oncology program at GSH was accredited by the American College of Radiology. The Center of Breast Health at GSH was accredited by the National Accreditation Program for Breast Centers. BSCHS leadership and cancer program staff worked diligently to maintain these accreditations to ensure that the community is receiving the best care available. These accreditations are expected to continue through 2018. Additionally, partnerships with the American Cancer Society and the Cancer Services Program of NYS helped develop new community screening programs AND improved patient support offerings, which are expected to continue. GSH partnered with the Cancer Services Program of Rockland County to provide ongoing breast and cervical cancer screenings for uninsured and underinsured community members. Through this partnership, 11 free screenings were held in 2017 and 151 people received early detection services. In furtherance of its exempt purpose, GSH worked with cancer services program to provide all necessary follow up treatment, including surgery, chemotherapy, and radiation for patients who had a positive finding from any of the free screenings. BSCHS employed a board certified breast surgeon and a board certified colorectal surgeon as well as two patient navigators to assist breast cancer patients to coordinate their care and access available services. BSCHS continued to financially support the American Cancer Society's Making Strides against Breast Cancer walk and, in 2017, the walk was attended by 1,100 people. This sponsorship helped support and provide prevention and early detection educational materials to the communities we serve. B</p>

Form and Line Reference	Explanation
Part VI, Line 5	<p> SCHS also worked towards promoting health in the community by preventing obesity which increases a persons likelihood of developing many chronic diseases BSCHS offered several services to offset the damage that obesity can create In alignment with the NYS Prevention agenda, both GSH and SACH provided board certified lactation consultant services to new mothers, as research has shown that breastfeeding can positively affect a persons future likelihood of not developing obesity Additionally, SACH offered a BI-weekly breastfeeding support group which was attended by over 940 participants IN PORT JERVIS, BSCH CONTINUED the "Get Fit, Port Jervis" program, IN PARTNERSHIP WITH ACCESS PT, which offered the community access to free group walks and yoga classes In 2017, 533 people participated in the group walks and 1,016 people participated in free yoga classes BSCH PROVIDED THE FOLLOWING HOSPITAL BASED PROGRAMS TO ADDRESS CHRONIC DISEASE PREVENTION AND PROMOTE WELLNESS, BSCH BM I AND BLOOD PRESSURE MONITORING PROGRAM, DIABETES SUPPORT GROUP FOR CHILDREN AND FAMILIES AND DIABETES PREVENTION CLASSES, SHARING AND CARING FAMILY SUPPORT GROUP FOR THOSE CARING FOR LOVED ONES LIVING WITH METABOLIC ILLNESS, AND HEALTHY EATING PROGRAMS FOR CHILDREN AND SENIORS IN PARTNERSHIP WITH MORRISON HEALTHCARE BSCHS provided diabetes prevention, education and support services at all its facilities These free classes were led by Certified Diabetes Educators who were also Registered Nurses and Registered Dietitians GSH and BSCH also provided bariatric surgery programs as bariatric surgery can often reverse a diabetes diagnosis GSH donated a 3000-square foot facility on the hospital campus that houses the "Spirit of Rockland" Special Victims Center that provides care and support to crime victims with special needs In 2017, the donated value of the building, including utilities and upkeep, totaled \$108,000 GSH is expected to continue this community initiative GSH was also a member of the Rockland County Public Health Priorities Steering Committee, which is a private-public partnership that was formed in May 1997 and includes more than twenty representatives of educational institutions, health care providers, health-related organizations, community service organizations, governmental agencies, faith-based organizations, consumers, and the business community The committee was chaired and coordinated by the Rockland County Department of Health Its mission is the coordination and collaboration of resources to address local unmet public health needs in order to promote health, improve access to health care and prevent disease and disability in Rockland County GSH collaborated and worked with this committee in furtherance of its exempt purpose and to promote the health of the community it serves and expects to continue its work with this committee BCSHS EXPECTS TO CONTINUE THESE SERVICES AND PROGRAMS DESCRIBED ABOVE THROUGH 2018 </p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 ("SOC"), 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

Schedule H (Form 990) 2017

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											
Name, address, primary website address, and state license number											
1	ST ANTHONY COMMUNITY HOSPITAL 15 MAPLE AVENUE WARWICK, NY 10990 STANTHONYCOMMUNITYHOSP.ORG 3529000H/14-134010	X	X					X			A
2	BON SECOURS COMMUNITY HOSPITAL 160 EAST MAIN STREET PORT JERVIS, NY 12771 BONSECOURSCOMMUNITYHOSP.ORG 3535001H/14-134771	X	X					X			A
3	GOOD SAMARITAN HOSPITAL OF SUFFERN, NY 255 LAFAYETTE AVE SUFFERN, NY 10901 GOODSAMHOSP.ORG 4329000H/13-174010	X	X					X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, section B	FACILITY REPORTING GROUP A CONSISTS OF FACILITY 1 ST ANTHONY COMMUNITY HOSPITAL (SACH) FACILITY 2 BON SECOURS COMMUNITY HOSPITAL (BSCH) FACILITY 3 GOOD SAMARITAN HOSPITAL OF SUFFERN, NY (GSH)

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

Form and Line Reference	Explanation
Part V, Line 5	STAFF FROM BON SECOURS CHARITY HEALTH SYSTEM (BSCHS) REPRESENTS THE HEALTH SYSTEM ON NUMER OUS COMMUNITY BOARDS AND AGENCIES THROUGHOUT THE YEAR SOME OF THESE BOARDS AND AGENCIES I NCLUDE THE FOLLOWING CATHOLIC CHARITIES COMMUNITY SERVICES OF ROCKLAND COUNTY, ROCKLAND B USINESS ASSOCIATION, ROCKLAND ECONOMIC DEVELOPMENT CORPORATION, WARWICK CHAMBER OF COMMERCE, WESTERN RAMAPO COLLABORATIVE, SUFFERN ROTARY CLUB, AND THE PORT JERVIS ROTARY CLUB IN ADDITION, BSCHS STAFF PARTICIPATED AND TOOK INTO ACCOUNT INPUT FROM THE FOLLOWING BOARDS A ND AGENCIES ROCKLAND COUNTY DEPT OF HEALTH- PUBLIC HEALTH PRIORITIES STEERING COMMITTEE ON WHICH WE DISCUSS THE COMMUNITY NEEDS ASSESSMENT AND WORK WITH THE NEW YORK STATE DEPT MENT OF HEALTH AND OTHER AGENCIES TO COORDINATE COMMUNITY ACTIVITIES TO ADDRESS/IMPACT IDE NTIFIED NEEDS, ORANGE COUNTY CHAMBER OF COMMERCE HEALTHCARE COMMITTEE THROUGH WHICH WE COO RDINATE EFFORTS WITH HEALTHCARE PROVIDERS TO ADDRESS COMMUNITY HEALTH NEEDS, ORANGE COUNTY CITIZEN'S FOUNDATION HEALTHCARE COMMITTEE ON WHICH WE SHARE INFORMATION, IDENTIFY POTENTI AL PARTNERS AND PROGRAMS FOR COLLABORATION, AND PORT JERVIS PRIDE (LOCAL DRUG TASK FORCE) THROUGH WHICH WE COLLABORATE AND SHARE INFORMATION TO IDENTIFY COMMUNITY ISSUES RELATED TO DRUGS AND OPIOD ABUSE The BSCHS facilities have current CHNAs for calendar years 2016 th rough 2018 The CHNAs were developed from data collected as part of WESTCHESTER MEDICAL CE NTER's planning for the DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM projects The DSRIP program is a Statewide initiative to improve healthcare services throughout the State which includes projects to reduce avoidable hospital admissions in collaboration wi th community based providers and organizations GSH and BSCH are both involved in various projects to improve population health, a few of which include management of diabetes and a sthma, reducing 30 day re-admissions, cancer screening, and co-locating behavioral health and primary care services The Westchester Medical Center PERFORMING PROVIDER SYSTEM ("WMC PPS") led a comprehensive, collaborative CHNA recognizing the integral role that a CHNA p lays in supporting the delivery of patient-centered, population-based health care This ei ght county CHNA was undertaken in collaboration with Westchester Medical Center, The Monte fiore Hudson Valley Collaborative, Refuah Health Center, and Health Alliance of the Hudson Valley The CHNA leadership of the PPS in the Hudson Valley Region partnered to undertake an extensive regional assessment of community needs The leadership recognized the integr al role that a community needs assessment plays in supporting the delivery of patient-cent ered, population-based health care and was guided by the CENTERS FOR DISEASE CONTROL AND P REVENTION's (CDC) Community Health Assessment and Group Evaluation CHANGE toolkit The nee ds and opinions of community stakeholders across sectors were gathered in a systematic way that included compilations of

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

Form and Line Reference	Explanation
Part V, Line 5	<p>data into workbooks, chart books, and map books, surveys, focus groups, key informant interviews, and a public comment period. Rigorous analysis of extant health, socio-demographics, and built environment data enhanced our ability to identify DSRIP projects that focused interventions on individuals and communities most in need. The CHNA utilized the power of geospatial data analysis to assist in project selection and planning. The needs assessment was designed within a geographic information science (GISc) framework. GISc and spatial analyses were used to identify particular population-based health issues. For example, access to care at clinics or hospitals, socio-economic data and patterns of disease burden by population and region were assessed utilizing this framework. Detailed-level Statewide Planning and Research Cooperative System (SPARCS) data provided by academic colleagues at Iona College, along with Medicaid claims data accessed through the Health NY Gov dashboard, combined with Census information, were mapped to identify community needs by prevalence indicators for major diagnostic categories. SPARCS data was used to identify patients' EMERGENCY ROOM visits, hospitalizations and readmissions and analyze trends over the past three years to identify negative quality indicators. PPS partners in our region and county health department teams worked together to coordinate local surveys about capabilities (e.g., health IT, Community Resources, Healthcare Resources, consumer survey, focus groups) to supplement what was available on secondary websites. Conforming to the goal of improving population health, "hot and cold spots" (i.e., statistical clusters of zip codes with values higher or lower than would be expected) were isolated. This approach was expanded to include variables from a range of other sources (e.g., American Community Survey, Vital Statistics, DSRIP dashboards) related to outcomes and sociodemographic determinants (e.g., poverty, English-speaking ability, race/ethnicity, employment, physical activity). Select narrative and community profiles were developed for hot spot zip codes so that community stories could more easily be shared with stakeholders. To ensure broad representation across all community sectors, collaboration and input from local teams was established by each county DEPARTMENT OF HEALTH. All data analyses and chart, map and workbooks were shared as they were developed with providers and stakeholders across the region through public meetings with county health commissioners and project team meetings conducted by the PPS in the region. As part of the CHNA, the PPS conducted a survey of Hudson Valley consumers to gather information and feedback about demographics and community health needs. The survey was drafted at a sixth grade reading level and reviewed and approved by health literacy experts and was made available online and in paper form in the five languages prevalent in the Hudson Valley: English, Spanish, P</p>

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

Form and Line Reference	Explanation
Part V, Line 5	Portuguese, French Creole, and Yiddish The survey received almost 5,000 responses from respondents living in 303 ZIP codes across the eight counties and respondent demographics were representative of the overall region

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

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

Form and Line Reference	Explanation
Part V, 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 (GSH), St Anthony Community Hospital (SACH), Bon Secours Community Hospital (BSCH) THE CHNA WAS UNDERTAKEN IN COLLABORATION WITH WESTCHESTER MEDICAL CENTER, MONTEFIORE MEDICAL CENTER, REFUAH HEALTH CENTER, AND HEALTH ALLIANCE OF THE HUDSON VALLEY

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

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

Form and Line Reference	Explanation
Part V, Line 7	The CHNA is widely available to the public The CHNA is easily accessible on the BSCHS Website https //www bschs org/community-health-needs-assessment1 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 website Part V, Line 10 The BSCHS implementation strategy plan was adopted in 2016 and is posted on the website http //www charity bonsecours com/bschs/community-health-needs-assessment1 aspx

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

Form and Line Reference	Explanation
Part V, Line 11	<p>BASED ON DATA FROM THE CHNA 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</p> <p>CHRONIC DISEASE PREVENTION 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</p> <p>HEALTHY AND SAFE ENVIRONMENTS 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 WE SUPPORT THEIR EFFORTS TO ADDRESS THESE AREAS</p> <p>HEALTHY WOMEN, INFANTS AND CHILDREN 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</p> <p>BSCHS SUPPORTS LHVPN'S MISSION TO ENHANCE MATERNAL, CHILD AND FAMILY HEALTH SERVICES IN DUTCHESS, PUTNAM, ORANGE, ROCKLAND & WESTCHESTER COUNTIES</p> <p>IN ROCKLAND COUNTY, GSH IS WORKING WITH THE "BETTER BABY CARE" COALITION TO PROMOTE COMMUNITY AWARENESS OF FREE LOCAL PARENT SUPPORT SERVICES</p> <p>MENTAL HEALTH AND SUBSTANCE ABUSE 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</p> <p>IN ADDITION, OUR PATIENTS HAVE ACCESS TO A NUMBER OF COMPREHENSIVE SERVICES IN THE ALCOHOL OUTPATIENT CLINIC AND OUR CHEMICAL DEPENDENCY PROGRAM</p> <p>IN ADDITION TO PROVIDING DIRECT CARE FOR INDIVIDUALS, THE MENTAL HEALTH OUTPATIENT CLINIC OFFERS MENTAL HEALTH CONSULTATION AND OUTREACH SERVICES TO COMMUNITY ORGANIZATIONS</p> <p>IN 2017, THE CHEMICAL DEPENDENCY PROGRAM OUTREACH COORDINATOR ATTENDED SEVERAL COMMUNITY AWARENESS EVENTS ON THE OPIOID CRISIS</p> <p>IN ADDITION, GSH HOSTED AN OPIOID AWARENESS CONFERENCE WHICH WAS ATTENDED BY 75 MEMBERS OF THE COMMUNITY, INCLUDING LAW ENFORCEMENT PERSONNEL, BEHAVIORAL HEALTH EXPERTS, AND COMMUNITY MEMBERS</p> <p>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</p> <p>BSCH PROVIDES PSYCHIATRIC, PSYCHOLOGICAL, MEDICAL AND NEUROLOGICAL CARE IN A SUPPORTIVE ENVIRONMENT</p> <p>THE NEW DIRECTIONS PROGRAM UTILIZES A MULTIDISCIPLINARY TREATMENT TEAM CONSISTING OF PSYCHIATRISTS, NURSES, CASE MANAGERS, SOCIAL WORKERS, AND CREDENTIALLED ALCOHOL AND SUBSTANCE ABUSE COUNSELORS (CASAC)</p> <p>THE ADULT INPATIENT PROGRAM AT BSCH IS DESIGNED TO PROVIDE A PATIENT-CENTERED AND COMPREHENSIVE TREATMENT PROGRAM FOR ADULTS AGES 18 AND OLDER WHO</p>

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

Form and Line Reference	Explanation
Part V, Line 11	<p>ARE STRUGGLING WITH AN ACUTE PHASE OF MENTAL ILLNESS IN ADDITION, BSCH NEW DIRECTIONS STA FF PARTICIPATED IN THE PORT JERVIS NATIONAL NIGHT OUT DRUG AWARENESS EVENT AS WELL AS ORAN GE COUNTYS ALCOHOL AND DRUG ADDICTION COALITIONS ANNUAL AWARENESS DAY BSCH ALSO PROVIDES SPACE FOR THE NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI) OF SULLIVAN COUNTY FRIENDS AND FA MILY SUPPORT GROUP THE ORANGE COUNTY DEPARTMENT OF MENTAL HEALTH ENSURES THAT QUALITY MEN TAL 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, TIM ELY AND CULTURALLY SENSITIVE MANNER UNDER THE JURISDICTION OF THE MENTAL HYGIENE LAW OF NE W YORK STATE AND PROVIDED WITHIN THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE LI CENSING AUTHORITY OF APPROPRIATE STATE OFFICES ADDITIONAL MENTAL HEALTH AND SUBSTANCE ABU SE RESOURCES ARE AVAILABLE AT ORANGE REGIONAL MEDICAL CENTER IN PORT JERVIS, BSCH PROVIDE D INVESTMENT IN INFORMATION TECHNOLOGY AND AN INTERNAL ACTION TEAM TO ACTIVELY ENGAGE IN T HE NYS MAX SERIES PROJECT TO IMPROVE CARE FOR HIGH UTILIZERS AND SUSTAIN CHANGE BSCH ALSO PARTNERED WITH THE ORANGE COUNTY DEPARTMENT OF MENTAL HEALTH TO COLLABORATE ON THIS PROJE CT BSCH IS CONTINUING ITS WORK ON THE MAX SERIES PROJECT TO ADDRESS THE DIVERSE MEDICAL, BEHAVIORAL, AND SOCIAL NEEDS OF HIGH UTILIZERS IN ORANGE COUNTY, BSCH IS WORKING WITH CBH S, INC , ACCESS SUPPORTS FOR LIVING, INC , AND INDEPENDENT LIVING, INC TO PROVIDE PATIENT S WITH TRANSITIONS OF CARE UPON DISCHARGE FROM THE BEHAVIORAL HEALTH INPATIENT UNIT THIS PILOT PROGRAM IS CONNECTING PATIENTS WITH PEER SERVICES TO PROVIDE SUPPORT, TRANSPORTATION , AND LINK TO SERVICES FOR 30 DAYS POST DISCHARGE COMMUNICABLE DISEASES IN ADDITION TO T HE COMMUNICABLE DISEASES THAT BSCHS ADDRESSES THROUGH IMMUNIZATION CLINICS AND PATIENT VAC CINATION, BSCHS ALSO SUPPORTS REFUAH HEALTH CENTER, HUDSON RIVER HEALTHCARE, MIDDLETOWN CO MMUNITY HEALTH CENTER, THE ROCKLAND AND ORANGE COUNTY HEALTH DEPARTMENTS AND THE NYS DEPT OF HEALTH IN THEIR EFFORTS TO COMBAT COMMUNICABLE DISEASES IN RESPONSE TO THE 2017 FLU E PIDEMIC, BSCHS IMPLEMENTED RESTRICTED VISITOR POLICIES</p>

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

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

Form and Line Reference	Explanation
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 contact information is also provided on the FINANCIAL ASSISTANCE POLICY 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Lines 16a and 16b	The financial assistance policy (FAP), application and plain language summary can be found at the following websites http //bschs bonsecours com/bsch/billing-insurance-and-financial-assistance.aspx http //bschs bonsecours com/gsh/billing-insurance-and-financial-assistance.aspx http //bschs bonsecours com/sach/billing-insurance-and-financial-assistance.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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, 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.

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 ROCKLAND PULMONARY & MEDICAL ASSOCIATES 2 CROSFIELD AVENUE WEST NYACK, NY 10994	PULMONOLOGY
3 GOOD SAMARITAN HOME CARE 1 CROSFIELD AVENUE SUITE 202 WEST NYACK, NY 10994	HOME CARE
4 GOOD SAMARITAN HOME CARE 15 MATTHEWS STREET SUITE 302 GOSHEN, NY 10924	HOME CARE
5 METROPOLITAN CARDIOLOGY CONSULTANTS SUFF 257 LAFAYETTE AVENUE SUFFERN, NY 10901	CARDIOLOGY
6 RAMAPO VALLEY SURGICAL ASSOCIATES 257 LAFAYETTE AVENUE SUFFERN, NY 10901	OUTPATIENT AMBULATORY SURGERY
7 CARDIOLOGY CONSULTANTS-STONY POINT 12 LIBERTY SQUARE MALL STONY POINT, NY 10980	CARDIOLOGY
8 BON SECOURS NEUROLOGY 100 ROUTE 59 SUFFERN, NY 10901	NEUROLOGY
9 HUDSON VALLEY MEDICAL ASSOCIATES 26 FIREMANS MEMORIAL DRIVE PAMONA, NY 10970	INTERNAL MEDICINE
10 CENTER FOR PHYSICAL REHABILITATION 70 HATFIELD LANE GOSHEN, NY 10924	OUTPATIENT PHYSICAL THERAPY
11 CENTER FOR PHYSICAL REHABILITATION 153 SOUTH ROUTE 94 WARWICK, NY 10990	OUTPATIENT REHAB
12 METROPOLITAN CARDIOLOGY CONSULTANTS GOSH 30 HATFIELD LANE GOSHEN, NY 10924	CARDIOLOGY
13 WOMEN'S IMAGING CENTER 55 RONALD REAGAN BOULEVARD WARWICK, NY 10990	OUTPATIENT WOMEN'S IMAGING CENTER
14 ROCKLAND PULMONARY & MEDICAL ASSOCIATES 257 LAFAYETTE AVENUE SUFFERN, NY 10901	PULMONOLOGY

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 MOB PORT JERVIS PRIMARY 161 EAST MAIN STREET PORT JERVIS, NY 12771	PRIMARY CARE
1 ST ANTHONY SLEEP DISORDER INSTITUTE 74 NORTH MAIND STREET FLORIDA, NY 10921	SLEEP LAB
2 ROCKLAND HEART & VASCULAR ASSOCIATES 972 ROUTE 45 SUITE 103 PAMONA, NY 10970	CARDIOLOGY
3 GOOD SAMARITAN HOME CARE 200 WHITE PLAINS ROAD TARRYTOWN, NY 10591	HOME CARE
4 MAHWAH MEDICAL 10 FRANKLIN TURNPIKE MAHWAH, NJ 07430	INTERNAL MEDICINE
5 MONSIGNOR PATRICK J FRAWLEY MENTAL HEALT 3 CAMPBELL AVENUE SUFFERN, NY 10901	MENTAL HEALTH
6 GOSHEN PRIMARY CARE PHYSICIANS 1 HATFIELD LANE GOSHEN, NY 10924	PRIMARY CARE
7 BON SECOURS MEDICAL GROUP 2 EXECUTIVE BOULEVARD SUITE 406 SUFFERN, NY 10901	PRIMARY CARE
8 MEHTA PULMONARY 55 OLD NYACK TURNPIKE NANUET, NY 10954	PULMONOLOGY
9 ROCKLAND HEART & VASCULAR ASSOCIATES 2 EXECUTIVE BOULEVARD SUITE 406 SUFFERN, NY 10901	CARDIOLOGY
10 PORT JERVIS GASTROENTEROLOGY 39 EAST MAIN STREET PORT JERVIS, NY 12771	GASTROENTEROLOGY
11 BON SECOURS MEDICAL GROUP 15 MAPLE AVENUE WARWICK, NY 10990	GASTROENTEROLOGY
12 CARDIOLOGY CONSULTANTS-WEST NYACK 1 CROSFIELD AVENUE STE 407 WEST NYACK, NY 10994	CARDIOLOGY
13 BON SECOURS MEDICAL GROUP 104 BENNETT AVENUE MILFORD, PA 18337	INTERNAL MEDICINE
14 GOPAL SHAH MD 33 DELAWARE STREET PORT JERVIS, NY 12771	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 UROLOGY 257 LAFAYETTE AVENUE SUFFERN, NY 10901	UROLOGY
1 ALAM PCP 906 PENNSYLVANIA AVENUE MATAMORAS, PA 18336	PRIMARY CARE
2 LUTWAK CARDIOLOGY 505 ROUTE 208 MONROE, NY 10950	CARDIOLOGY
3 LUTWAK CARDIOLOGY 4 SOUTH AIRMONT ROAD SUFFERN, NY 10901	CARDIOLOGY
4 LAFAYETTE MEDICAL-GASPARE POLIZZI 599 STATE ROUTE 32 HIGHLAND MILLS, NY 10930	PRIMARY CARE
5 ROCKLAND HEART & VASCULAR ASSOCIATES 79 ROUTE 59 SUITE 5 SUFFERN, NY 10901	CARDIOLOGY
6 PRIMARY MEDICAL CARE ROCKLAND 124 EAST RAMAPO ROAD SUITE 4 GARNERVILLE, NY 10923	PRIMARY CARE
7 MONROE PRIMARY CARE 745 ROUTE 17M MONROE, NY 10950	PRIMARY CARE
8 NORTH ROCKLAND MEDICAL ASSOCIATES 71 SOUTH ROUTE 9W WEST HAVERSTRAW, NY 10993	PRIMARY CARE
9 MONROE INTERNAL MEDICINE 505 ROUTE 208 MONROE, NY 10950	INTERNAL MEDICINE
10 GEORGE COX MD 257 LAFAYETTE AVENUE SUFFERN, NY 10901	PRIMARY CARE
11 BON SECOURS MEDICAL GROUP 5 SKINNER STREET PORT JERVIS, NY 12771	CARDIOLOGY
12 BYADGI PRIMARY CARE 601 BROAD STREET MILFORD, PA 18337	PRIMARY CARE
13 YACOV TENDLER MD 257 LAFAYETTE AVENUE SUFFERN, NY 10901	PRIMARY CARE
14 BON SECOURS MEDICAL GROUP 500 NEW HEMPSTEAD ROAD NEW CITY, NY 10956	INTERNAL MEDICINE

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 RALPH BOWMAN MD 170 EAST MAIN STREET PORT JERVIS, NY 12771	PRIMARY CARE
1 ROCKLAND PULMONARY & MEDICAL ASSOCIATES 27 LIBERTY SQUARE MALL STONY POINT, NY 10980	PULMONOLOGY
2 CARDIOLOGY CONSULTANTS-RAMSEY 27 SOUTH FRANKLIN TURNPIKE RAMSEY, NJ 07446	CARDIOLOGY
3 ROCKLAND HEART & VASCULAR ASSOCIATES 257 LAFAYETTE AVENUE SUFFERN, NY 10901	CARDIOLOGY
4 WARWICK PALLIATIVE CARE 22 VAN DUZER PLACE WARWICK, NY 10990	PALLIATIVE CARE

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization
BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED
GROUP

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 noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) TRANSPORTATION FOR INDIGENT PATIENTS	434	24,296			
(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)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**
- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
- ▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

Employer identification number
45-2964467

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

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

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

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

Yes No

1b

2

4a

No

4b

Yes

4c

No

5a

No

5b

No

6a

No

6b

No

7

No

8

No

9

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

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

See Additional Data Table

Schedule J (Form 990) 2017

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 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	THE FILING ORGANIZATION PARTICIPATES IN A BON SECOURS HEALTH SYSTEM, INC ("BSHSI") SPONSORED EXECUTIVE RETIREMENT PROGRAM THAT ALLOWS FOR DEPOSITS INTO ADDITIONAL RETIREMENT PLANS AND IS AVAILABLE ONLY TO OFFICERS AND CERTAIN OTHER EMPLOYEES. THE 457(F) PLAN IS A NON-QUALIFIED PLAN AND IS SUBJECT TO A MINIMUM THREE-YEAR SERVICE REQUIREMENT BEFORE VESTING ON DEPOSITS MADE INTO THIS PLAN. INDIVIDUALS THAT RECEIVED A DISTRIBUTION INCLUDE MARK NANTZ, \$85,777

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 MD PRESIDENT & CEO	(i)	0	0	0	0	0	0	0
	(ii)	648,050	215,500	0	37,800	41,713	943,063	0
1JOHN WALLENHORST PHD BOARD MEMBER - SPONSOR REP	(i)	0	0	0	0	0	0	0
	(ii)	320,924	99,389	66,737	16,200	10,928	514,178	0
2MARTIN EVERS MD PRESIDENT - MEDPC	(i)	144,558	200,610	811	20,484	25,091	391,554	0
	(ii)	0	0	0	0	0	0	0
3MARK NANTZ CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	681,330	743,372	129,916	117,365	29,782	1,701,765	78,920
4MICHAEL ISRAEL VICE CHAIR	(i)	0	0	0	0	0	0	0
	(ii)	1,500,187	1,118,091		73,779	73,047	2,765,104	0
5ANTHONY MAHLER BOARD MEMBER (RESIGNED 6/2017)	(i)	0	0	0	0	0	0	0
	(ii)	499,806	74,103	0	64,261	15,322	653,492	0
6GARY BRUDNICKI BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	1,088,168	452,513	0	71,841	59,558	1,672,080	0
7JULIE SWITZER BOARD MEMBER	(i)	0	0	0	0	0	0	0
	(ii)	636,471	215,219	0	61,200	41,645	954,535	0
8PETER KENNIFF CFO	(i)	294,211	80,392	43,016	20,484	27,231	465,334	0
	(ii)	0	0	0	0	0	0	0
9MARSHA CASEY BOARD MEMBER (RESIGNED 9/2017)	(i)	0	0	0	0	0	0	0
	(ii)	799,777	234,840	0	73,790	29,300	1,137,707	0
10CARY HIRSH MD PHYSICIAN	(i)	1,000,004	50,000	8,382	20,484	0	1,078,870	0
	(ii)	0	0	0	0	0	0	0
11THOMAS FACELLE MD DIRECTOR OF SURGERY	(i)	601,199	126,866	2,978	20,484	983	752,510	0
	(ii)	0	0	0	0	0	0	0
12SETH HURWITZ MD CARDIOLOGIST	(i)	341,813	412,429	360	20,464	26,086	801,152	0
	(ii)	0	0	0	0	0	0	0
13MILL ETIENNE MD NEUROLOGIST	(i)	233,120	598,607	229	20,425	22,225	874,606	0
	(ii)	0	0	0	0	0	0	0
14LEE P ROOT MD PHYSICIAN	(i)	491,619	181,112	1,245	20,484	26,281	720,741	0
	(ii)	0	0	0	0	0	0	0
15MARK FERSKO BOARD MEMBER (EFFECT 11/2017)	(i)	0	0	0	0	0	0	0
	(ii)	673,667	220,500	0	70,108	54,392	1,018,667	0

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

2017

**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% B SHSI, together with SISTERS OF CHARITY - 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 and licensed to practice in the State of New York AND THE STATE OF NEW JERSEY

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a	Power to elect or appoint members The governing body of the members within the Group, with 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 the finance department w ith the assistance from various departments throughout the organization The Form 990 was reviewed by internal leadership AND OUR EXTERNAL TAX ADVISORS Upon completion of the vari ous reviews, the Form 990 was PROVIDED 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 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 WMCH Health 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 THAT the individual alleviates 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. 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 LOCAL, REGIONAL AND NATIONAL 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 (\$10,441,144)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BON SECOURS CHARITY HEALTH SYSTEM AFFILIATED GROUP

Employer identification number
45-2964467

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.

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

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

See Additional Data Table

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

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

[illegible]

Part VII **Supplemental Information**

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

Additional Data

Software ID:
Software Version:
EIN: 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
100 WOODS ROAD VALHALLA, NY 10595 32-0467873	SUPPORTING	NY	501(C)(3)	12A	NA		No
100 WOODS ROAD VALHALLA, NY 10595 32-0477183	SUPPORTING	NY	501(C)(3)	12A	WCHCC		No
100 WOODS ROAD VALHALLA, NY 10595 13-3964321	HEALTHCARE	NY	115	N/A	NA		No
100 WOODS ROAD VALHALLA, NY 10595 13-4107894	FUNDRAISING	NY	501(C)(3)	12A	WCHCC		No
241 NORTH ROAD POUGHKEEPSIE, NY 12601 46-5293268	HOMECARE SVCS	NY	501(C)(3)	10	WCHCC		No
100 WOODS RD TAYLOR PAVILION VALHALLA, NY 10595 46-5534882	PRESCHOOL	NY	501(C)(3)	10	WCHCC		No
100 WOODS ROAD VALHALLA, NY 10595 13-4095845	FUNDRAISING	NY	501(C)(3)	7	WCHCC		No
741 GRANT AVENUE LAKE KATRINE, NY 12449 26-1850453	SUPPORTING	NY	501(C)(3)	12A	WCHCC	Yes	
396 BROADWAY KINGSTON, NY 12401 14-1349558	EXEMPT HOSP	NY	501(C)(3)	3	HA INC	Yes	
105 MARYS AVENUE KINGSTON, NY 12401 14-1338470	EXEMPT HOSP	NY	501(C)(3)	3	HA INC	Yes	
42084 STATE ROUTE 28 MARGARETVILLE, NY 12455 15-0552726	EXEMPT HOSP	NY	501(C)(3)	3	HA INC	Yes	
42158 STATE HIGHWAY 28 MARGARETVILLE, NY 12455 22-3143565	NURSING HOME	NY	501(C)(3)	10	MMH	Yes	
42084 STATE HIGHWAY 28 MARGARETVILLE, NY 12455 26-1998454	SUPPORT FDN	NY	501(C)(3)	12A	MMH	Yes	
741 GRANT AVENUE LAKE KATRINE, NY 12449 26-4201295	SUPPORT FDN	NY	501(C)(3)	7	HAH BWAY	Yes	
255 LAFAYETTE AVE SUFFERN, NY 10901 13-3400353	SUPPORT FDN	NY	501(C)(3)	7	BSCHS		No
255 LAFAYETTE AVE SUFFERN, NY 10901 81-0667395	SUPPORT FDN	NY	501(C)(3)	7	BSCHS	Yes	
255 LAFAYETTE AVE SUFFERN, NY 10901 14-1972807	SUPPORT FDN	NY	501(C)(3)	7	BSCHS	Yes	
255 LAFAYETTE AVE SUFFERN, NY 10901 91-2135195	SUPPORTING	NY	501(C)(3)	12C, III-FI	WCHCC		No
741 GRANT AVENUE LAKE KATRINE, NY 12449 22-2511450	FUNDRAISING	NY	501(C)(3)	7	HA INC		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
HUDSON RIVER WEST INSURANCE (BARBADOS) 38 PINE ROAD BELLEVILLE ST MICHAEL BB	CAP INSURANCE	BB	BSCHS	C CORP				Yes	
KINGSTON INSURANCE (BARBADOS) LIMITED 38 PINE ROAD BELLEVILLE ST MICHAEL BB	CAP INSURANCE	BB	HEALTHALLIANCE	C CORP				Yes	
NORTHEAST PROVIDER SOLUTIONS INC 100 WOODS ROAD VALHALLA, NY 10595 13-3991673	MSO & HEARING AID	NY	NA	C CORP				Yes	
WMC ADVANCED PHYSICIAN SERVICES PC 19 BRADHURST AVENUE HAWTHORNE, NY 10595 26-4709927	PHYSICIAN OFFICES	NY	NA	C CORP				Yes	
WESTCHESTER MEDICAL REGIONAL PHYS SVCS 241 NORTH ROAD POUGHKEEPSIE, NY 10532 46-5522536	PHYSICIAN OFFICES	NY	NA	C CORP				Yes	
WCHCC (BERMUDA) LIMITED VICTORIA HALL 11 VICTORIA STREET HAMILTON BD	CAP INSURANCE	BD	NA	C CORP				Yes	
KINGSTON REGIONAL HEALTH CARE ENTERPRISE 396 BROADWAY KINGSTON, NY 12401 16-1514994	INVESTMENT	NY	HAH BWAY	C CORP				Yes	
MID HUDSON PHYSICIANS PC 396 BROADWAY KINGSTON, NY 12401 20-3564769	MEDICAL SVCS	NY	NA	C CORP				Yes	
BSCHS MEDICAL GROUP PC 10 FRANKLIN TURNPIKE MAHWAH, NJ 07430 82-1632215	PHYSICIAN OFFICES	NJ	BSCHS	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
BON SECOURS CHARITY HEALTH SYSTEM INC	R	267,471,981	FMV
WMC HEALTH NETWORK - ROCKLAND INC	Q	596,000	FMV
GOOD SAMARITAN FOUNDATION FOR BETTER HEALTH	C	107,907	FMV
BON SECOURS CHARITY HEALTH SYSTEM INC	S	267,442,243	FMV
BON SECOURS HEALTH SYSTEM INC	S	3,690,000	FMV
ST ANTHONY COMMUNITY HOSPITAL	O	26,615,813	FMV
BON SECOURS COMMUNITY HOSPITAL	O	40,784,997	FMV
VILLA FRANCES AT THE KNOLLS INC	O	6,886,961	FMV
ST FRANCIS AT THE KNOLLS INC	O	2,355,719	FMV
BON SECOURS CHARITY HLTH SYSTEM MED GROUP PC	O	48,474,150	FMV
GOOD SAMARITAN HOSPITAL OF SUFFERN NY	O	81,078,786	FMV
GOOD SAMARITAN HOSPITAL OF SUFFERN NY	P	14,664,780	FMV
ST ANTHONY COMMUNITY HOSPITAL	P	26,716,948	FMV
BON SECOURS COMMUNITY HOSPITAL	P	29,558,111	FMV
BON SECOURS WARWICK HEALTH FOUNDATION	C	347,384	FMV
VILLA FRANCES AT THE KNOLLS INC	P	5,526,885	FMV
ST FRANCIS AT THE KNOLLS INC	P	1,826,399	FMV
BON SECOURS CHARITY HLTH SYSTEM MED GROUP PC	P	16,299,224	FMV
BON SECOURS CHARITY HLTH SYSTEM MED GROUP PC	Q	16,076,903	FMV
GOOD SAMARITAN HOSPITAL OF SUFFERN NY	Q	79,183,441	FMV