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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

C Name of organization
Bon Secours Mercy Health Inc
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1701 Mercy Health Place
City or town, state or province, country, and ZIP or foreign postal code
Cincinnati, OH 45237

F Name and address of principal officer:
John M Starcher
1701 Mercy Health Place
Cincinnati, OH 45237

D Employer identification number
52-1301088
E Telephone number
(513) 952-5000
G Gross receipts \$ 1,032,693,688

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 0928

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

J Website: ▶ bsmhealth.org

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

L Year of formation: 1983

M State of legal domicile: MD

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Acts as Home Office for Bon Secours Mercy Health system providing admin/mgmt services to affiliates.

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

3 Number of voting members of the governing body (Part VI, line 1a) 3 18

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 15

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 1,200

6 Total number of volunteers (estimate if necessary) 6 14

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -137,770

b Net unrelated business taxable income from Form 990-T, line 39 7b 75,522

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 0

9 Program service revenue (Part VIII, line 2g) 9 973,304,800

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 46,496,341

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 12,235,860

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,032,037,001

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 2,154,473

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 567,928,607

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0

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

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 325,891,518

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 895,974,598

19 Revenue less expenses. Subtract line 18 from line 12 19 136,062,403

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 1,754,618,214

21 Total liabilities (Part X, line 26) 21 1,036,465,074

22 Net assets or fund balances. Subtract line 21 from line 20 22 718,153,140

Part II Signature Block

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

Sign Here

Signature of officer
Deborah Bloomfield Chief Financial Officer

2021-03-10
Date

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check ☐ if self-employed PTIN P00369623

Firm's name ▶ PRICEWATERHOUSECOOPERS LLP Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 13TH STREET NW STE 1000
WASHINGTON, DC 20005 Phone no. (212) 414-1000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

The mission is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness.

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

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

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

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

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

4a (Code:) (Expenses \$ 808,850,374 including grants of \$ 2,154,473) (Revenue \$ 973,623,469)
See Additional Data

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

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

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

4e Total program service expenses ▶ 808,850,374

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	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a Yes	
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 Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	289
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	No

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

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 1,200			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b HK, IN, AR, ID, EI, IS, IT, JA, KS, LU, AS, MX, AU, NL, NZ, NO, PE, PL, PO, SN, SF, SP, SW, SZ, TW, TU, BE, AE, UK, BD, BR, CA, CI, CH, CO, DA, FO, FI	5a		No	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? If "Yes," enter the name of the foreign country: FR, GM	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	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			
9 Sponsoring organizations maintaining donor advised funds.				
a 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			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	Yes		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 18		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 15		
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	Yes	
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ Travis Crum 1701 Mercy Health Place Cincinnati, OH 45237 (513) 952-5000

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

[illegible]

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	18,914,523	27,388,382	5,627,268

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 ► 421

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

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
TORGAN COOPER & AARON PC 17 STATE ST 39TH FLR NEW YORK, NY 10004	Legal services	5,200,000
US BANK CORPORATE TRUST (SHIFTWISE) PO BOX 70870 ST PAUL, MN 551709705	STAFFING SUPPORT	4,045,657
EPIC SYSTEMS CORPORATION 1979 MILKY WAY VERONA, WI 53593	MEDICAL SOFTWARE AND SERVICES	3,829,480
JDA E HEALTH SYS INC 1415 W DIEHL RD STE 200 N NAPERVILLE, IL 60563	Revenue Cycle Software and Services	2,489,027
3M HEALTH INFORMATION SYSTEMS PO BOX 120881 DALLAS, TX 753120881	IT Maintenance and Services	2,225,149

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 ► 162

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Part VIII Statement of Revenue																	
Check if Schedule O contains a response or note to any line in this Part VIII												<input type="checkbox"/>					
										(A) 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													
		e Government grants (contributions)		1e													
		f All other contributions, gifts, grants, and similar amounts not included above		1f													
		g Noncash contributions included in lines 1a - 1f:\$		1g													
		h Total. Add lines 1a-1f								0							
Program Service Revenue				Business Code													
		2a Corp Mgmt & IS Fees		900099		901,010,594		901,010,594									
		b Retail Revenue		900099		31,515,227		31,515,227									
		c MGMT Service Fees		900099		28,791,959		28,791,959									
		d Premier & Other Partnerships		900099		11,987,020		12,305,689		-318,669							
		e															
		f All other program service revenue.				0		0		0		0					
		g Total. Add lines 2a-2f		973,304,800													
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)				13,524,303						13,524,303					
		4 Income from investment of tax-exempt bond proceeds															
		5 Royalties															
				(i) Real		(ii) Personal											
		6a Gross rents		6a		6,626,544											
		b Less: rental expenses		6b		656,687											
		c Rental income or (loss)		6c		5,969,857		0									
		d Net rental income or (loss)				5,969,857				180,899		5,788,958					
				(i) Securities		(ii) Other											
		7a Gross amount from sales of assets other than inventory		7a		32,972,038											
		b Less: cost or other basis and sales expenses		7b		0											
		c Gain or (loss)		7c		32,972,038		0									
		d Net gain or (loss)				32,972,038						32,972,038					
		8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a													
		b Less: direct expenses		8b													
		c Net income or (loss) from fundraising events															
		9a Gross income from gaming activities. See Part IV, line 19		9a													
		b Less: direct expenses		9b													
		c Net income or (loss) from gaming activities															
		10a Gross sales of inventory, less returns and allowances		10a													
b Less: cost of goods sold		10b															
c Net income or (loss) from sales of inventory																	
Miscellaneous Revenue		Business Code															
11a Medical Equipment Excise Tax Refund		900099		2,812,405						2,812,405							
b Third Party Vendor Revenue		900099		3,422,053						3,422,053							
c Care Coordination		900099		20,403						20,403							
d All other revenue				11,142		0		0		11,142							
e Total. Add lines 11a-11d				6,266,003													
12 Total revenue. See instructions				1,032,037,001		973,623,469		-137,770		58,551,302							

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,154,473	2,154,473		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	9,313,726	8,382,353	931,373	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	265,084,527	238,576,074	26,508,453	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	10,498,014	9,448,213	1,049,801	
9 Other employee benefits	279,202,326	251,282,093	27,920,233	
10 Payroll taxes	3,830,014	3,447,013	383,001	
11 Fees for services (non-employees):				
a Management				
b Legal	442,482		442,482	
c Accounting	17,704		17,704	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	190,375,110	171,337,599	19,037,511	0
12 Advertising and promotion	5,387,431	4,848,688	538,743	
13 Office expenses	3,646,282	3,281,654	364,628	
14 Information technology	37,973,734	34,176,361	3,797,373	
15 Royalties				
16 Occupancy	18,160,594	16,344,535	1,816,059	
17 Travel	5,506,327	4,955,694	550,633	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,328,161	1,195,345	132,816	
20 Interest	4,262,185	4,262,185		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	30,730,554	27,657,499	3,073,055	
23 Insurance	273,613	246,252	27,361	
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	22,457,369	22,457,369		
b Contract Labor	1,355,734	1,220,161	135,573	
c Professional Dues, Fees, & Subscriptions	956,906	861,215	95,691	
d Recruitment	467,771	420,994	46,777	
e All other expenses	2,549,561	2,294,604	254,957	0
25 Total functional expenses. Add lines 1 through 24e	895,974,598	808,850,374	87,124,224	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		0	1		
	2	Savings and temporary cash investments		52,853,607	2	721,396,343	
	3	Pledges and grants receivable, net		0	3		
	4	Accounts receivable, net		9,670,100	4	11,660,758	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		61,652	7	760,693	
	8	Inventories for sale or use		0	8		
	9	Prepaid expenses and deferred charges		15,201,593	9	21,129,004	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	480,093,774			
	b	Less: accumulated depreciation	10b	398,396,938	143,302,086	10c	81,696,836
	11	Investments—publicly traded securities		203,695,928	11	240,675,948	
	12	Investments—other securities. See Part IV, line 11		0	12		
	13	Investments—program-related. See Part IV, line 11		223,676,503	13	43,598,459	
	14	Intangible assets		0	14		
	15	Other assets. See Part IV, line 11		591,431,810	15	633,700,173	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,239,893,279	16	1,754,618,214		
Liabilities	17	Accounts payable and accrued expenses		96,455,237	17	87,363,335	
	18	Grants payable		0	18		
	19	Deferred revenue		21,548,210	19	15,490,738	
	20	Tax-exempt bond liabilities		0	20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		7,137,164	23	4,845,965	
	24	Unsecured notes and loans payable to unrelated third parties		0	24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		175,373,440	25	928,765,036	
	26	Total liabilities. Add lines 17 through 25		300,514,051	26	1,036,465,074	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		939,379,228	27	716,087,390	
	28	Net assets with donor restrictions		0	28	2,065,750	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds		0	29		
	30	Paid-in or capital surplus, or land, building or equipment fund		0	30		
	31	Retained earnings, endowment, accumulated income, or other funds		0	31		
	32	Total net assets or fund balances		939,379,228	32	718,153,140	
33	Total liabilities and net assets/fund balances		1,239,893,279	33	1,754,618,214		

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	1,032,037,001
2	Total expenses (must equal Part IX, column (A), line 25)	2	895,974,598
3	Revenue less expenses. Subtract line 2 from line 1	3	136,062,403
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	939,379,228
5	Net unrealized gains (losses) on investments	5	35,929,560
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-217,050,102
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-176,167,949
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	718,153,140

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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1301088
Name: Bon Secours Mercy Health Inc

Form 990 (2019)

Form 990, Part III, Line 4a:

Bon Secours Mercy Health provides a wide range of corporate support services to the facilities it owns or has affiliations. The system's mission services ensure that all Bon Secours facilities support the ministry of the Sisters of Bon Secours and the Catholic Church, and are driven by the system's mission and values. The system's financial, operational and business development services provide essential centralized support to improve operations, financial performance, and the delivery of patient care. With expertise in all areas of acute, long-term care and assisted living facility and home care management and operations, the corporate staff also serves as an invaluable corporate consulting resource. Mission Services: -Direction, support and consultation for the local and corporate staff and boards of directors -Policy development in areas such as sponsorship, business relationships, moral investments, bioethics, organizational ethics, social justice and community commitment services -Education to promote the Bon Secours mission, philosophy and values to key staff -Coordination of teams charged with addressing health care issues and ethical concerns Financial & Treasury Services: -Negotiation of access to capital -Oversight, coordination and control of external audits -Coordination of and assistance in maximizing third-party reimbursement and filing related appeals -Monitoring of federal health care policy -Monitoring of System's master pension trust encompassing the pooled investment of all defined benefit pension plan assets of System members, including the selection of master pension trust investment advisor and managers and evaluation of their performance -Management of System members' trustee-held funds and System-wide investment program encompassing the vast majority of System members' investments, including funded depreciation accounts and centralized cash management program, in accordance with uniform System investment guidelines -Management of centralized cash management program -Maintenance of System-wide common financial data base providing status of key financial indicators and operating statistics -Long range capital and financial planning and annual operating and capital budgeting support -Preparation of monthly and year-end consolidating System-wide financial statements, including budget variation reporting and statistical analysis -Development, implementation and monitoring of standardized accounting policies and educates senior leaders on financial literacy and contemporary financial practices. -Development of external financial disclosures to investors and the public at large -Primary contact with rating agencies, bond insurers and for investors questions -Oversight of System consulting in the areas of tax returns, cost reporting, A-133 filings, CDM compliance and third party appeals -Organization of meetings of Chief Financial Officers to better coordinate implementation of System-wide goals, strategies, tactics and objectives and to monitor facility operations and corporate compliance Operational Services: -Actuarial, accounting and investment functions for self insurance funding of System members' general and professional liability and workers compensation claims and for a System-wide self-funded plan for employee health benefits -Coordination of functions for a System-wide standard hospital information system and other systems for use throughout the System and support functions for implementing and maintaining the information system -Standardized purchasing function, material management, Lawson ERP system, and other standard IS -Knowledge Transfer of best practices and successes on revenue enhancement and cost reduction initiatives. Strategic Planning, Marketing, and Business Development Services: -Coordination of System strategic planning including coordination of development of the System's vision, goals, and 3-year strategic plan and annual planning processes. -Market assessment and strategy development for improved local market positioning -Strategic planning support for acute, long-term and home care operations -New product/service research and development -Emerging technology research & assessment; knowledge transfer of technology and implications for system -Coordination and consultative assistance in service line planning & profitability analyses -Implementation of strategic growth initiatives in new and existing communities -Coordination of Planning & Business Development leaders, Customer Satisfaction, and Marketing & Communications leaders networks Other Corporate Services: -Corporate Communications and Public Relations -Internal auditing -Corporate Responsibility -Risk management -Governance -Coordination and control of System-wide benefit testing -Administration of System-wide health benefit plans -Placement and renewal of various System-wide welfare benefit plans -Coordination and management of legal services provided to System members -Regulatory compliance and insurance functions -System-wide employee, patient, resident and physician satisfaction Program

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Chris Allen Chairman	10.0	X		X				81,250	0	0
JOHN STARCHER JR JD President/CEO	35.0	X		X				0	14,998,656	790,273
KATHERINE W VESTAL PHD Vice Chair	15.0 3.0	X		X				14,583	0	0
Clarion Johnson MD Board Member	3.0	X						0	0	0
FR Myles N Sheehan SJ MD BOARD MEMBER	3.0	X						0	0	0
Gerard Kells Board Member	3.0	X						0	0	0
Janet Reid PhD BOARD MEMBER	3.0	X						0	0	0
Jennifer O'Brien JD Board Member	1.0 3.0	X						0	0	0
Joseph O'Shea Board Member (Beg 07/19)	3.0	X						0	24,936	0
KATHERINE A ARBUCKLE CPA BOARD MEMBER	3.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Lizanne Gottung	3.0									
Board Member	..... 3.0	X						0	0	0
Peter Maddox	3.0									
Board Member	..... 3.0	X						0	0	0
RAJA RAJAMANNAR	3.0									
BOARD MEMBER	..... 1.0	X						0	0	0
SR CAROL ANNE SMITH HM	3.0									
BOARD MEMBER	..... 3.0	X						0	0	0
SR DORIS A GOTTEMOELLER RSM	3.0									
Board Member	..... 3.0	X						0	0	0
Sr Fran Gorsuch CBS	3.0									
Board Member	..... 3.0	X						0	0	0
SR PATRICIA ECK CBS	3.0									
BOARD MEMBER	..... 4.0	X						0	0	0
Stephanie Ferguson PhD	3.0									
Board Member	..... 3.0	X						0	0	0
Christine Lay JD	35.0									
Secretary (END 04/19)	..... 15.0			X				614,385	0	19,182
Christine Morris	35.0									
Board Asst. Secretary	..... 15.0			X				108,495	0	36,055

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHRISTINE O'NEILL	35.0									
BOARD SECRETARY (Beg 04/19)	..... 15.0			X				0	160,290	16,835
DEBORAH BLOOMFIELD PhD CPA	35.0									
TREASURER & CFO	..... 15.0			X				0	1,988,664	709,820
Alethea Williams-Carlson	45.0									
Chief Information Officer	..... 10.0				X			911,103	0	250,863
Andrea Mazzocchi	40.0									
SVP, Chief Nursing Officer	..... 10.0				X			1,284,449	0	38,115
BRIAN SMITH	35.0									
EVP, Chief Operating Officer	..... 15.0				X			0	2,588,611	730,301
DAVID A CANNADY	35.0									
Chief Strategy Officer	..... 15.0				X			0	1,248,396	402,919
Jeffrey Oak PhD	40.0									
Chief Enterprise Risk Officer	..... 10.0				X			1,043,394	0	36,442
JEROME JUDD	35.0									
Vice President, Treasury	..... 15.0				X			0	1,015,007	247,411
JOSEPH GAGE JR	35.0									
SVP, CHIEF HUMAN RESOURCES OFFICER	..... 15.0				X			0	1,310,642	338,793
JUDSON IVY	35.0									
Pres & CEO Ensemble RMC LLC (End 08/19)	..... 15.0				X			0	2,087,090	29,978

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Nantz	40.0									
Chief Administrative Officer (End 08/19)	..... 10.0				X			1,827,744	0	38,142
MICHAEL BEZNEY JD	35.0									
Chief Legal Officer & General Counsel	..... 15.0				X			0	1,966,090	850,093
Samuel Ross MD	12.5									
Chief Community Health Officer	..... 37.5				X			1,004,665	0	38,115
Wael Haidar MD	40.0									
Chief Clinical Officer	..... 10.0				X			1,613,966	0	352,778
Janice Burnett	40.0									
VP Operations Finance (End 03/19)	..... 0.0					X		1,682,736	0	8,553
Marlon Priest MD	40.0									
EVP, CMO (End 03/19)	..... 0					X		1,513,989	0	30,914
Matthew Toddy	40.0									
EVP, Legal Affairs (End 03/19)	..... 0					X		1,468,835	0	38,153
Richard Statuto	0.0									
President/CEO (End 01/19)	..... 0					X		4,345,751	0	594,010
Timothy Davis	40.0									
Former EVP, CHRAO	..... 0.0					X		1,295,710	0	29,523
Martha Riva	0.0									
Former Secretary / SVP Governance	..... 0						X	103,468	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

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 34
- 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		
See Additional Data Table						
Total	34				644,541,224	0

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1	Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
2		No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		No
3a		No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
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>		No
4a		No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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>		No
5a		No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
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>	Yes	
6	Yes	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
7		No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		No
8		No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
9a		No
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9b		No
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
9c		No
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
10a		No
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
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?	11a		No
b	A family member of a person described in (a) above?	11b		No
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c		No

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

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

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

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

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

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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 IV, Section A, Line 6 Support to other supported orgs	The filing organization did provide support in the form of grants and other assistance to organizations other than their supported organizations. The organization regularly provide s financial support to charitable and religious organizations with similar tax exempt purp oses.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section D, Line 3 Supp. Org. Have Significant Voice In Investment Policies	<p>The filing organization maintains a close and continuous working relationship with the Sisters of Bon Secours in the United States because members of the order serve on its board and because the Congregation is the founding and participating entity in the filing organization's canonical sponsor. The filing organization maintains a close and continuous working relationship with its other supported organizations through the Governance Steering Committee, which is comprised of the BSMH Board Chair, BSMH President/CEO, and the Board Chairs, Board Presidents, and CEOs of each local system. The committee meets quarterly to bring together governance leadership throughout the system for education, sharing and working toward governance best practices. The local board chairs and presidents also meet with the BSMH Board Chair in executive session at each meeting. The supported organizations have a significant voice in the use of the filing organization's income and assets. Representatives of the supported organizations have clear channels of communication to relay to the filing organization's staff and leadership the resources they want and need in order to carry out their operations in furtherance of their shared health care mission. Supported organizations communicate their needs through the annual budget approval process and through ad hoc requests as needs arise. The filing organization's staff and leadership take account of the information they receive from the supported organizations in developing budgets and proposed allocations of resources to be presented to the filing organization's Board for debate and approval.</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 2a Org. Activities Directly Further The Exempt Purposes	Substantially all of the filing organization's activities directly furthered the exempt purposes of the Sisters of Bon Secours in the United States and the other supported organizations because the activities were all carrying out the shared health care mission of Bon Secours Mercy Health, Inc. The filing organization developed system-wide policies, provided services such as electronic health records system maintenance, procurement, accounting, and legal to support the delivery of health care to the communities served and to enable the Sisters of Bon Secours to carry out their faith-based health care mission consistently and effectively across the system.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 2b Activities That One Or More Supp. Org. Engaged In	The filing organization's supported organizations would have engaged in the filing organization's activities but for the filing organization's involvement because the functions and services performed by the filing organization are all important to sound operations that deliver quality health care that is compliant with legal and regulatory requirements and the faith-based mission of Bon Secours Mercy Health.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3a Power To Appoint/Elect Majority of Officer/Director/Trustee	The filing organization had the power to appoint or elect a majority of the officers and directors of its supported organizations, other than the Sisters of Bon Secours of the United States, which has the authority, through its relationship with the filing organization's sole member, to appoint the board of the filing organization. The filing organization exercises this power through its control over the parent entities of the local health systems which in turn have control over the supported organizations.

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part IV, Section E, Line 3b Substantial Direction Over Policies/Programs/Activities	The supported organizations are subject to the general supervision or control of filing or ganization. Per the governing documents of each of the supported organizations, the filing organization has the power to approve strategic plans, capital budgets, operating budgets , as well as change the philosophy, objectives or purposes of the organizations.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1301088
Name: Bon Secours Mercy Health Inc

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
Bon Secours Hospital Baltimore Inc	521909599	3	Yes		7,669,988	0
Bon Secours Housing Inc	521442707	9	Yes		0	0
Bon Secours Housing II Inc	521543174	9	Yes		0	0
Bon Secours of Maryland Foundation Inc	521732800	7	Yes		2,223,228	0
Unity Properties Inc	521857768	7	Yes		0	0
Bon Secours DePaul Health Foundation	541843876	7	Yes		100,000	0
Bon Secours DePaul Medical Center Inc	541820093	3	Yes		51,500,224	0
Bon Secours Maryview Foundation	521694731	7	Yes		342,719	0
Bon Secours Maryview Nursing Care Center	521578169	9	Yes		1,341,688	0
Maryview Hospital	540506463	3	Yes		88,042,244	0
Mary Immaculate Hospital Incorporated	540548200	3	Yes		33,002,237	0
Mary Immaculate Nursing Center Inc	541516476	9	Yes		1,041,054	0
Bellefonte Physician Services Inc	352320780	9	Yes		30,495,652	0
Bon Secours Kentucky Health System Foundation Inc	611381952	7	Yes		100,000	0
Our Lady of Bellefonte Hospital Inc	611356023	3	Yes		30,196,791	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 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		
Frances Schervier Home and Hospital	131740397	9	Yes		0	0
Schervier Housing Development Fund Corporation	133098867	9	Yes		0	0
Bon Secours Memorial Regional Medical Center Inc	541744931	3	Yes		77,004,322	0
Bon Secours Richmond Community Hospital Incorporated	540647482	3	Yes		27,564,469	0
Bon Secours Richmond Health Care Foundation	541201346	7	Yes		1,436,970	0
Bon Secours St Francis Medical Center Inc	311716973	3	Yes		55,286,897	0
Bon Secours St Marys Hospital of Richmond Inc	540793767	3	Yes		129,797,058	0
Chesapeake Hospital Corporation	237424835	3	Yes		11,317,051	0
Chesapeake Medical Group Inc	541857174	9	Yes		2,820,386	0
Rappahannock General Hospital Foundation Inc	541210450	7	Yes		0	0
Bon Secours St Francis Health System Foundation Inc	260012031	7	Yes		175,000	0
St Francis Hospital Inc	582504530	3	Yes		87,748,322	0
Bon Secours Maria Manor Nursing Care Center Inc	650061820	9	Yes		3,252,495	0
Bon Secours St Petersburg Home Care Services Inc	134334363	9	Yes		1,501,854	0
Bon Secours Health System Foundation Inc	474765376	7	Yes		0	0

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 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		
Congregation of Bon Secours of Paris Incorporated	453662533	1	Yes		0	0
Sisters of Bon Secours of the US Incorporated	520715234	1	Yes		0	0
Schervier Apartments LLC	471364217	9	Yes		0	0
IVNA Health Services	541479847	9	Yes		580,575	0

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I

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

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

Part III

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

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

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenue included on Form 990, Part VIII, line 1 ► \$
(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenue included on Form 990, Part VIII, line 1 ► \$
b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

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

	Yes	No
3a(i)		
3a(ii)		
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,241,726		11,241,726
b Buildings		12,653,201	5,689,060	6,964,141
c Leasehold improvements		2,438,989	1,836,832	602,157
d Equipment		447,527,879	390,107,738	57,420,141
e Other		6,231,979	763,308	5,468,671
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				81,696,836

Schedule D (Form 990) 2019

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
See Additional Data Table	
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	633,700,173

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	
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	928,765,036

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1301088
Name: Bon Secours Mercy Health Inc

Form 990, Schedule D, Part IX, - Other Assets

(a) Description	(b) Book value
Due from Affiliates	535,453,663
HPL/GL Asset	39,423,946
Actuarial value of excess recoverables WC	
Ground Lease & Amortization	
Capital Accumulation	864,480
Miscellaneous A/R	6,617,260
Rent Receivable	
Investment in BSAC	
Other Misc Assets	2,681
Intangible Assets	16,847,819
Miscellaneous Investments	23,131,534
Right of Use Asset	11,358,790

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

1. (a) Description of Liability	(b) Book Value
Pension Liability	78,702,878
Worker's Comp Liability	41,659,452
HPL/GL Liability	42,244,507
Due to Affiliates	39,467,060
Unclaimed Property	129,067
Other Income Taxes	
Other Misc Liabilities	185,114
Other Misc Liabilities	
Intercompany A/P	713,625,808
LEASE LIABILITY	12,647,104

Form 990, Schedule D, Part X, - Other Liabilities	
1.	(b) Book Value
(a) Description of Liability	
SYS-WIDE MOB PARTNERSHIP	104,046

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>Schedule D, Part X, Line 2 requires that the organization provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under ASC 740. ASC 740 addresses the accounting for uncertainty in income taxes recognized in an entity's financial statements and prescribes a threshold of more-likely-than-not for recognition and derecognition of tax positions taken or expected to be taken in a tax return. The adoption of ASC 740 by Bon Secours Mercy Health, Inc. on September 1, 2007 did not have a material impact on BSMH's consolidated financial statements. As the organization does not conduct a separate audit of its financial statements, below is the related statement from the Bon Secours Mercy Health, Inc. consolidated audited financial statements: The Company and most of its subsidiaries (including certain joint venture entities) are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. Their related income is exempt from federal income tax under Section 501(A). Some of the subsidiaries are taxable entities, and some of the income of the tax-exempt entities is subject to taxation as unrelated business taxable income. The Company and its subsidiaries file U.S. federal income tax returns, and they also file in various state and foreign jurisdictions. The Company accounts for uncertain tax positions in accordance with ASC Topic 740, Income Taxes. The Company accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. The Company has determined that no significant unrecognized tax benefits or liabilities exist as of December 31, 2019. Accounting for uncertainty in income taxes, ASC Topic 740-10 prescribes a comprehensive model for how an organization should measure, recognize, present and disclose in its financial statements uncertain tax positions that an organization has taken or expects to take on a tax return. The Company is subject to routine audits by taxing jurisdictions. An Internal Revenue Service audit of Mercy for 2016 and 2017 tax periods was completed in July 2019. There are no current audits in progress. The Company believes it is no longer subject to income tax examinations for years prior to 2014. As of December 31, 2019, the Company has no uncertain tax positions. The Company's taxable subsidiaries had \$205,170 and \$169,666 of net operating loss carryforwards as of December 31, 2019 and 2018, respectively, which expire in varying periods through 2037 and are available to offset future taxable income. The Company accounts for income taxes under the asset and liability method. Under this method, deferred tax assets and liabilities are recognized for the estimated future tax consequences attributable to differences between the financial statement</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	<p>carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to be in effect during the year in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date. Interest and penalties related to income taxes are accounted for as income tax expense. The Company's deferred tax assets are fully reserved at December 31, 2019 and 2018 as the Company considers it more likely than not that these amounts will not be recognized.</p>

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Bon Secours Mercy Health Inc

Employer identification number
52-1301088

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	1	0			856,079,048
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	1	0			856,079,048

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☒ Yes ☐ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

ReturnReference	Explanation

Additional Data

Software ID: 19010655

Software Version: 2019v5.0

EIN: 52-1301088

Name: Bon Secours Mercy Health Inc

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	1	0	Program Services	Off-Shore Captive Management	27,659,828
Central America and the Caribbean	0	0	Investments		240,125,642

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Investments		150,136,317
Europe (Including Iceland and Greenland)	0	0	Investments		393,096,863

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa	0	0	Investments		2,306,910
North America (Canada & Mexico only)	0	0	Investments		33,661,886

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South America	0	0	Investments		4,039,017
South Asia	0	0	Investments		1,635,892

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa	0	0	Investments		3,416,693

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Bon Secours Mercy Health Inc

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number
52-1301088

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) See Additional Data							
(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

19

3

Enter total number of other organizations listed in the line 1 table

0

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds.	<p>Per Bon Secours Mercy Health's system-wide financial and accounting policies, contributions are generally made as reimbursements for funds spent. In such cases, the donee/grantee organization must provide documentation to the filing organization before funds are approved for disbursement. In other cases, grantees submit progress reports on the anniversary date on which the grant was received. The evaluation report includes: 1) progress toward the deployment of the stated goals and objectives, 2) progress towards the achievement of desired outcome as demonstrated by Project Work Plan, 3) an accurate accounting of the revenue and expenses and the amount of the mission fund award expensed, and 4) a summary past, current and future funding sources and efforts to secure sustaining sources of funding.</p> <p>Description of the Bon Secours Health System Mission Fund: Bon Secours Mercy Health performs its philanthropic work through its mission department. This initiative, called the Bon Secours Health System Mission Fund ("Mission Fund"), was developed to promote the Catholic Health Ministry and the Bon Secours Mercy Health, Inc. Mission. This purpose is realized through the funding of initiatives that improve the health and well-being of communities, particularly for disenfranchised and marginalized people, served by Bon Secours Mercy Health Local Systems ("Local Systems"), Cosponsors and the Congregation of the Sisters of Bon Secours. The scope of its purpose and use of funds would be to: -promote healthy community coalition initiatives in conjunction with local system efforts, -develop local system and community excellence for a specific health condition and preventive need, and -improve access for uninsured populations and reduce health disparities among populations in the community. The Strategic Quality Plan of the health system calls for focused efforts to Build Healthier Communities. The health system understands "health" to include social and communal dimensions and has adopted the following articulation of a healthy community. The conditions of communities and individuals served by Bon Secours Mercy Health reflect the interaction of significant factors and complex behaviors at the individual, communal, and societal level. It is not likely that interventions by any one organization will result in substantial improvement or benefit to the community. Rather, increased participation by stakeholders and greater cooperation among entities with appropriate skills and resources is necessary for systemic change and improved outcomes. Mission Fund grants place emphasis on increased collaboration among community based members (Healthy Community Initiative), public health officials and other providers of services. The Mission Fund anticipates that most endeavors that seek to bring meaningful improvement require time and commitment. Consequently, local system grant recipients may expect continuity of support (several years) to establish and track outcomes. At the same time, grant applicants need to cultivate and achieve a wide array of financial resources necessary to sustain promising projects and service programs.</p>

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1301088
Name: Bon Secours Mercy Health Inc

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bon Secours DePaul Health Foundation 7007 Harbour View Blvd 108 Suffolk, VA 23435	54-1843876	501 (c) (3)	100,000				Mission Support
The Bon Secours of Maryland Foundation Inc 26 N Fulton Avenue Baltimore, MD 21223	52-1732800	501 (c) (3)	100,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Francis Hospital Inc One St Francis Drive Greenville, SC 29601	58-2504530	501 (c) (3)	100,000				Mission Support
Bon Secours Richmond Healthcare Foundation 8580 Magellan Parkway Building IV Richmond, VA 23227	54-1201346	501 (c) (3)	100,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bon Secours Maria Manor Nursing Care Center 10300 Fourth Street N St Petersburg, FL 33716	65-0061820	501 (c) (3)	98,411				Mission Support
Good Samaritan Hospital PO Box 2767 York, PA 17405	23-0794160	501 (c) (3)	105,647				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bon Secours Kentucky Health System Foundation Inc 1701 Mercy Health Place Cincinnati, OH 45237	61-1381952	501 (c) (3)	100,000				Mission Support
CareAlliance Health Services 1483 Tobias Gadson Blvd Suite 101 Charleston, SC 29407	57-0831165	501 (c) (3)	100,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Riverdale Senior Services 2600 Netherland Av Bronx, NY 10463	23-7357997	501 (c) (3)	100,000				Mission Support
Catholic Relief Services 228 W Lexington Street Baltimore, MD 21201	13-5563422	501 (c) (3)	75,000				Disaster Relief

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Congregation Bon Secours of Paris Inc 1527 Marriottsville Rd Marriottsville, MD 21104	45-3662533	501 (c) (3)	262,100				Mission Support
Sisters Academy of Baltimore Inc 139 First Ave Baltimore, MD 21227	34-1975939	501 (c) (3)	25,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Global Smile Foundation 101 Access Rd Ste 205 Norwood, MA 02062	26-2668127	501 (c) (3)	50,000				Global Smile Donation
Friends in Solidarity Inc 8737 Colesville Rd Suite 610 Silver Spring, MD 20910	47-5649302	501 (c) (3)	135,000				Mission Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mercy Beyond Borders 1885 De La Cruz Blvd Ste 101 Santa Clara, CA 95050	26-0323282	501 (c) (3)	15,000				Mission Support
Catholic Medical Mission Board Inc 100 Wall Street Floor 9 New York, NY 10005	13-5602319	501 (c) (3)	400,000				Maternal and Child Health Collaborative

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Americares 88 Hamilton Ave Stamford, CT 06902	06-1008595	501 (c) (3)	100,000				Mission Support
Midwives for Haiti Inc 7130 Glen Forest Drive Suite 101 Richmond, VA 23226	27-2368581	501 (c) (3)	120,000				Midwives for Haiti Donation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Charities USA 2050 Ballenger Ave Suite 400 Alexandria, VA 22314	53-0196605	501 (c) (3)	50,000				Mission Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Bon Secours Mercy Health Inc		Employer identification number 52-1301088

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2 Yes		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a Yes		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes		
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		5a	No
a The organization?	5b		No
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:		6a	No
a The organization?	6b		No
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.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

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

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Terms and conditions of the Cincinnati Market SERP	The Cincinnati Market SERP is a deferred compensation plan which provides employment continuation incentives to all executive council members. The plan is no longer accepting new participants and the cessation of contributions has occurred. Participants must complete a two tiered vesting provision. Participants must be vested under the base qualified plan and must count 24 months after termination during which they do not compete with Mercy Health Cincinnati LLC. Amounts includable as taxable compensation for listed individuals due to executive benefit plan participation in the reporting year were as follows: Deborah Bloomfield \$0.
Schedule J, Part I, Line 4b Terms and conditions of the Lima Market SERP	THE LIMA MARKET 457(F) PLAN PROVIDES A FLEXIBLE BENEFIT ALLOWANCE TO PERSONS SELECTED BY THE BOARD OF TRUSTEES OR ITS DELEGATE. THIS ALLOWANCE MAY BE ALLOCATED AMONG VARIOUS INSURANCE AND DEFERRED COMPENSATION BENEFIT OPTIONS. THE PLAN IS NO LONGER ACCEPTING NEW PARTICIPANTS AND THE CESSATION OF CONTRIBUTIONS HAS OCCURRED. AMOUNTS INCLUDIBLE IN TAXABLE COMPENSATION FOR LISTED PARTICIPATING INDIVIDUALS IN THE REPORTING YEAR WERE AS FOLLOWS: BRIAN SMITH \$0.
Schedule J, Part I, Line 4b Terms and conditions of the Bon Secours Mercy Health System SERP	The Bon Secours Mercy Health System SERP is a non-qualified deferred compensation plan which provides supplemental retirement benefits to persons selected by the Board of Trustees or its delegate. The plan provides for annual credits of a specified percentage of an eligible participants base salary paid in a plan year and interest credits. Plan participants vest in plan credits after completing a three year class vesting schedule or earlier for death or total disability or reaching age 60 while employed, or due to involuntary separation of employment other than for cause. Payments during employment are made for required tax withholding and reduce the participants account balance. Distribution of the vested account balance in a lump sum occurs after termination of employment. Amounts includable as taxable compensation for listed individuals due to SERP participation in the reporting year were as follows: Andrea Mazzocoli, \$248,987; Brian Smith, \$253,846; David Cannady, \$0; Deborah Bloomfield, \$187,626; Jeff Oak, \$107,693; Jerome Judd, \$70,108; John Starcher, Jr. JD, \$652,308; Joseph Gage, Jr. \$159,214; Judson Ivy, \$328,327; Alethea Williams-Carlson, \$37,500; Michael Bezney, \$353,923; Samuel Ross, \$132,421; Wael Haidar, \$50,000.
Schedule J, Part I, Line 4b Terms and conditions of the Mercy Health SERP	The Mercy Health SERP plan is a deferred compensation plan which provides supplemental retirement benefits to persons selected by the Board of Trustees or its delegate. It provides annual credits of a specified percentage of compensation and annual interest credits. Participants vest 50%, 75%, and 100% in their accounts after 5, 6, and 7 years of service, respectively. Vesting occurs earlier for death or total disability or reaching age 60 while employed, or involuntary termination of employment within 24 months after a change in control of the organization or due to position elimination. Payments during employment are made for required tax withholding. Payment of the vested account balance in a lump sum occurs after termination of employment. Amounts includable as taxable compensation for listed individuals due to SERP participation in the reporting year were as follows: Michael Bezney \$0; Joseph Gage, Jr. \$0; Brian Smith \$0; John Starcher, Jr. JD \$0.
Schedule J, Part II, Column (C) REPORTING NEGATIVE DEFERRED COMPENSATION	ANNUAL ACTUARIALLY-DETERMINED CONTRIBUTIONS TO DEFINED BENEFIT PLANS, WHICH ARE BASED ON PRIOR PLAN CONTRIBUTIONS, CHANGES IN INTEREST RATES, THE PRESENT VALUE OF ACCRUED BENEFITS, AND OTHER DATA AND ASSUMPTIONS ABOUT THE FUTURE, MAY, FOR SOME PLAN PARTICIPANTS AND FOR SOME PLAN YEARS, RESULT IN NEGATIVE CONTRIBUTION AMOUNTS.
Schedule J, Part I, Line 1a Tax indemnification and gross-up payments	A tax indemnification benefit to cover the income tax incurred on gifts was paid to one former officer. This has been discontinued. The entire benefit was treated as taxable compensation.
Schedule J, Part I, Line 1a Housing allowance or residence for personal use	Employer provided temporary housing related to employee relocation was provided for one key employee. The entire benefit was treated as taxable compensation.
Schedule J, Part I, Line 4a Severance or change-of-control payment	Severance Benefits consisting of continuation of base salary and insurance benefits were provided to listed individuals for specified periods. The listed individuals executed releases and waivers of claims in exchange for the severance benefits. Salary continuation amounts provided during the reporting year to listed individuals were as follows: Christine Lay \$233,700; Janice Burnett \$581,179; Mark Nantz \$246,157; Marlon Priest \$671,899; Matthew Toddy \$516,970; and Timothy Davis, \$574,594.
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	The filing organization participates in a Bon Secours sponsored executive retirement program that allows for deposits into additional retirement plans available to officers and certain key employees. The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits is made into this plan. Individuals that participated or received a distribution include: Janice Burnett, \$375,086; Alethea Williams-Carlson, \$28,712; Mark Nantz, \$397,539; Matthew Toddy, \$312,508; Wael Haidar, MD, \$0; Christine Lay, \$41,244; Andrea Mazzocoli, \$59,682; Jeff Oak, \$35,749.
Schedule J, Part I, Line 7 Non-fixed payments	The organization provides annual incentive compensation for listed individuals. The organization's Board of Trustees establishes objective thresholds for quality, community benefit, and financial performance which must be achieved for incentives to be awarded. The Board also establishes threshold, target and maximum levels for incentive awards. Within these established parameters, the Board determines the CEO's incentive award and incentive awards for other listed individuals are determined by the listed individual's supervisor and disclosed to the Board. The Board may authorize modified incentive awards when appropriate in its judgment.

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1301088
Name: Bon Secours Mercy Health Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1JOHN STARCHER JR JD President/CEO	(i)	0	0	0	0	0	0	0
	(ii)	1,578,584	11,152,000	2,268,072	737,265	53,008	15,788,929	545,700
1Martha Riva Former Secretary / SVP Governance	(i)	0	0	103,468	0	0	103,468	0
	(ii)	0	0	0	0	0	0	0
2DEBORAH BLOOMFIELD PhD CPA TREASURER & CFO	(i)	0	0	0	0	0	0	0
	(ii)	832,809	459,540	696,315	686,558	23,262	2,698,484	162,291
3CHRISTINE O'NEILL BOARD SECRETARY (Beg 04/19)	(i)	0	0	0	0	0	0	0
	(ii)	117,574	9,205	33,511	8,366	8,469	177,125	0
4Christine Lay JD Secretary (END 04/19)	(i)	63,824	56,980	493,581	5,166	14,016	633,567	39,040
	(ii)	0	0	0	0	0	0	0
5MICHAEL BEZNEY JD Chief Legal Officer & General Counsel	(i)	0	0	0	0	0	0	0
	(ii)	710,784	405,000	850,306	815,286	34,807	2,816,183	63,723
6JEROME JUDD Vice President, Treasury	(i)	0	0	0	0	0	0	0
	(ii)	408,141	216,000	390,866	226,977	20,434	1,262,418	67,722
7JOSEPH GAGE JR SVP, CHIEF HUMAN RESOURCES OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	495,347	257,168	558,127	308,057	30,736	1,649,435	91,888
8BRIAN SMITH EVP, Chief Operating Officer	(i)	0	0	0	0	0	0	0
	(ii)	961,672	540,000	1,086,939	698,184	32,117	3,318,912	210,284
9JUDSON IVY Pres & CEO Ensemble RMC LLC (End 08/19)	(i)	0	0	0	0	0	0	0
	(ii)	422,767	375,026	1,289,297	3,413	26,565	2,117,068	596,057
10DAVID A CANNADY Chief Strategy Officer	(i)	0	0	0	0	0	0	0
	(ii)	572,169	315,900	360,327	373,625	29,294	1,651,315	42,000
11Alethea Williams-Carlson Chief Information Officer	(i)	484,141	66,665	360,297	231,221	19,642	1,161,966	21,437
	(ii)	0	0	0	0	0	0	0
12Mark Nantz Chief Administrative Officer (End 08/19)	(i)	526,687	145,001	1,156,056	16,800	21,342	1,865,886	282,375
	(ii)	0	0	0	0	0	0	0
13Samuel Ross MD Chief Community Health Officer	(i)	635,157	99,316	270,192	16,800	21,315	1,042,780	0
	(ii)	0	0	0	0	0	0	0
14Jeffrey Oak PhD Chief Enterprise Risk Officer	(i)	512,998	75,005	455,391	16,800	19,642	1,079,836	32,526
	(ii)	0	0	0	0	0	0	0
15Wael Haidar MD Chief Clinical Officer	(i)	755,956	185,502	672,508	323,763	29,015	1,966,744	0
	(ii)	0	0	0	0	0	0	0
16Andrea Mazzocchi SVP, Chief Nursing Officer	(i)	467,986	63,642	752,821	16,800	21,315	1,322,564	46,455
	(ii)	0	0	0	0	0	0	0
17Marlon Priest MD EVP, CMO (End 03/19)	(i)	133,028	108,188	1,272,773	9,599	21,315	1,544,903	0
	(ii)	0	0	0	0	0	0	0
18Timothy Davis Former EVP, CHRAO	(i)	109,860	96,140	1,089,710	8,208	21,315	1,325,233	0
	(ii)	0	0	0	0	0	0	0
19Janice Burnett VP Operations Finance (End 03/19)	(i)	119,250	96,956	1,466,530	8,303	250	1,691,289	345,076
	(ii)	0	0	0	0	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Internal Revenue Service

Name of the organization
Bon Secours Mercy Health Inc**Employer identification number**

52-1301088

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	The Bon Secours Mercy Health organizing documents were amended to reflect the merger of Mercy Health into Bon Secours Mercy Health, Inc. with an effective date of January 1, 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Bon Secours Mercy Ministries is a public juridic person under the Canon Law of the Catholic Church which, by decree dated December 14, 2018, has been erected as a public juridic person of pontifical right to succeed to certain of the healthcare activities of the Founding Organizations whose members are: Sisters of Bon Secours USA, the Sisters of Humility of Mary, and the Sisters of Mercy of the Americas, South Central Community. No person may be appointed or continue to serve as a Member of the Bon Secours Mercy Health Corporate Member unless that person is a Catholic in good standing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	The BSMH Corporate Member has certain inherent rights to approve decisions of the governing body. Certain matters require approval of the BSMH Corporate Member, BSMH Governing body, or BSMH CEO. BSMH's Regulations describe the level of approval required for various decisions.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	The BSMH Corporate Member has the right to elect or remove trustees. All members of the board of trustees have full voting rights.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 IS PREPARED BY BSMH'S TAX DEPARTMENT AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM. A COPY OF THE FORM 990 IS THEN REVIEWED BY MANAGEMENT. UPON REVIEW, THE FORM 990 IS THEN FORWARDED TO THE AUDIT & COMPLIANCE COMMITTEE FOR APPROVAL. ADDITIONALLY, THE HUMAN RESOURCES COMMITTEE REVIEWS ALL COMPENSATION RELATED SCHEDULES AND DISCLOSURES. BOTH THE AUDIT & COMPLIANCE COMMITTEE AND THE COMPENSATION COMMITTEE ARE INDEPENDENT OF THE FILING ORGANIZATION. ONCE THE FORM 990 IS REVIEWED BY ALL APPLICABLE PARTIES A COPY OF THE FINAL VERSION IS PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>BSMH maintains a written and board approved Conflict of Interest Policy. The policy requires board members, officers, directors and key employees to annually disclose interests that could give rise to conflicts. The Audit and Compliance Committee (ACC) of the BSMH Board has the ultimate responsibility for Conflict of Interest, including the Policy implementation, compliance monitoring, and enforcement. Through the ACC, the Policy establishes the annual and ongoing requirement to make disclosures. BSMH Compliance Department reviews all Conflict of Interest disclosures to determine if a disclosed matter constitutes a potential Conflict of Interest requiring management intervention. The review constitutes an independent evaluation of all available facts and circumstances by a disinterested party. Potential Conflicts are shared with the disclosing individual's board chair or supervisor ("Leader"), and in collaboration with the BSMH Compliance Department, the Leader will conclude if an actual conflict exists and, if so, determine how it will be managed. Depending on the facts and circumstances, resolutions may include, but are not limited to, ongoing disclosure, recusal from board or committee deliberations and decision, or removal of the conflict. Upon the completion of the annual review process and review with the individual's Leader, the BSMH Compliance Department submits to the ACC a report of all conflicts and how they will be managed. The ACC will review such recommendations and either approve or request changes until approval may be granted.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>The organization's formal process for determining total compensation for the CEO and other officers and key employees follows a board-approved Compensation Philosophy that is intended to provide reasonable compensation for accomplishing the organization's mission, to recognize performance, and to operate in keeping with the organization's obligations as a tax-exempt charitable organization. Compensation decisions are made by independent persons, are based on appropriate comparability data, and are concurrently documented. The Compensation Committee, comprised of independent members of the organization's board of trustees, conducts an annual review of the compensation of the CEO and other executive officers and key employees who constitute disqualified persons. In doing so, the Committee retains a qualified independent compensation consultant to conduct competitive market analysis of the market ranges of base, incentive, total cash compensation, and total remuneration. The compensation consultant provides an opinion concerning the reasonableness of the compensation of the CEO and the officers and key employees reviewed by the Committee. The Committee utilizes that analysis and other appropriate information in connection with its annual review and recommendation of the CEO's compensation and its determination of compensation ranges for other reviewed officers and key employees. The Committee determines that the CEO's compensation and the compensation of reviewed officers and key employees within these ranges is reasonable and within the Compensation Philosophy. Information which the Committee may consider can include but is not limited to the performance of an individual, behavioral feedback, the performance of the organization, an individual's length of service, credentials and experience, the importance of retaining the individual, the elements of total compensation and salary history, the organization's compensation targets, and comparability data, including the data prepared by the independent consultant and reviewed with the Committee. The Committee incorporates a formal performance appraisal process in the CEO's compensation review. It utilizes a multi-perspective approach and performance measures which are linked to the organization's long-term strategic plan, achievement of annual system objectives, and personal objectives. The CEO is not present when the Committee discusses and establishes his/her compensation. In addition, the Committee determines if the threshold requirements for incentive awards are met, consisting of the organization's performance results for pre-approved board approved goals and financial performance. The Committee recommends to the full board the CEO's salary adjustment and incentive award as well as the incentive award levels for which other listed individuals may be eligible. The Committee's report concerning salary range adjustments, incentive awards and the basis for the Committee's decisions goes to the full board.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	<p>rd for consideration in executive session which does not include the CEO or other officers or key employees. The full board reviews the CEO's performance and determines the salary adjustments and incentive award to be made for the CEO. For the EVP, SVP market CEO positions and other disqualified persons, salary adjustments and incentive awards are approved by the organization's CEO within such board and Committee-approved parameters and disclosed to the Committee. As with the CEO, all listed individuals undergo a formal performance appraisal utilizing a multi-perspective approach and performance measures which are linked to the organization's long-term strategic plan, achievement of annual system objectives, and personal objectives. Incentive awards are subject to repayment if the organization must restate financial reports due to material noncompliance with the organization's Code of Responsibility and Standards of Reasonable Conduct.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Miscellaneous Revenue - Total Revenue: 11142, Related or Exempt Function Revenue: , Unrelated Business Revenue: , Revenue Excluded from Tax Under Sections 512, 513, or 514: 11142;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	Physician Services - Total Expense: 188282681, Program Service Expense: 169454413, Management and General Expenses: 18828268, Fundraising Expenses: ; Other Fees For Services - Total Expense: 2092429, Program Service Expense: 1883186, Management and General Expenses: 209243, Fundraising Expenses: ;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Additional Minimum Pension Liability - -10445195; Transfers to Affiliates - -164983482; NCI Revenue - 281515; Addition of Accounting Units - -1109394; Grant Expense Reversal - 88607;

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I Explanation of Amended Return	The Form 990 is being amended to include other reportable compensation on Part VII and Schedule J for one officer that was erroneously excluded on the originally filed return.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Bon Secours Mercy Health Inc

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

52-1301088

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

See Additional Data Table

(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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

See Additional Data Table

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

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

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

Yes

No

1a

Yes

1b

Yes

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

Yes

1m

No

1n

No

1o

No

1p

No

1q

Yes

1r

No

1s

No

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

See Additional Data Table

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

Schedule R (Form 990) 2019

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

[illegible]

Part VII

Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID: 19010655
Software Version: 2019v5.0
EIN: 52-1301088
Name: Bon Secours Mercy Health Inc

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
Bon Secours Associated Services LLC 1505 Marriottsville Road Marriottsville, MD 21104 52-2321591	Healthcare	MD	0	3,020,557	Bon Secours Mercy Health Inc
Townley IV Farm LLC 1402 Stapleton Road Gladstone, VA 245533138 54-1833386	Farm	VA	0	7,954,248	Bon Secours Mercy Health Inc
Bon Secours Good Helpcare LLC 1505 Marriottsville Road Marriottsville, MD 21104 46-0889532	Accountable Care Organization	MD	0	0	Bon Secours Mercy Health Inc
Bon Secours Richmond LLC 8580 Magellan Parkway Richmond, VA 23227 54-1356155	Richmond Health System Parent Org	VA	53,875	7,577,437	Bon Secours Mercy Health Inc
EA-BSD 1 LLC 1505 Marriottsville Road Marriottsville, MD 21104	Holding Company	DE	0	0	Bon Secours Grosse Pointe III LLC
Bon Secours Grosse Pointe III LLC 1505 Marriottsville Road Marriottsville, MD 21104 38-3404533	Holding Company	MI	0	0	Bon Secours Mercy Health Inc
Shannon HealthMOB 3 Richland Medical Park Suite 120 Columbia, SC 29203 57-1127828	Rental Activity	SC	6,443,940	24,453,211	Bon Secours Mercy Health Inc
Good Help Connections LLC 8990 Old Annapolis Road Columbia, MD 21045 47-2345223	Computer Services	MD	7,774,624	2,517,666	Bon Secours Mercy Health Inc
Bon Secours Mercy Health Emporia LLC 727 N Main Street Emporia, VA 238471274 84-3065045	Hospital	VA	0	213,336,921	Bon Secours Richmond LLC
Bon Secours Mercy Health Petersburg LLC 200 Medical Park Blvd Petersburg, VA 238059274 84-3050337	Hospital	VA	0	23,719,853	Bon Secours Richmond LLC
Bon Secours Mercy Health Chester Imaging LLC 5875 Brema Road Suite 710B Richmond, VA 23226 84-3475255	Healthcare	VA	0	0	Bon Secours Richmond LLC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
1701 Mercy Health Place CINCINNATI, OH 45237 31-1161086	HEALTHCARE SYSTEM PARENT	OH	501(c)(3)	3	Bon Secours Mercy Health Inc	Yes	
1701 Mercy Health Place CINCINNATI, OH 45237 20-1072726	FUNDRAISING	OH	501(c)(3)	7	MERCY HEALTH	Yes	
1701 Mercy Health Place CINCINNATI, OH 45237 31-6046304	RETIREMENT TRUST	OH	501(c)(3)	7	MERCY HEALTH	Yes	
3700 KOLBE ROAD LORAIN, OH 44053 34-1268828	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - REGIONAL MEDICAL CENTER LLC	Yes	
200 WEST LORAIN ST OBERLIN, OH 44074 36-4504991	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - ALLEN HOSPITAL LLC	Yes	
7010 ROWAN HILLS DR CINCINNATI, OH 45227 31-1308729	RETIREMENT HOME	OH	501(c)(3)	10	MERCY HEALTH CINCINNATI LLC	Yes	
1800 LOGAN STREET CINCINNATI, OH 45210 31-1222942	LOW INCOME HOUSING	OH	501(c)(3)	7	MERCY HEALTH CINCINNATI LLC	Yes	
100 Medical Center Drive SPRINGFIELD, OH 45504 30-0272454	MARKET PARENT	OH	501(c)(3)	Type III-FI	MERCY HEALTH	Yes	
100 Medical Center Drive SPRINGFIELD, OH 45504 31-0785684	HOSPITAL	OH	501(c)(3)	3	COMMUNITY MERCY HEALTH SYSTEM	Yes	
100 Medical Center Drive SPRINGFIELD, OH 45504 31-1181984	HOSPITAL	OH	501(c)(3)	3	COMMUNITY MERCY HEALTH SYSTEM	Yes	
100 Medical Center Drive SPRINGFIELD, OH 45504 34-6827136	INDIGENT MEDICAL CARE	OH	501(c)(3)	Type I	NA		No
2200 JEFFERSON AVENUE TOLEDO, OH 43604 30-0699825	TITLE HOLDING COMPANY	OH	501(c)(2)		MERCY HEALTH NORTH LLC	Yes	
2221 MADISON AVENUE TOLEDO, OH 43604 34-1726619	MEDICAL COLLEGE	OH	501(c)(3)	2	MERCY HEALTH NORTH LLC	Yes	
2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1354653	MEDICAL TRANSPORTATION	OH	501(c)(3)	10	MERCY HEALTH NORTH LLC	Yes	
2600 NAVARRE AVENUE OREGON, OH 43616 34-1383325	MEDICAL OFFICE RENTAL	OH	501(c)(3)	10	MERCY HEALTH - ST CHARLES HOSPITAL LLC	Yes	
750 W HIGH ST STE 400 LIMA, OH 45801 34-1937267	MEDICAL LAB SERVICES	OH	501(c)(3)	3	ST RITA'S MEDICAL CENTER LLC	Yes	
9800 N MARKET STREET NORTH LIMA, OH 44452 34-1013695	NURSING HOME	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC	Yes	
5190 MARKET STREET YOUNGSTOWN, OH 44512 34-1288745	HOSPICE SERVICES	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC	Yes	
755 OHLTOWN ROAD AUSTINTOWN, OH 44515 34-1894783	NURSING HOME	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC	Yes	
677 EASTLAND SE WARREN, OH 44484 34-6556121	FUNDRAISING	OH	501(c)(3)	10	MERCY HEALTH YOUNGSTOWN LLC	Yes	

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
1530 LONE OAK ROAD PADUCAH, KY 42003 61-0927805	FUNDRAISING	KY	501(c)(3)	10	MERCY HEALTH FOUNDATION	Yes	
1701 Mercy Health Place CINCINNATI, OH 45237 46-3055925	MARKET PARENT	OH	501(c)(3)	Type II	MERCY HEALTH	Yes	
1701 Mercy Health Place Cincinnati, OH 45237 34-0922268	HMO	OH	501(c)(3)	10	HEALTHSPAN PARTNERS	Yes	
1701 Mercy Health Place CINCINNATI, OH 45237 52-1301088	HEALTHCARE SYSTEM PARENT	MD	501(c)(3)		NA		No
2975 Independence Avenue Bronx, NY 10463 91-2135196	Local System Parent Org.	NY	501(c)(3)	Type I	Bon Secours Mercy Health Inc	Yes	
St Christopher Dr Ashland, KY 41101 61-1356024	Local System Parent Org.	KY	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
S 2000 West Baltimore Street Baltimore, MD 21223 80-0728893	Local System Parent Org.	MD	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
1 St Francis Drive Greenville, SC 29601 58-2504528	Local System Parent Org.	SC	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
7007 Harbour View Blvd Portsmouth, VA 23435 52-1538513	Local System Parent Org.	VA	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
8580 Magellan Parkway Richmond, VA 23227 52-1988421	Local System Parent Org.	VA	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
26 North Fulton Avenue Baltimore, MD 21223 38-3843816	Grant Making Foundation	MD	501(c)(3)	Type III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1732800	Grant Making Foundation	MD	501(c)(3)	Type III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 31-1644734	Fundraising	VA	501(c)(3)	Type III-FI	Mary Immaculate Hospital	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1843876	Fundraising	VA	501(c)(3)	7	Bon Secours DePaul Medical Center	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 52-1694731	Fundraising	VA	501(c)(3)	7	Bon Secours Hampton Roads Health System	Yes	
1000 St Christopher Dr Ashland, KY 41101 61-1356023	Health Care	KY	501(c)(3)	3	Bon Secours Kentucky Health System	Yes	
2000 West Baltimore Street Baltimore, MD 21223 52-0591555	Health Care	MD	501(c)(3)	3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S	Yes	
One St Francis Drive Greenville, SC 29601 58-2504530	Health Care	SC	501(c)(3)	3	Bon Secours St Francis Health System Inc	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-0548200	Health Care	VA	501(c)(3)	3	Bon Secours Mercy Health Inc	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1820093	Health Care	VA	501(c)(3)	3	Bon Secours Hampton Roads Health System	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
7007 Harbour View Blvd Portsmouth, VA 23707 54-0506463	Health Care	VA	501(c)(3)	3	Bon Secours Hampton Roads Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-1744931	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-0793767	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-0647482	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
8580 Magellan Parkway Richmond, VA 23227 31-1716973	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
St Christopher Dr Ashland, KY 41101 61-1381952	Grant Making Foundation	KY	501(c)(3)	7	Bon Secours Kentucky Health System	Yes	
26 North Fulton Avenue Baltimore, MD 21223 76-0785344	Community Housing	MD	501(c)(3)	7	Unity Properties Inc	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1857768	Low Income Housing	MD	501(c)(3)	7	Bon Secours of Maryland Foundation	Yes	
One St Francis Drive Greenville, SC 29601 26-0012031	Grant Making Foundation	SC	501(c)(3)	7	St Francis Hospital Inc	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-1201346	Grant Making Foundation	VA	501(c)(3)	7	Bon Secours Richmond LLC	Yes	
10300 Fourth Street North St Petersburg, FL 33716 13-4334363	Home Care Services	FL	501(c)(3)	10	Maria Manor Nursing Care Center	Yes	
10300 Fourth Street North St Petersburg, FL 33716 65-0061820	Nursing Home	FL	501(c)(3)	10	Bon Secours Mercy Health Inc	Yes	
St Christopher Dr Ashland, KY 41101 35-2320780	Physician Practices	KY	501(c)(3)	10	Bon Secours Kentucky Health System	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1442707	Low Income Housing	MD	501(c)(3)	10	Bon Secours of Maryland Foundation	Yes	
26 North Fulton Avenue Baltimore, MD 21223 52-1543174	Low Income Housing	MD	501(c)(3)	10	Bon Secours of Maryland Foundation	Yes	
One St Francis Drive Greenville, SC 29601 13-4290167	Physician Services	SC	501(c)(3)	10	St Francis Health System Inc	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1516476	Nursing Care Center	VA	501(c)(3)	10	Mary Immaculate Hospital	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 52-1578169	Nursing Care Center	VA	501(c)(3)	10	Bon Secours Hampton Roads Health System	Yes	
7007 Harbour View Blvd Suffolk, VA 23435 54-1424748	Title Holding Company	VA	501(c)(2)		Bon Secours DePaul Medical Center	Yes	
8580 Magellan Parkway Richmond, VA 23227 52-1260700	Title Holding Company	VA	501(c)(2)		Bon Secours Richmond Health System	Yes	

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
8990 Old Annapolis Road Columbia, MD 21045 47-4765376	Fundraising	MD	501(c)(3)	7	Bon Secours Mercy Health Inc	Yes	
5008 Monument Avenue Richmond, VA 23230 54-1479847	Home Care Services	VA	501(c)(3)	10	Bon Secours Home Care LLC	Yes	
101 Harris Road Kilmarnock, VA 22482 54-1210450	Supporting Organization	VA	501(c)(3)	7	Bon Secours Richmond Health System	Yes	
101 Harris Road Kilmarnock, VA 22482 54-1857174	Healthcare Services	VA	501(c)(3)	10	Bon Secours Richmond Health System	Yes	
101 Harris Road Kilmarnock, VA 22482 23-7424835	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
1505 Marriottsville Road Marriottsville, MD 27104 22-2754781	Local System Parent Org.	NJ	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
308 Willow Hoboken, NJ 07030 22-1487324	Health Care	NJ	501(c)(3)	3	Bon Secours New Jersey Health System Inc	Yes	
1505 Marriottsville Road Marriottsville, MD 27104 25-1585441	Local System Parent Org.	PA	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
1505 Marriottsville Road Marriottsville, MD 27104	Health Care	PA	501(c)(3)	10	Mercy Health Services	Yes	
1505 Marriottsville Road Marriottsville, MD 27104 52-1466304	Health Care	MD	501(c)(3)	3	Bon Secours Baltimore Health Corporation (dba Bon Secours Baltimore Health S	Yes	
8580 Magellan Parkway Richmond, VA 23227 54-1740128	Health Care	VA	501(c)(3)	3	Bon Secours Richmond Health System	Yes	
	Local System Parent Org.	EI	501(c)(3)	Type III-FI	Bon Secours Mercy Health Inc	Yes	
	Hospital	EI	501(c)(3)	3	Bon Secours Ireland DAC	Yes	
26 North Fulton Avenue Baltimore, MD 21223 56-2306119	Financial services education	MD	501(c)(3)	10	Bon Secours of Maryland Foundation	Yes	
2975 Independence Avenue Bronx, NY 10463 13-1740397	Long term nursing care	NY	501(c)(3)	10	Bon Secours NY Health System	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproprrtionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
NWO Integrated Laboratories Mercy LLC 2200 Jefferson Avenue Toledo, OH 43624 34-1898285	Laboratory services	OH	NA	N/A								
Tiffin Ambulatory Surgical Associates 45 St Lawrence Drive Tiffin, OH 44833 37-1567866	Ambulatory Surgery Center	OH	NA	N/A								
New Vision Medical Lab LLC 750 W High Street Lima, OH 45801 34-1913433	Lab Services	OH	NA	N/A								
West Central Ohio Group Ltd 801 Medical Drive Lima, OH 45804 34-1848147	Orthopedic Hospital	OH	NA	N/A								
West Central Ohio Regional Healthcare Alliance Ltd 2615 Fort Amanda Road Lima, OH 45805 34-1817078	Healthcare quality	OH	NA	N/A								
Urologic Oncology of Mahoning Valley LLC 1044 Belmont Ave Youngstown, OH 44501 26-2989686	Radiation Therapy	OH	NA	N/A								
Lourdes Ambulatory Surgery Center 225 Medical Center Drive Paducah, KY 42003 20-5588350	Surgery Center	KY	NA	N/A								
Marshall County MRI LLC 615 Old Symsonia Road Benton, KY 42025 61-0601267	MRI facility	KY	NA	N/A								
PREMIUM SURGERY CENTER LLC 5217 Maryland Way SUITE 200 Brentwood, TN 37027 20-0400753	Surgery Center	TN	NA	N/A								
MERCY HEALTH INNOVATIONS LLC 1701 MERCY HEALTH PLACE CINCINNATI, OH 45237 82-0639499	BUSINESS DEVELOPMENT	OH	Mercy Health	Related				No			No	100 %
MERCY FRANCISCAN AT WINTON WOODS I LP 10290 Mill Road Cincinnati, OH 45231 31-1624311	Rental Real Estate	OH	NA	N/A								
Bon Secours Place at St Petersburg LLP 10300 Fourth Street North St Petersburg, FL 33716 59-3589729	Assisted Living/Senior Care	FL	NA	N/A								
Bon Secours Apartments LP 1800 West Baltimore St Baltimore, MD 21223 52-1952505	Low Income Housing	MD	NA	N/A								
Bon Secours Apartments II LP 1800 West Baltimore St Baltimore, MD 21223 52-2063512	Low Income Housing	MD	NA	N/A								
Liberty Senior Housing LP 1800 West Baltimore St Baltimore, MD 21223 52-2134447	Low Income Housing	MD	NA	N/A								

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

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

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
MERCY HEALTH INSURANCE COMPANY (SPC) LTD 98-0621978	SELF-INSURANCE	CJ	NA	C Corporation					No
NORTHPARKE MEDICAL COMMONS CONDO ASSN 333 N LIMESTONE ST SPRINGFIELD, OH 45503 31-1391230	REAL PROPERTY MGMNT	OH	NA	C Corporation					No
NORTHSIDE CORPORATION 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1318438	RESIDENT RENTALS	OH	NA	C Corporation					No
MERCY HEALTH SYSTEM PHO INC 2200 JEFFERSON AVENUE TOLEDO, OH 43604 34-1778321	MEDICAL SERVICES	OH	NA	C Corporation					No
MCAULEY MANAGEMENT SERVICES INC 730 W MARKET STREET LIMA, OH 45801 34-1379037	PROPERTY RENTAL	OH	NA	C Corporation					No
LIMA MEDICAL SUPPLIES INC 730 W MARKET STREET LIMA, OH 45801 34-0944477	MEDICAL EQUIPMENT	OH	NA	C Corporation					No
COMMUNITY HEALTH PARTNERS ENTERPRISES INC 3700 KOLBE ROAD LORAIN, OH 44053 34-1455525	HOLDING COMPANY	OH	NA	C Corporation					No
MERCY HEALTH VENTURES INC 1701 Mercy Health Place CINCINNATI, OH 45237 31-1185477	DIVERSIFIED ACTIVITIES	OH	NA	C Corporation					No
MERCY FRANCISCAN AT WINTON WOODS I INC 10290 MILL ROAD CINCINNATI, OH 45231 31-1658668	LOW-INCOME HOUSING	OH	NA	C Corporation					No
RALPH EWE TRUST 270 PARK AVENUE NEW YORK, NY 10017 34-6866422	BENEFICIAL TRUST	NY	NA	Trust					No
ELIZABETH HINES CATES TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6515678	BENEFICIAL TRUST	OH	NA	Trust					No
WILLIS PARK TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6519904	BENEFICIAL TRUST	OH	NA	Trust					No
ERMA GIBSON BALDWIN TRUST PNC 1900 E 9TH ST CLEVELAND, OH 44114 34-6515566	BENEFICIAL TRUST	OH	NA	Trust					No
HEALTHSPAN INC 225 PICTORIA DR CINCINNATI, OH 45246 31-1431434	INSURANCE	OH	NA	C Corporation					No
HEALTHSPAN SOLUTIONS INC 1701 Mercy Health Place CINCINNATI, OH 45237 30-0810766	CONSULTING	OH	NA	C Corporation					No

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								Yes	No
HEALTHCARE SERVICES AND SUPPORT 1701 Mercy Health Place CINCINNATI, OH 45237 81-2388652	HEALTHCARE SERVICES	OH	NA	C Corporation					No
Bon Secours Assurance Company Ltd 98-0152147	SELF-INSURANCE	CJ	NA	C Corporation					No
Bon Secours-Florida Integrated Services Inc 10300 Fourth Street North St Petersburg, FL 33716 65-0779777	Holding Company/Assisted Living	FL	NA	C Corporation					No
Unity Housing Inc 26 North Fulton Avenue Baltimore, MD 21223 52-1952507	Low Income Housing	MD	NA	C Corporation					No
Bon Secours Wayland LLC 26 North Fulton Avenue Baltimore, MD 21223 27-0468561	Low Income Housing	MD	NA	C Corporation					No
Professional Health Care Management Services Inc 150 Kingsley Lane Norfolk, VA 23505 54-1241031	Administrative	VA	NA	C Corporation					No
OSF Inc 2 Bernadine Drive Newport News, VA 23602 54-1369919	Rental	VA	NA	C Corporation					No
Bon Secours Tidewater Diversified Inc 160 Kingsley Lane Norfolk, VA 23505 54-1431826	Pharmacy	VA	NA	C Corporation					No
Chesterfield Community Healthcare Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1812738	Ambulatory Healthcare Services	VA	NA	C Corporation					No
Ironbridge Assisted Living Retirement Community LC 5801 Bremo Road Richmond, VA 23226 54-1807857	Ambulatory Healthcare Services	VA	NA	C Corporation					No
Bon Secours-Virginia Healthsource Inc 8580 Magellan Parkway Richmond, VA 23227 54-1417686	Ambulatory Healthcare Services	VA	NA	C Corporation					No
RHS Management Corp 8580 Magellan Parkway Richmond, VA 23227 54-1313425	Independent Living Facility	VA	NA	C Corporation					No
Bon Secours New York Housing Development Fund Corporation 2975 Independence Avenue Bronx, NY 10463 47-2224316	Low Income Housing	NY	NA	C Corporation					No
Richmond MRI Inc 8580 Magellan Parkway Richmond, VA 23227 54-1568452	Medical Services	VA	NA	C Corporation					No
Good Help Connections LLC 8990 Old Annapolis Road Columbia, MD 21045 47-2345223	IT Consulting	MD	NA	C Corporation					No

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

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								Yes	No
Bon Secours New Shiloh II LLC 26 North Fulton Avenue Baltimore, MD 21223 82-0631206	Low Income Housing	MD	NA	C Corporation					No
Maryview Building Corporation 3636 High Street Portsmouth, VA 23707 54-1306612	Administrative	VA	NA	C Corporation					No
Richmond Radiation Oncology Center Inc 8580 Magellan Parkway Richmond, VA 23227 54-1570244	Ambulatory Healthcare Services	VA	NA	C Corporation					No
Optimum Health Network Inc One St Francis Drive Greenville, SC 29601 57-0973524	Healthcare Services	SC	NA	C Corporation					No
Barringtons Hospital Limited	Healthcare Services	EI	NA	C Corporation					No
BMC Properties Limited	REAL PROPERTY MGMNT	EI	NA	C Corporation					No
Post Office Plaza Owners Association Inc 1807 N Boulevard Anderson, SC 29621	REAL PROPERTY MGMNT	SC	NA	C Corporation					No

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 - Maria Manor Nursing Care Center Inc	B	98,411	Cost
Bon Secours of Maryland Foundation Inc	B	125,000	Cost
Bon Secours Kentucky Health System Foundation Inc	B	100,000	Cost
Bon Secours - Richmond Community Hospital Inc	B	100,000	Cost
Bon Secours - DePaul Health Foundation	B	100,000	Cost
Bon Secours - St Francis Health System Foundation Inc	B	175,000	Cost
Bellefonte Physician Services Inc	D	22,190,492	Cost
Bon Secours Hospital Baltimore Inc	D	1,252,838	Cost
Bon Secours of Maryland Foundation Inc	D	1,733,856	Cost
St Francis Physician Services Inc	D	88,078,974	Cost
St Francis Hospital Inc	D	606,071	Cost
Bon Secours Ambulatory Services - St Francis LLC	D	1,668,451	Cost
Maryview Hospital	D	12,769,275	Cost
Bon Secours - Maryview Foundation	D	342,719	Cost
Professional Health Care Management Services Inc	D	1,209,627	Cost
Bon Secours - DePaul Medical Center Inc	D	14,115,013	Cost
Bon Secours Richmond Health Care Foundation	D	1,436,970	Cost
Chesterfield Community Healthcare Center Inc	D	105,345	Cost
RHS Management Corporation	D	117,555	Cost
Chesapeake Medical Group Inc	D	2,281,199	Cost
Chesapeake Hospital Corporation	D	3,232,543	Cost
Bon Secours Home Care LLC	D	5,927,846	Cost
Bon Secours - Virginia HealthSource Inc	D	22,790,179	Cost
IVNA Health Services	D	580,575	Cost
Bon Secours Ambulatory Services LLC	D	2,368,613	Cost

Form 990, Schedule R, Part V - Transactions With Related Organizations			
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Bon Secours St Petersburg Home Care Services Inc	D	1,326,778	Cost
Maryview Hospital	L	20,629,196	Cost
Mary Immaculate Hospital Incorporated	L	8,262,828	Cost
Bon Secours - DePaul Medical Center Inc	L	10,256,967	Cost
St Francis Hospital Inc	L	12,166,550	Cost
St Francis Physician Services Inc	L	12,957,520	Cost
Our Lady of Bellefonte Hospital Inc	L	6,135,106	Cost
Bellefonte Physician Services Inc	L	2,469,545	Cost
Bon Secours Hospital Baltimore Inc	L	4,617,915	Cost
Bon Secours of Maryland Foundation Inc	L	172,008	Cost
Bon Secours - Maria Manor Nursing Care Center Inc	L	250,524	Cost
Bon Secours - Florida Integrated Services Inc	L	1,369,200	Cost
Bon Secours - Memorial Regional Medical Center Inc	L	19,376,203	Cost
Bon Secours - St Mary's Hospital of Richmond Inc	L	33,655,090	Cost
Bon Secours - Richmond Community Hospital Inc	L	6,413,310	Cost
Bon Secours - St Francis Medical Center Inc	L	13,354,772	Cost
Chesapeake Hospital Corporation	L	2,109,476	Cost
Bon Secours - Richmond Health System	L	1,722,635	Cost
Chesapeake Medical Group Inc	L	154,849	Cost
Bon Secours - Virginia HealthSource Inc	L	3,386,762	Cost
Maryview Hospital	Q	54,643,773	Cost
Bon Secours - Maryview Nursing Care Center	Q	1,341,688	Cost
Province Place of Maryview LLC	Q	271,381	Cost
Province Place of DePaul LLC	Q	355,327	Cost
Mary Immaculate Hospital Incorporated	Q	24,739,409	Cost

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
Mary Immaculate Nursing Center Inc	Q	1,041,054	Cost
Bon Secours - DePaul Medical Center Inc	Q	27,128,244	Cost
St Francis Hospital Inc	Q	74,975,701	Cost
Upstate Surgery Center LLC	Q	189,692	Cost
St Francis Physician Services Inc	Q	24,677,571	Cost
Bon Secours Ambulatory Services - St Francis LLC	Q	513,256	Cost
Our Lady of Bellefonte Hospital Inc	Q	24,061,685	Cost
Bellefonte Physician Services Inc	Q	5,835,615	Cost
Bon Secours Hospital Baltimore Inc	Q	1,799,235	Cost
Bon Secours of Maryland Foundation Inc	Q	192,364	Cost
Bon Secours - Maria Manor Nursing Care Center Inc	Q	2,903,560	Cost
Bon Secours St Petersburg Home Care Services Inc	Q	175,076	Cost
Bon Secours - Memorial Regional Medical Center Inc	Q	57,628,119	Cost
Bon Secours - St Mary's Hospital of Richmond Inc	Q	96,141,968	Cost
Bon Secours - Richmond Community Hospital Inc	Q	21,051,159	Cost
Bon Secours - St Francis Medical Center Inc	Q	41,932,125	Cost
RHS Management Corporation	Q	585,830	Cost
Bon Secours - Virginia Healthsource Inc	Q	5,361,846	Cost
St Mary's MRI Center LP	Q	115,804	Cost
RI LP	Q	202,869	Cost
Chesapeake Hospital Corporation	Q	5,975,032	Cost
Chesapeake Medical Group Inc	Q	384,338	Cost
Broad64 Imaging LLC	Q	108,771	Cost
Richmond Radiation Oncology Center I LLC	Q	231,811	Cost
Bon Secours Ambulatory Services LLC	Q	359,874	Cost

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 Home Care LLC	Q	2,653,671	Cost
Bon Secours Place at St Petersburg LLP	Q	399,820	Cost