

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2017**  
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](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the **2017** calendar year, or tax year beginning **SEP 1, 2017** and ending **AUG 31, 2018**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization Bon Secours Hospital Baltimore, Inc.		<b>D</b> Employer identification number 52-0591555
	Doing business as BS Hospital Specialty Center; New Hope; BS Re		<b>E</b> Telephone number 410-362-3000
	Number and street (or P.O. box if mail is not delivered to street address) 2000 West Baltimore Street	Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code Baltimore, MD 21223-1558		<b>G</b> Gross receipts \$ 114,097,721.
<b>F</b> Name and address of principal officer: Samuel L. Ross, M.D. same as C above		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number 0928	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <a href="http://www.bonsecours.com">www.bonsecours.com</a>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: 1920
<b>M</b> State of legal domicile: MD			

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: Acute Care Hospital		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b> Total number of individuals employed in calendar year 2017 (Part V, line 2a)	<b>5</b>	828
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	30
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	132,298.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	113,038.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	3,334,087.	1,820,885.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,547,571.	110,598,973.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	445,749.	720,919.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	614,417.	956,944.
		114,941,824.	114,097,721.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	394,482.	419,246.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,832,125.	53,989,313.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	63,813,391.	60,486,787.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	118,039,998.	114,895,346.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-3,098,174.	-797,625.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	68,505,669.	67,294,406.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	153,884,340.	146,765,744.
	-85,378,671.	-79,471,338.	

## 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.

<b>Sign Here</b>	Signature of officer 	Date 7/8/2019			
	Michael A. Brozic, CFO-BSBHS Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name John W. Sadoff, Jr.	Preparer's signature 	Date 7/9/2019	Check if self-employed <input type="checkbox"/>	PTIN P00540589
	Firm's name Deloitte Tax LLP	Firm's EIN 86-1065772	Phone no. 714-436-7100		
Firm's address 695 Town Center Drive Costa Mesa, CA 92626					

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

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 105,667,071. including grants of \$ 419,246. ) (Revenue \$ 110,466,675. ) Bon Secours Baltimore Hospital provides both inpatient and outpatient services. Such services include:

Inpatient Services - 151 bed capacity, 72 licensed beds for critical care, medical, psychiatric and surgical needs. The Hospital provides a full range of srvcies & programs in response to community needs & interests including: Acute Care; Cardiology; Case Management; Wound Care; Community Health Screenings; Critical Care; Emergency Care; Diagnostic Services; Patient Education; Infectious Disease Care; Lab Services; Mammography; Neurology; Nuclear Medicine; Ophthalmology; Orthopedics; Faith Community Nurse Services; Pastoral Care; Pharmacy; Physical Therapy; Podiatry; Psychiatry; Pulmonary Services and Primary

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 105,667,071.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Includes questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MD
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [ ] Another's website [X] 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 - 513-952-5000
1701 Mercy Health Place, Cincinnati, OH 45237

**Part VII 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**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Lori Edwards Board Member (Beg 01/18)	2.00 0.00	X						0.	0.	0.
(2) Matthew Hemelt Chairman	3.00 0.00	X		X				0.	0.	0.
(3) Lawrence Hubbard Board Member	2.00 0.00	X						0.	0.	0.
(4) Kevin Hutt Board Member	2.00 0.00	X						0.	0.	0.
(5) Christine Lay Board Member	2.00 48.00	X						0.	420,690.	50,873.
(6) Sr. Anne Lutz President	3.50 46.50	X		X				0.	0.	0.
(7) Rick Moore Board Member (Beg 01/18)	2.00 0.00	X						0.	0.	0.
(8) Br. Frank O'Donnell Board Member	2.00 0.00	X						0.	0.	0.
(9) Cynthia Pamon Burnett Board Member (Beg 01/18)	2.00 0.00	X						0.	0.	0.
(10) Francine Poel Stone Board Member (Beg 01/18)	2.00 0.00	X						0.	0.	0.
(11) Keshia Pollack Porter, Ph.D. Secretary	2.00 0.00	X		X				0.	0.	0.
(12) Samuel Ross, MD CEO	21.00 29.00	X		X				0.	1,463,856.	36,690.
(13) Patricia Scipio, MD Treasurer	2.00 0.00	X		X				0.	0.	0.
(14) Sr. Mary Shimo, CBS Board Member	2.00 0.50	X						0.	0.	0.
(15) Anthony Stanowski Board Member (End 12/17)	2.00 0.00	X						0.	0.	0.
(16) Mary Kim Ward Board Member (Beg 01/18)	2.00 0.00	X						0.	0.	0.
(17) Theodore Wimberly Board Member (End 12/17)	2.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Laura Buczkowski CFO-BSBHS (End 08/18)	30.00 20.00			X			0.	538,913.	52,223.	
(19) Shelly Buck CNE/COO (End 03/18)	50.00 0.00				X		363,185.	0.	43,262.	
(20) Cathy Newhouse COO (Beg 03/18)	50.00 0.00				X		0.	348,369.	27,597.	
(21) Arsalan Sheikh Chair of Medicine	50.00 0.00				X		329,879.	0.	38,016.	
(22) Aliya Jones Chair of Psychiatry	50.00 0.00					X	329,949.	0.	42,943.	
(23) Ibrahim Hanna Chair of Surgery	50.00 0.00					X	320,786.	0.	22,853.	
(24) Usha Jain Chief Pathologist	50.00 0.00					X	286,599.	0.	24,297.	
(25) Shin-Bey Chang Psychiatrist	50.00 0.00					X	267,102.	0.	22,307.	
(26) David Hauser Psychiatrist	50.00 0.00					X	257,651.	0.	18,155.	
<b>1b Sub-total</b>							2,155,151.	2,771,828.	379,216.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,155,151.	2,771,828.	379,216.	

**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 **66**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
<b>4</b> 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>	X	
<b>5</b> 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>		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
University of Maryland 110 South Paca Street, Baltimore, MD 21201	ED Physician Services	4,523,885.
Allied Universal PO Box 828854, Philadelphia, PA 19182-8854	Security Services	2,139,117.
Cardinal Health Pharmacy 21377 Network Place, Chicago, IL 60673	Pharmacy Services	1,946,911.
West Baltimore Anesthesia LLC 2000 W. Baltimore St, Baltimore, MD 21223	Anesthesia Services	1,742,400.
Crothall Healthcare, Inc., 13028 Collection Center Drive, Chicago, IL 60693	Housekeeping Services	1,675,192.

**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 **45**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	30,000.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	374,730.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	1,416,155.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		1,820,885.				
	<b>Program Service Revenue</b>	<b>2 a</b> Patient Service Rev. ....	<b>Business Code</b> 622110	110,598,973.	110,466,675.	132,298.	
<b>b</b> .....							
<b>c</b> .....							
<b>d</b> .....							
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			110,598,973.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		98,951.			98,951.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		156,063.	279,118.				
		<b>b</b> Less: rental expenses .....	0.	0.			
		<b>c</b> Rental income or (loss) .....	156,063.	279,118.			
	<b>d</b> Net rental income or (loss) .....			435,181.		435,181.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		602,398.	19,570.				
		<b>b</b> Less: cost or other basis and sales expenses .....	0.	0.			
		<b>c</b> Gain or (loss) .....	602,398.	19,570.			
	<b>d</b> Net gain or (loss) .....			621,968.		621,968.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> Med Student Program .....		900099	161,700.			161,700.	
<b>b</b> Rebates .....		900099	159,733.			159,733.	
<b>c</b> Parking .....		812930	99,798.			99,798.	
<b>d</b> All other revenue .....		900099	100,532.			100,532.	
<b>e Total.</b> Add lines 11a-11d .....			521,763.				
<b>12 Total revenue.</b> See instructions. ....			114,097,721.	110,466,675.	132,298.	1,677,863.	

**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  X

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	210,914.	210,914.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	208,332.	208,332.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	774,360.	696,924.	77,436.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	41,729,352.	37,556,417.	4,172,935.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,275,989.	2,048,390.	227,599.	
<b>9</b> Other employee benefits .....	5,687,561.	5,118,805.	568,756.	
<b>10</b> Payroll taxes .....	3,522,051.	3,169,846.	352,205.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	140,582.		140,582.	
<b>c</b> Accounting .....	22,416.		22,416.	
<b>d</b> Lobbying .....	4,814.	4,333.	481.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	36,222,845.	33,886,587.	2,336,258.	
<b>12</b> Advertising and promotion .....	56,694.	51,025.	5,669.	
<b>13</b> Office expenses .....	1,158,556.	1,042,700.	115,856.	
<b>14</b> Information technology .....	427,769.	384,992.	42,777.	
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	2,426,371.	2,183,734.	242,637.	
<b>17</b> Travel .....	179,552.	161,597.	17,955.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	81,848.	73,663.	8,185.	
<b>20</b> Interest .....	1,375,903.	1,375,903.		
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	6,243,918.	5,619,526.	624,392.	
<b>23</b> Insurance .....	1,633,168.	1,469,851.	163,317.	
<b>24</b> 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.)				
<b>a</b> Medical Supplies	6,800,743.	6,800,743.		
<b>b</b> Bad Debt Expense	2,526,875.	2,526,875.		
<b>c</b> Employee Dues	307,543.	307,543.		
<b>d</b> Unrelated Bus Inc. Tax	23,444.		23,444.	
<b>e</b> All other expenses	853,746.	768,371.	85,375.	
<b>25</b> Total functional expenses. Add lines 1 through 24e	114,895,346.	105,667,071.	9,228,275.	0.
<b>26</b> 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  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	1,100.	<b>1</b>	1,101.
	<b>2</b> Savings and temporary cash investments .....	362,667.	<b>2</b>	364,883.
	<b>3</b> Pledges and grants receivable, net .....	439,994.	<b>3</b>	234,711.
	<b>4</b> Accounts receivable, net .....	10,660,343.	<b>4</b>	10,435,983.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....	1,028,483.	<b>8</b>	1,065,788.
	<b>9</b> Prepaid expenses and deferred charges .....	543,685.	<b>9</b>	836,722.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 111,213,349.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 84,014,669.	27,861,186.	<b>10c</b> 27,198,680.
	<b>11</b> Investments - publicly traded securities .....	13,646,337.	<b>11</b>	14,598,232.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	13,961,874.	<b>15</b>	12,558,306.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	68,505,669.	<b>16</b>	67,294,406.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	13,372,527.	<b>17</b>	14,261,209.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	4,374,402.	<b>19</b>	4,125,103.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	70,893.	<b>21</b>	87,145.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	136,066,518.	<b>25</b>	128,292,287.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	153,884,340.	<b>26</b>	146,765,744.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	-85,601,469.	<b>27</b>	-79,638,124.
	<b>28</b> Temporarily restricted net assets .....	222,798.	<b>28</b>	166,786.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	-85,378,671.	<b>33</b>	-79,471,338.	
<b>34</b> Total liabilities and net assets/fund balances .....	68,505,669.	<b>34</b>	67,294,406.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	114,097,721.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	114,895,346.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-797,625.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-85,378,671.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	272,934.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	6,432,024.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-79,471,338.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2017)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

<b>Name of the organization</b> Bon Secours Hospital Baltimore, Inc.	<b>Employer identification number</b> 52-0591555
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

**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 fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2016 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2017.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2016.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (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** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2016 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

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

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> 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 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2017 from Section C, line 6	
<b>10</b> Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
<b>1</b> Distributable amount for 2017 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2017			
<b>a</b>			
<b>b</b> From 2013			
<b>c</b> From 2014			
<b>d</b> From 2015			
<b>e</b> From 2016			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2017 distributable amount			
<b>i</b> Carryover from 2012 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2017 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2017 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7 Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2013			
<b>b</b> Excess from 2014			
<b>c</b> Excess from 2015			
<b>d</b> Excess from 2016			
<b>e</b> Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

**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.)

Horizontal lines for supplemental information input.

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

# 2017

Name of the organization

Bon Secours Hospital Baltimore, Inc.

Employer identification number

52-0591555

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

<b>Name of organization</b>  Bon Secours Hospital Baltimore, Inc.	<b>Employer identification number</b>  52-0591555
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 1,213,614.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 88,935.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 173,878.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 27,306.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 104,125.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b>  Bon Secours Hospital Baltimore, Inc.	<b>Employer identification number</b>  52-0591555
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ 58,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 6,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 35,928.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  Bon Secours Hospital Baltimore, Inc.	Employer identification number  52-0591555
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____



Name of organization  Bon Secours Hospital Baltimore, Inc.	Employer identification number  52-0591555
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">Bon Secours Hospital Baltimore, Inc.</p>	Employer identification number <p style="text-align: center;">52-0591555</p>
---	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.** **Schedule C (Form 990 or 990-EZ) 2017**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b>	Other exempt purpose expenditures														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2017

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		4,814.
<b>j</b> Total. Add lines 1c through 1i .....			4,814.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

Part II-B, Line 1, Lobbying Activities:

The filing organization maintains memberships in various professional

healthcare associations. Portions of their membership dues are used

for lobbying activities. The lobbying portion of such dues is included

on line 1i.

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2017**  
**Open to Public Inspection**

**Name of the organization** Bon Secours Hospital Baltimore, Inc. **Employer identification number** 52-0591555

**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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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 a 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 Tax 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? .....

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)? .....

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 .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017

**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:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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 on 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

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

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

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		600,000.		600,000.
b Buildings		53,086,787.	35,639,542.	17,447,245.
c Leasehold improvements				
d Equipment		54,136,476.	45,961,002.	8,175,474.
e Other		3,390,086.	2,414,125.	975,961.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				27,198,680.

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) HPL/GL Asset	9,153,855.
(2) Due from Affiliates	2,983,313.
(3) Accrued Revenue	190,390.
(4) Staff Loans	99,242.
(5) Resident Trust	87,145.
(6) Security Deposits	22,200.
(7) LT Noncash Investment	13,150.
(8) Rent Receivable	4,466.
(9) Other Misc Assets	4,545.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	12,558,306.

**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	
(2) Due to Affiliates	96,498,921.
(3) Pension Liability	15,201,132.
(4) Liability - HPL/GL	9,153,306.
(5) Medicaid and Insurance Advances	4,340,609.
(6) Liability - FIN 47	1,778,371.
(7) Patient Credit Balances	841,745.
(8) Capital Leases	340,150.
(9) Other Misc Liabilities	138,053.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	128,292,287.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

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.

Part IV, line 2b:

Bon Secours Hospital Baltimore holds, safeguards, manages and accounts for

the Social Security funds of certain patients. These funds are held in an

FDIC insured banking institution. With the assistance of hospital

personnel, funds are generally accessed by the patient through the use of

ATM cards or Visa gift cards which are purchased on their behalf.

Part X, Line 2:

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



**Part XIII** Supplemental Information (continued)

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 System and most of its subsidiaries (including certain joint venture entities) are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. The System accounts for uncertain tax positions in accordance with ASC Topic 740, Income Taxes. Their related income is exempt from federal income tax under Section 501(A). The System 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 System has determined that no material unrecognized tax benefits or liabilities exist as of August 31, 2018 or 2017.

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 System is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The System believes it is no longer subject to income tax examinations for years

**Part XIII** Supplemental Information *(continued)*

prior to 2013. As of August 31, 2018 and 2017, the System has no uncertain tax positions.

The System's taxable subsidiaries had approximately \$97,815 and \$106,393 of net operating loss carryforwards as of August 31, 2018 and 2017, respectively, which expire in varying periods through 2037 and are available to offset future taxable income. The System accounts for income taxes under the asset and liability method. Under this method, deferred tax assets and liabilities are recognized for the estimated future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to be in effect during the year in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

Interest and penalties related to income taxes are accounted for as income tax expense. The System's deferred tax assets are fully reserved at August 31, 2018 and 2017 as the System considers it more likely than not that these amounts will not be recognized.

On December 22, 2017, the President signed into law H.R. 1, originally known as the Tax Cuts and Jobs Act. The Act significantly revises the U.S. corporate income tax by, lowering the statutory corporate tax rate from 35% to 21% and eliminating certain deductions. The new law also includes several provisions that result in substantial changes to the tax treatment of tax-exempt organizations and their donors. The System has reviewed these provisions and the potential impact and concluded the enactment of

**Part XIII** Supplemental Information *(continued)*

H.R. 1 will not have a material effect on the operations of the  
organization.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2017**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>Name of the organization</b> Bon Secours Hospital Baltimore, Inc.	<b>Employer identification number</b> 52-0591555
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

		Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<b>1a</b>	X	
<b>b</b> If "Yes," was it a written policy? .....	<b>1b</b>	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<b>3a</b>	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	<b>3b</b>	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b>	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<b>5a</b>	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<b>5b</b>		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....	<b>5c</b>		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<b>6b</b>	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			278,347.		278,347.	.25%
<b>b</b> Medicaid (from Worksheet 3, column a) .....						
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....			278,347.		278,347.	.25%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	16	41,781	1,590,828.	264,367.	1,326,461.	1.18%
<b>f</b> Health professions education (from Worksheet 5) .....	2	726	481,375.		481,375.	.43%
<b>g</b> Subsidized health services (from Worksheet 6) .....	2	17,516	12,684,475.	7,623,452.	5,061,023.	4.50%
<b>h</b> Research (from Worksheet 7) .....	2		178,306.	91,329.	86,977.	.08%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
<b>j Total.</b> Other Benefits .....	22	60,023	14,934,984.	7,979,148.	6,955,836.	6.19%
<b>k Total.</b> Add lines 7d and 7j .....	22	60,023	15,213,331.	7,979,148.	7,234,183.	6.44%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group Bon Secours Hospital Baltimore, Inc.

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....		X
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Section C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>See Section C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group Bon Secours Hospital Baltimore, Inc.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input type="checkbox"/> Underinsurance status		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? .....	X	
<b>15</b>	Explained the method for applying for financial assistance? .....	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? .....	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>http://www.fa.bonsecours.com/</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>http://www.fa.bonsecours.com/</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V, Page 8</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input checked="" type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2017



**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group Bon Secours Hospital Baltimore, Inc.

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Name of hospital facility or letter of facility reporting group Bon Secours Hospital Baltimore, Inc.

		Yes	No
<b>22</b>	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
<b>a</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
<b>b</b>	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>c</b>	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
<b>d</b>	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
<b>23</b>	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? ..... If "Yes," explain in Section C.	<b>23</b>	X
<b>24</b>	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? ..... If "Yes," explain in Section C.	<b>24</b>	X

Schedule H (Form 990) 2017

**Part V Facility Information** *(continued)*

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

Bon Secours Hospital Baltimore, Inc.:

Part V, Section B, Line 5: In FY2016 Bon Secours Baltimore Health System

(BSBHS) used a team approach to complete its Community Health Needs

Assessment (CHNA). The CHNA team used a multi-pronged approach to solicit

input from the West Baltimore community regarding their health needs. Data

collection methodologies included surveys, stakeholder interviews, focus

groups, and community conversations. We engaged with representatives of

our community with a knowledge of public health (e.g., Maryland Department

of Health and Mental Hygiene and the Baltimore City Health Department),

the broad interests of the communities we serve, individuals with special

knowledge of the medically underserved, as well as low-income and

vulnerable populations and people with chronic diseases. We met with

seniors, youth, re-entry residents, hospital patients, faith-based

stakeholders, community leaders, health care providers, neighborhood

associations, representatives from community-based organizations and other

key community stakeholders with an intimate knowledge of the West

Baltimore community and their health needs. Four hundred and twenty-five

(425) surveys were collected (296 within the defined service area), and

nine (9) stakeholder interviews, six (6) focus groups and one (1)

community discussion were conducted between November 2015 through June

2016. The survey, interviews, focus groups and community discussion

focused on community health needs, community assets and resources

available to respond to the community health needs, barriers and

challenges to accessing the community assets and resources, and ways in

which Bon Secours could help address the health needs.

**Part V Facility Information** (continued)

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

Bon Secours Hospital Baltimore, Inc.:

Part V, Section B, Line 7d: Hard copies were distributed to our Healthy

Community Advisory Board members and are also available upon request to

Hospital Administration, Marketing or CommunityWorks.

Bon Secours Hospital Baltimore, Inc.:

Part V, Section B, Line 11: BSBHS's CHNA Implementation Plan positions

BSBHS to take on the entwined roles of convener, catalyst and contributor

in partnering with the communities we serve and helps us to move towards

the realization of a vision of: Healthy People, Healthy Economy & Healthy

Environment.

HEALTHY PEOPLE: Bon Secours Women's Resource Center serves as a day-time

center addressing the needs to women who are in crisis and need immediate

access to services.

Bon Secours Family Support Center: serves pregnant mothers and families

with children up to age three. The Center offers non-traditional Early

Head Start services, teen parent services, and in-home support.

Early Head Start: 66 children and 12 pregnant mothers enrolled in and

received (EHS) in-center developmental care throughout the fiscal year. In

addition to EHS, parents/guardians participated in a wide variety of

"Nurturing Parent Workshops" held throughout the year.

**Part V Facility Information** (continued)

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

Teen Parent Program: 41 parenting or pregnant teens enrolled and received

health, social, psychological, and academic support to encourage

educational success as well as prevent subsequent pregnancies. 1 teen

participated in our eight-week summer Youth Employment Entrepreneurship

Program (YEEP).

Home Visiting Program: 36 young mothers with children under three years

of age received ongoing in-home parenting skills training and education

about supporting their child's developmental milestones.

Women, Infant, & Children: Although not operated by Bon Secours, the

Baltimore City Women, Infants & Children (WIC) Program is located at Bon

Secours Community Works, so we enabled an additional 727 clients to access

to WIC benefits by providing a facility. Of those 69 clients were

connected with additional services at Community Works.

Bon Secours Hospital Screening Brief Intervention Referral to Treatment

("SBIRT") is designed so that all patients that enter the hospital through

the Emergency Department or through a direct admission are screened by

hospital nursing staff as part of the nursing assessment. Nurses and

other members of the health care team refer patients at high risk to Peer

Recovery Coaches (PRC) to provide brief interventions and referrals to

treatment, as appropriate. For FY 2018 21,293 Emergency Department

patients were screened by ED Nurses. 7,145 (33.89%) had positive screens

for substance use, 1,845 were subjects of brief interventions by PRCs and

166 accessed treatment through PRC intervention.

HEALTHY ECONOMY: Bon Secours Career Development works to create jobs and

**Part V Facility Information** *(continued)*

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

prepare residents for these jobs by providing job readiness programs and

ongoing adult education, participating in the creation of jobs in areas

which we have the most expertise and influence.

Job Placement: 90 clients gained one or more paid employment

opportunities using our job search and placement support obtaining 107

jobs. 9 additional clients received paid urban landscaping training and

job readiness skills training through our six-month Clean and Green

Neighborhood Revitalization program. Trainees improved more than 56 vacant

lots.

CNA/GNA Training: 90 clients enrolled in our CNA/GNA training program,

with 80 clients graduating, and 73 receiving CNA/GNA certification. 66

clients have gained employment in a health-care field.

Youth Employment Entrepreneurship Program (YEPP): 35 youth from

low-income households participated in this eight-week summer work and

career prep program, which included paid work experience throughout 16

departments in Bon Secours Baltimore and Community Works

Re-entry Success Program: 154 clients enrolled in the "TYRO" life skills

training program for men and women to help break the cycle of

incarceration. 110 participants graduated. Hosted two expungement

workshops (78 persons served; 379 charges expunged).

Bon Secours Financial Services offers services to help residents become

more financially aware, begin building assets, and create stronger

**Part V Facility Information** (continued)

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

financial futures for their families.

Eviction Prevention: 726 individuals/families were screened for eviction

prevention assistance and benefited from a one-on-one assessment of their

financial situation. Of those, 68 individuals/families prevented imminent

eviction through a one-time eviction prevention cash grant after

completing our mandatory "Budget & Credit Workshop." This is intended to

prevent first-time homelessness and increase clients' capacity for

sustained financial stability. Total of \$48,405 in eviction prevention

assistance distributed.

EarnBenefits Screening: 609 clients were screened through the

EarnBenefits software system for eligibility for public benefits to

increase economic stability. Benefits include SNAP (aka food stamps),

utilities assistance, health insurance, and WIC. Of those, 472 clients

were eligible for one or more public benefits.

Income Tax Preparation: 341 clients received low-cost tax preparation.

Total Federal Refunds generated: \$533,407. Total State Refunds generated:

\$181,136.

HEALTHY ENVIRONMENT: Community Housing develops and manages

safe/affordable housing; connects residents of housing to needed services

and to one another. A total of 802 units are in service; service

coordination at each senior housing site; an additional 200 units are

planned for development in the next 3-5 years. Housing occupancy for FY18

was 96.9% for 729 units and a new 73 unit building was opened and began

**Part V Facility Information** (continued)

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

leasing in July 2018.

Bon Secours Hospital Baltimore, Inc.

Part V, line 16c, FAP Plain Language Summary website:

<http://www.fa.bonsecours.com/>

Bon Secours Hospital Baltimore, Inc.:

Part V, Section B, Line 16j: Information regarding the FAP is available on

our websites, brochures are available at time of registration. We have

on-site Financial Counselors who assist patients. We also have

eligibility vendors who work with the patients and our statements indicate

we have an FAP. We also provided local clinics in each market brochures

regarding our FA program.

Form 990, Schedule H, Part V, Section B, Line 14:

The FAP provides information relating to the assistance provided to

individuals that are eligible for free or discounted care. However,

the Community Service Adjustment, which is available in our other

markets, is not available in Maryland.

Form 990, Schedule H, Part V, Section B, Line 7a:

<https://bonsecours.com/baltimore/community-commitment/healthy-community>

-initiative



**Part V Facility Information** *(continued)*

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

Form 990, Schedule H, Part V, Section B, Line 10a:

<https://bonsecours.com/baltimore/community-commitment/healthy-community>

-initiative

**Part V Facility Information** (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 4

Name and address	Type of Facility (describe)
1 Bon Secours CIBS/ADAPT 3101 Towanda Ave Baltimore, MD 21215	Behavioral Health Services
2 Bon Secours CIBS/New Passage/New Hope 2401 W. Baltimore St. Baltimore, MD 21223	Behavioral Health Services
3 Bon Secours CIBS/SCMP/ACT/New Phases 6000 Metro Drive Baltimore, MD 21215	Behavioral Health Services
4 Family Health & Wellness 1940 W. Baltimore St. Baltimore, MD 21223	Community Medical Center

**Part VI Supplemental Information**

Provide the following information.

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

Part I, Line 6a:

Annually, Bon Secours Baltimore Health System (BSBHS) publishes a report for the community, explaining the various community benefit services and programs that exist. This report also includes the annual financial commitment of the local system to the community, detailing monetary contributions for government sponsored healthcare shortfall, community benefit programs and charity care at cost. This report is available to the public each year on or around January 24, commemorating Foundation Day of the Sisters of Bon Secours. This report is available online at <https://bonsecours.com/baltimore/community-commitment>.

Part I, Line 7:

Part I, line 7a: Charity Care at cost is computed by applying a cost-to-charge ratio to the aggregate charity adjustments recorded in the general ledger.

Part I, line 7b: Part I, Line 7b: Maryland's regulatory system creates a unique process for hospital payment that differs from the rest of the

**Part VI** Supplemental Information (Continuation)

nation. The Health Services Cost Review Commission, (HSCRC) determines payment through a rate setting process and all payors, including governmental payors, pay the same amount for the same services delivered at the same hospital. Maryland's unique all payor system includes a method for referencing Uncompensated Care in each payors rates, which does not enable Maryland hospitals to breakout any offsetting revenue related to Uncompensated Care.

For Part I, Line 7 a-c computations: The cost-to-charge ratio is derived using the suggested computation in Worksheet 2, Ratio of Patient Care Cost-to-Charges. Operating expenses and Gross patient charges are taken from the general ledger. Expenses for nonpatient care activities recorded in operating expenses are approximated as directly equaling other operating revenue, assuming these activities do not provide profit.

Part I, line 7e: Community health improvement services and community benefit operations are accumulated throughout the year and reported at actual cost in a software program that specifically addresses this purpose.

Part I, line 7f: Health professions education cost is determined as the direct and indirect cost of qualifying education activities as traditionally reported in columns 21-24 on Worksheet B of the Medicare cost report as a Medical Education program, nursing school or other allied health program.

Part I, Ln 7 Col(f):

Bad debt expense included in Part IX; line 25 and excluded from the "percent of total expense" calculation is: \$2,526,875.

**Part VI** Supplemental Information (Continuation)

Part II, Community Building Activities:

Our Healthy Economy programs refer to the financial status of individuals and the community, and emphasize the impact that income has on health.

Programs to improve individual financial status focused on financial literacy and job readiness.

Bon Secours Career Development works to create jobs and prepare residents for these jobs by providing job readiness programs and ongoing adult education; participating in the creation of jobs in areas which we have the most expertise and influence. By creating connections to opportunities in the growing health care field, we can help both our industry and our community and also engage returning citizens who have difficulty connecting with employment.

Bon Secours Financial Services offers services to help residents become more financially aware, begin building assets, and create stronger financial futures for their families. Participants learn about financial and other resources that are available as well as learn how to become economically self-sufficient.

Our Health Environment programs emphasize the effect that the built environment has on individual and family health, especially in the urban setting. Community Housing develops and manages safe/affordable housing, connects residents of housing to needed services and to one another. A total of 802 units are in service with service coordinators at each senior housing site.

Open Space Management (Clean & Green) improves and maintains vacant lots and engages residents in the conversion of formerly blighted sites into community resources for recreation, urban agriculture and other sustainable uses. To date more than 750 lots have been improved totaling

**Part VI** Supplemental Information (Continuation)

over a combined area of over 1.2 million square feet.

Part III, Line 2:

Bad debt expense on the general ledger includes: 1) actual write offs of discounted gross charges where it is determined an uninsured patient can pay and does not pay; and 2) the estimated write offs for uninsured patient accounts with outstanding balances after discount. Estimates are based on historical collection rates.

When an uninsured patient is billed for patient care services, the charges are automatically discounted and the patient is requested to only pay the amount after discount. The discount is recorded as an adjustment to gross revenue and is not recorded in bad debt expense. If the balance after discount is not paid or not paid in full, the unpaid amount will be written off to bad debt expense. When a patient remits a payment on an account that has already been written off to bad debt expense, the payment is recorded as a recovery of bad debt, which reduces bad debt expense.

Part III, Line 3:

The organization does not report an estimate for the portion of bad debt expense that may have been likely to qualify for financial assistance under the hospital's charity care policy.

The organization takes the position that ample opportunity and assistance is provided to the patient to qualify under the financial assistance policy. If sufficient information is not provided, the organization must assume the patient does not qualify.

**Part VI** Supplemental Information (Continuation)

Part III, Line 4:

Please see Footnote "(2d) Accounts Receivable, net" discussing "accounts receivable" on page 10 in the attached BSMH consolidated audited financial statements ("AFS"). "Allowance for uncollectible accounts" is discussed in the second paragraph in Footnote "(10) Net Patient Service Revenue" on page 37-38 of the attached AFS. There is not a separate "bad debt expense" footnote in the AFS.

Part III, Line 8:

Medicare allowable costs reflected in Part III come directly from the facility's Medicare cost report. The cost report segregates the total facility actual expenses into costs for support departments, clinical departments (routine and ancillary) and nonreimbursable departments. The cost report uses appropriate statistical bases to "step down" support costs to allowable clinical and nonreimbursable departments. The charges for clinical departments are matched to the total cost for these departments for a cost-to-charge ratio. Medicare-specific allowable costs for in- and outpatient ancillary departments are computed by applying the department-specific cost-to-charge ratio to the Medicare program charges by department. For routine departments, a per diem total cost is computed and applied to Medicare program days for the Medicare routine program cost.

Part III, Line 9b:

The hospital has a written policy that describes collection practices applying to patients who qualify for financial assistance. If full assistance is approved, no collection efforts are pursued on that patient's account(s). If partial assistance is approved, the patient is

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

responsible for the adjusted account balance and collection efforts will follow the established practices for all patients where a self-pay balance exists. Collection efforts are not pursued on any pending FAP account.

Specific criteria exists for how much financial assistance, partial or total, will be provided to the patient based on the assessed need. Criteria is based on Federal Poverty Guidelines and is reviewed and updated annually. Once a patient has been deemed eligible for the Patient Financial Assistance Program (FAP), the patient is notified by letter within 60 days after receipt of the application and supporting documentation. The patient retains eligibility for a period of eight months from the date of the application. This eligibility is identified by hospital admissions, billing and collection staff by the assignment of a specific financial class with accompanying eligibility dates. At the end of the eight months, the patient is responsible for reapplying for FAP eligibility.

Part VI, Line 2:

As a part of Bon Secours Mercy Health System, Bon Secours Baltimore Health System conducts strategic planning on a three-year cycle. The product of this process, the "Strategic Quality Plan" serves as the driver for strategic initiatives at both the national and local system level. Fiscal year 2016 was the first year in the cycle (2016-2018) that had the following priorities:

- Co-Create Healthy Communities
- Be Person Centric
- Serve Those Who Are Less Vulnerable
- Strengthen Our Culture And Capabilities



**Part VI** Supplemental Information (Continuation)

All strategic initiatives, including community benefit, must address one or more of these priorities, the development of which are informed in part by local system community benefit reports, the most recent community health needs assessment and other community engagement activities. Community engagement activities include regular meetings with advisory groups (Anchor Work Group, Crime & Grime committee, CHNA Advisory Board, local Community Associations and the Southwest Partnership coalition) and events such as quarterly community forums, neighborhood cleanups, charrettes and various other single-purpose activities that inform our needs assessment and program development.

Part VI, Line 3:

The Patient Financial Assistance program is communicated to patients verbally upon scheduling and registration, and visible postings and brochures of the program are in common areas throughout the hospital. Program information is detailed on our Bon Secours Mercy Health website. In addition, patient billing statements and letters inform patients regarding our financial assistance program.

Bon Secours Mercy Health proactively screens patients to identify individuals and their families who may qualify for federal, state or local health insurance programs or the Bon Secours Mercy Health Patient Financial Assistance Program ("FAP") and assist the potential eligible patients through the qualification process. Potentially eligible patients that do not qualify for a federal or state health insurance program are referred to the Financial Assistance Coordinator located in Patient Financial Services for assistance in completing the documentation required

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

to establish FAP eligibility.

Bon Secours Mercy Health is also dedicated to meeting the needs of non-English speaking patients by having on-site Spanish translators, and other language translation services. In addition, Bon Secours Mercy Health employs a telephone language service which assists in meeting any language needs that arise. The translation services are offered to non-English speaking patients from admission to discharge, including the financial assistance process. Based on market need, our financial assistance policy and application are translated into multiple languages and placed on our Bon Secours Mercy Health website for patients to access.

Part VI, Line 4:

Bon Secours's service area includes 40.5% of Baltimore City's population. Bon Secours's service area is similar to Baltimore City and Maryland in regards to age and gender, but is different in terms of race/ethnicity and income. The area has a lower household income and a larger proportion of African Americans than Baltimore City and Maryland. The area also experiences a higher rate of public insurance than Maryland. Within Bon Secours's service area seven zip codes there is wide variation. Zip codes 21217 and 21223 have a population that is younger than the other CBSA zip codes, while 21215 and 21216 have a population that is older than the other zip codes. There is also wide variation in race/ethnicity and insurance coverage within the area. Overall, the area is a majority African American, low income, and in most zip codes publicly insured.

40.5% of Baltimore City's residents are within Bon Secours's service area. Zip codes 21215, 21229, and 21217 comprise the largest segments of the

**Part VI** Supplemental Information (Continuation)

area, and represent 59.6% of the total residents in the area.

Household incomes are much lower in the area on average than the state of

Maryland and Baltimore City.

29.9% have an income under \$25,000.

55.1% of household incomes are below \$50,000, whereas 50.3% of Baltimore City and 26.3% of Maryland household incomes are below \$50,000.

57.3% of Maryland household incomes are \$75,000 or over, while 27.6% of Bon Secours service area households have an income of \$75,000 or over.

The area has a higher percent of individuals that have public insurance compared to Maryland. More than 30% of their population is enrolled in public insurance. There is also a higher proportion of uninsured persons compared to Baltimore and Maryland. Four of 7 zip codes within the Bon Secours service area have 50% or more of their population enrolled in public insurance.

The Bon Secours service area also has one of the highest disease burden and some of the worst indicators of social determinants of health than any other community in Maryland. These neighborhoods establish the lower extremes for health disparities in the City and the State across all major chronic illnesses. Families in the Zone experience poverty (20%) at higher rates than those in Maryland (6%) and in Baltimore City (17%). Life expectancy can be up to 12 years shorter in these zip codes than in other parts of Maryland.

Part VI, Line 5:

BSBHS has an open medical staff with privileges available to all

**Part VI** Supplemental Information (Continuation)

qualified physicians in the area. BSBHS is governed by a board of  
 directors whose composition is representative of the community we serve.

Part VI, Line 6:

Bon Secours Mercy Health, Inc., a Maryland nonprofit, nonstock membership  
 corporation (BSMH), and all of the other entities that are controlled  
 directly or indirectly by Bon Secours, Inc., a Maryland nonprofit,  
 nonstock membership corporation (BSI) are described collectively as the  
 System. BSI, which is the sole corporate member of BSMH, has no  
 healthcare operations. The System was organized in June 1983 to fulfill  
 the healthcare mission of the United States Province of the Congregation  
 of the Sisters of Bon Secours of Paris, a congregation of religious women  
 of the Roman Catholic Church founded in France in 1824. The System's  
 activities are in the states of New York, Pennsylvania, Maryland,  
 Virginia, Kentucky, South Carolina, and Florida, each referred to as a  
 local system. The Ministry of BSMH aids those in need, particularly those  
 who are sick and dying, by offering services that include but are not  
 limited to acute inpatient, outpatient, pastoral, palliative, home health,  
 nursing home, rehabilitative, primary and secondary care and assisted  
 living without regard to race, religion, color, gender, age, marital  
 status, national origin, sexual orientation, or disability.

As a member of the Catholic health ministry and a member of Bon Secours  
 Mercy Health, Inc. (BSMH), this organization and its related entities are  
 called to continue the healing ministry of Jesus. We exist to benefit the  
 people living in the communities it serves. Through all of the services  
 offered to the community, the mission is "to bring compassion to health  
 care and to be good help to those in need, especially those who are poor

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

and dying. As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church." This organization and related organizations share the BSMH Vision.

BSMH's vision to partner with communities to create a more humane world, build social justice for all and provide exceptional value for those served is implemented through its Strategic Quality Plan which provides focus in four goal areas for the current three year period (2016-2018).

- Co-Create Healthy Communities: We recognize that the factors which drive health outcomes extend well beyond the scope of traditional health care services. Thus, we commit to improve the health of communities through partnership and collaboration with a broad range of constituencies including committed community residents

- Be Person Centric: We recognize that those whom we serve are increasingly engaged in their own care and are seeking convenience, affordability and reliability. Thus, we commit to anticipate and respond to the changing expectations of health care consumers, and to ensure that we engage each person in an individualized plan for health with a focus on prevention and wellness.

- Serve Those Who Are Vulnerable: We recognize, by our Catholic identity, that the struggle for a more humane world is not an option, but an integral part of spreading the gospel. Thus, we commit to serve those who are vulnerable in many ways, addressing health disparities, sustaining global ministries, healing the environment and working to end violence and oppression.

- Strengthen Our Culture and Capabilities: We recognize that the health

**Part VI** Supplemental Information (Continuation)

care delivery system is undergoing rapid change with increasing complexity. Thus, we commit to liberate the potential of our people by strengthening individual and collective capabilities with respect to ministry leadership, knowledge, analytics, innovation and finances.

Please see Schedule R for listings of the related organizations. Each of the reported entities play a role in achieving the vision of BSMH and the SQP (Strategic Quality Plan).

Part VI, Line 7, List of States Receiving Community Benefit Report:

MD

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization Bon Secours Hospital Baltimore, Inc. Employer identification number 52-0591555

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
National Association of Health 1050 Connecticut Ave NW Washington, DC 20036	62-1312239	501(C)(3)	5,000.	0.			General Support
Cal Ripken Sr. Foundation Inc. 1421 Clarkview Rd, Suite 100 Baltimore, MD 21209	52-2310500	501(C)(3)	70,000.	0.			General Support
Southwest Partnership Inc. 1138 Hollins St. 2nd Floor Baltimore, MD 21223	47-4390017	501(C)(3)	10,000.	0.			General Support
Cristo Rey Corp Internship Program Inc. - 420 S Chester St. - Baltimore, MD 21231	20-5300491	501(C)(3)	35,500.	0.			General Support
Finn Group LLC 1900 Park Ave Baltimore, MD 21217			5,000.	0.			General Support
Johns Hopkins University 100 N Charles St 5th Fl Baltimore, MD 21201	52-0595110	501(C)(3)	40,000.	0.			General Support

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 7.
- 3** Enter total number of other organizations listed in the line 1 table ..... ▶ 1.

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

**Schedule I (Form 990) (2017)**





**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Indigent Cab/Bus Fare	461	88,863.	0.		
Emergency Assistance Funds for Patients, Volunteers, & Employees	77	64,980.	0.		
Live Near Your Work Program	4	50,490.	0.		

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

Part I, Line 2:

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

**Part IV Supplemental Information**

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.

Description of the Bon Secours Mercy Health Mission Fund: Bon Secours Mercy

Health performs its philanthropic work through its mission department. This

initiative, called the Bon Secours Health System Mission Fund ("Mission

Fund"), was developed to promote the Catholic Health Ministry and the Bon

Secours Mercy Health, Inc. Mission. This purpose is realized through the

funding of initiatives that improve the health and well-being of

communities, particularly for disenfranchised and marginalized people,

served by Bon Secours Mercy Health Local Systems ("Local Systems"),

Cosponsors and the Congregation of the Sisters of Bon Secours.

The scope of its purpose and use of funds would be to:

-promote healthy community coalition initiatives in conjunction with local

system efforts,

-develop local system and community excellence for a specific health

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.

**Part IV Supplemental Information**

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.

\_\_\_\_\_

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**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization: **Bon Secours Hospital Baltimore, Inc.**  
 Employer identification number: **52-0591555**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Christine Lay Board Member	(i)	0.	0.	0.	0.	0.	0.
	(ii)	288,056.	88,920.	43,714.	37,920.	12,953.	471,563.
(2) Samuel Ross, MD CEO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	617,192.	198,907.	647,757.	16,200.	20,490.	1,500,546.
(3) Laura Buczkowski CFO-BSBHS (End 08/18)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	363,876.	133,855.	41,182.	22,390.	29,833.	591,136.
(4) Shelly Buck CNE/COO (End 03/18)	(i)	240,244.	56,601.	66,340.	10,800.	32,462.	406,447.
	(ii)	0.	0.	0.	0.	0.	0.
(5) Cathy Newhouse COO (Beg 03/18)	(i)	0.	0.	0.	0.	0.	0.
	(ii)	250,213.	52,324.	45,832.	15,629.	11,968.	375,966.
(6) Arsalan Sheikh Chair of Medicine	(i)	321,725.	150.	8,004.	10,800.	27,216.	367,895.
	(ii)	0.	0.	0.	0.	0.	0.
(7) Aliya Jones Chair of Psychiatry	(i)	315,645.	0.	14,304.	10,000.	32,943.	372,892.
	(ii)	0.	0.	0.	0.	0.	0.
(8) Ibrahim Hanna Chair of Surgery	(i)	320,456.	0.	330.	10,800.	12,053.	343,639.
	(ii)	0.	0.	0.	0.	0.	0.
(9) Usha Jain Chief Pathologist	(i)	283,062.	150.	3,387.	10,770.	13,527.	310,896.
	(ii)	0.	0.	0.	0.	0.	0.
(10) Shin-Bey Chang Psychiatrist	(i)	228,766.	0.	38,336.	10,800.	11,507.	289,409.
	(ii)	0.	0.	0.	0.	0.	0.
(11) David Hauser Psychiatrist	(i)	227,897.	0.	29,754.	9,846.	8,309.	275,806.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**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.

Part I, Line 3:

Bon Secours Mercy Health, Inc., a related organization of the filing organization, uses the following to establish the compensation of the organization's CEO/Executive Director:

Compensation Committee

Independent Compensation Consultant

Written Employment Contract

Compensation Survey or Study

Approval by the Board or Compensation Committee

Part I, Line 4b:

The filing organization participates in a BSMH sponsored executive retirement program that allows for deposits into additional retirement plans and available only to key employees. The 457F plan is a non-qualified plan and is subject to a minimum three-year service requirement before vesting on deposits made into this plan. Individuals that received a distribution include: Christine Lay, \$0; Laura Buczkowski, \$0.

**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.

Part I, Line 7:

The organization provides annual incentive compensation for listed individuals. The organization's Board of Trustees establishes objective thresholds which must be achieved for incentives to be awarded. The Board also establishes threshold, target and maximum levels for incentive awards. Within 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.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Open to Public  
Inspection

Name of the organization

Bon Secours Hospital Baltimore, Inc.

Employer identification number

52-0591555

Form 990, Part I, Doing Business As:

BS Hospital Specialty Center; New Hope; BS Renal Dialysis Center

Form 990, Part III, Line 4a, Program Service Accomplishments:

Care.

Outpatient Services include: renal dialysis, HIV/AIDS services, mental

health, substance abuse treatment, health education, cardiac

rehabilitation and wellness programs and tele-health program for

patients with congestive heart disease. The Hospital operates an

emergency room that is open 24 hours per day, seven days per week,

serving persons regardless of their ability to pay. See Sch H for

additional information.

Form 990, Part VI, Section A, line 6:

Bon Secours Mercy Health, Inc. is the sole member of Bon Secours Baltimore

Health Systems, Inc., which in turn is the sole member of Bon Secours

Hospital Baltimore, Inc.

Form 990, Part VI, Section A, line 7a:

The governing body of Bon Secours Hospital Baltimore, Inc. is appointed by

its member Bon Secours Baltimore Health System, Inc. and subject to

approval by Bon Secours Mercy Health, Inc.

Form 990, Part VI, Section A, line 7b:

Certain authorities of Bon Secours Hospital Baltimore, Inc. are reserved to

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2017)



Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 52-0591555
--	--

its member or to Bon Secours Mercy Health, Inc.

Form 990, Part VI, Section B, line 11b:

The Form 990 is prepared by BSMH's tax department and reviewed by management. Upon review, the Form 990 is then forwarded to the local system's independent Audit and Compliance Committee for review and approval. 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.

Form 990, Part VI, Section B, Line 12c:

The organization regularly and consistently monitors compliance with the conflict of interest policy. On an annual basis, all persons subject to the policy, including all officers, directors and key employees are required to make certain disclosures. These include disclosures related to certain personal, financial and organizational relationships that may present a conflict, or the appearance of a conflict of interest with the organization. All disclosures go through a three-part review process: (1) disclosures are reviewed first by the corporate responsibility officer (CRO); (2) a governance team comprised of the CEO, board president, board chair, CRO, and the BSMH CRO participate in a second review of all disclosures during which recommendations are made as to the resolution of any conflicts or potential conflicts. Depending on the facts and circumstances, resolutions may include ongoing disclosure, recusal or removal of the conflict; and (3) all disclosures and recommendations are reviewed by a board committee (audit and compliance committee reviews the disclosures of management and the governance committee reviews the disclosures of the board and board committee members).

Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 52-0591555
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Form 990, Part VI, Section B, Line 15b:

The compensation committee of the board of Bon Secours Mercy Health, Inc.

(BSMH) engages in a comprehensive process for the oversight and management

of remuneration for executive employees and disqualified parties of BSMH.

The compensation committee consists of a group of independent board members

and engages an independent external compensation consultant to ensure they

receive appropriate analysis of market and follow the practices necessary

to obtain full compliance with the IRS's rebuttable presumption of

reasonableness. The committee establishes and maintains a compensation

philosophy; reviews pay practices against local, regional and national

healthcare organizations and approves all remunerative decisions for this

group of individuals. The committee reviews and receives assurances that

all levels of pay within the organization are reasonable based on

performance and validates incentives are met. These decisions are

documented in the BSMH board of directors' and compensation committee

minutes.

Compensation Process Other Officers/ Key Employees: For those key employees

and highest paid employees that are not reviewed by the BSMH compensation

committee, the process included a review and approval by independent

persons, comparability data, and contemporaneous substantiation of the

deliberation and decision. In the review, the other officers or key

employees of the organization were compared to other hospitals' employees

in the area that hold the same title. During the review and approval of the

compensation, documentation of the decision was recorded in human

resources.

Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 52-0591555
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Form 990, Part VI, Section C, Line 19:

The filing organization makes all documents available to the general public upon request.

Form 990, Part VII - Additional Disclosure:

Board Member positions are generally voluntary in nature. Compensated employees of the filing organization and other related organizations who also hold board positions are compensated only in relation to their employment and do not receive additional compensation for their board responsibilities.

Sr. Anne Lutz, Br. Frank O'Donnell, and Sr. Mary Schimo did not receive payroll distributions as they have taken a vow of poverty.

Form 990, Part IX, Line 11g, Other Fees:

Purchased Services - Intercompany:

Program service expenses	67,973.
Management and general expenses	7,552.
Fundraising expenses	0.
Total expenses	75,525.

Physician Fees:

Program service expenses	12,047,704.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	12,047,704.

Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 52-0591555
--	--

## Billing and Collections:

Program service expenses	1,478,070.
Management and general expenses	164,230.
Fundraising expenses	0.
Total expenses	1,642,300.

## Security Services:

Program service expenses	1,812,347.
Management and general expenses	201,372.
Fundraising expenses	0.
Total expenses	2,013,719.

## Other Purchased Services:

Program service expenses	3,564,456.
Management and general expenses	396,051.
Fundraising expenses	0.
Total expenses	3,960,507.

## Maintenance and Service Agreements:

Program service expenses	687,980.
Management and general expenses	76,442.
Fundraising expenses	0.
Total expenses	764,422.

## Consulting:

Program service expenses	5,367,465.
Management and general expenses	596,385.
Fundraising expenses	0.

Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 52-0591555
--	--

Total expenses 5,963,850.

BSMH Corporate Dues:

Program service expenses 8,048,036.

Management and general expenses 894,226.

Fundraising expenses 0.

Total expenses 8,942,262.

Contract Nursing and Ancillary Tech Staff:

Program service expenses 812,556.

Management and general expenses 0.

Fundraising expenses 0.

Total expenses 812,556.

Total Other Fees on Form 990, Part IX, line 11g, Col A 36,222,845.

Form 990, Part XI, line 9, Changes in Net Assets:

Transfer to BSMH for Debt Principal, Swaps and Pension -1,006,668.

Minimum Pension Liability 7,438,692.

Total to Form 990, Part XI, Line 9 6,432,024.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization **Bon Secours Hospital Baltimore, Inc.** Employer identification number **52-0591555**

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

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

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

(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
Bon Secours Mercy Health, Inc. - 52-1301088 1701 Mercy Health Place Cincinnati, OH 45237	Healthcare system parent	Ohio	501(c)(3)	Line 12c, III-FI	Bon Secours, Inc.		X
Bon Secours New York Health System, Inc. - 91-2135196, 2975 Independence Avenue, Bronx, NY 10463	Local System Parent Org.	New York	501(c)(3)	Line 12a, I	Bon Secours Mercy Health, Inc.		X
Bon Secours Kentucky Health System, Inc. - 61-1356024, St. Christopher Dr., Ashland, KY 41101	Local System Parent Org.	Kentucky	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Baltimore Health Corporation - 80-0728893, 2000 West Baltimore Street, Baltimore, MD 21223	Local System Parent Org.	Maryland	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  
See Part VII for Continuations

Schedule R (Form 990) 2017

**Part II** Continuation of 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 organization?	
						Yes	No
Bon Secours St. Francis Health System, Inc. - 58-2504528, 1 St. Francis Drive, Greenville, SC 29601	Local System Parent Org.	South Carolina	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Hampton Roads Health System - 52-1538513, 7007 Harbour View Blvd., Portsmouth, VA 23435	Local System Parent Org.	Virginia	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Richmond Health System - 52-1988421, 8580 Magellan Parkway, Richmond, VA 23227	Local System Parent Org.	Virginia	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Baltimore Health System Foundation, Inc. - 38-3843816, 26 North Fulton Avenue, Baltimore, MD 21223	Grant Making Foundation	Maryland	501(c)(3)	Line 12c, III-FI	Bon Secours Baltimore Health Corporation (dba		X
The Bon Secours of Maryland Foundation, Inc. - 52-1732800, 26 North Fulton Avenue, Baltimore, MD 21223	Grant Making Foundation	Maryland	501(c)(3)	Line 12c, III-FI	Bon Secours Baltimore Health Corporation (dba		X
Mary Immaculate Foundation - 31-1644734 7007 Harbour View Blvd. Suffolk, VA 23435	Fundraising	Virginia	501(c)(3)	Line 12c, III-FI	Mary Immaculate Hospital		X
Bon Secours DePaul Health Foundation - 54-1843876, 7007 Harbour View Blvd., Suffolk, VA 23435	Fundraising	Virginia	501(c)(3)	Line 7	Bon Secours DePaul Medical Center		X
Bon Secours Maryview Foundation - 52-1694731 7007 Harbour View Blvd. Suffolk, VA 23435	Fundraising	Virginia	501(c)(3)	Line 7	Bon Secours Hampton Roads Health System		X
Our Lady of Bellefonte Hospital, Inc. - 61-1356023, 1000 St. Christopher Dr., Ashland, KY 41101	Health Care	Kentucky	501(c)(3)	Line 3	Bon Secours Kentucky Health System		X
Bon Secours Hospital Baltimore, Inc. - 52-0591555, 2000 West Baltimore Street, Baltimore, MD 21223	Health Care	Maryland	501(c)(3)	Line 3	Bon Secours Baltimore Health Corporation (dba		X
St. Francis Hospital, Inc. - 58-2504530 One St. Francis Drive Greenville, SC 29601	Health Care	South Carolina	501(c)(3)	Line 3	Bon Secours St. Francis Health System, Inc.		X
Mary Immaculate Hospital, Inc. - 54-0548200 7007 Harbour View Blvd. Suffolk, VA 23435	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Mercy Health, Inc.		X

**Part II** Continuation of 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 organization?	
						Yes	No
Bon Secours - DePaul Medical Center, Inc. - 54-1820093, 7007 Harbour View Blvd., Suffolk, VA 23435	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System		X
Maryview Hospital - 54-0506463 7007 Harbour View Blvd. Portsmouth, VA 23707	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System		X
Bon Secours - Memorial Regional Medical Center, Inc. - 54-1744931, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours - St. Mary's Hospital of Richmond, Inc. - 54-0793767, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours - Richmond Community Hospital - 54-0647482, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours - St. Francis Medical Center, Inc. - 31-1716973, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours Kentucky Health System Foundation, Inc. - 61-1381952, St. Christopher Dr., Ashland, KY 41101	Grant Making Foundation	Kentucky	501(c)(3)	Line 7	Bon Secours Kentucky Health System		X
Bon Secours Baltimore Development, Inc. - 76-0785344, 26 North Fulton Avenue, Baltimore, MD 21223	Community Housing	Maryland	501(c)(3)	Line 7	Unity Properties, Inc.		X
Unity Properties, Inc. - 52-1857768 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	Maryland	501(c)(3)	Line 7	Bon Secours of Maryland Foundation		X
Bon Secours - St. Francis Health System Foundation, Inc. - 26-0012031, One St. Francis Drive, Greenville, SC 29601	Grant Making Foundation	South Carolina	501(c)(3)	Line 7	St Francis Hospital, Inc.		X
Bon Secours Richmond Health Care Foundation - 54-1201346, 8580 Magellan Parkway, Richmond, VA 23227	Grant Making Foundation	Virginia	501(c)(3)	Line 7	Bon Secours Richmond, LLC		X
Bon Secours St. Petersburg Home Care Services, Inc. - 13-4334363, 10300 Fourth Street North, St. Petersburg, FL 33716	Home Care Services	Florida	501(c)(3)	Line 10	Maria Manor Nursing Care Center		X



**Part II** Continuation of 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 organization?	
						Yes	No
Bon Secours - Maria Manor Nursing Care Center, Inc. - 65-0061820, 10300 Fourth Street North, St. Petersburg, FL 33716	Nursing Home	Florida	501(c)(3)	Line 10	Bon Secours Mercy Health, Inc.		X
Bellefonte Physician Services, Inc. - 35-2320780, St. Christopher Dr., Ashland, KY 41101	Physician Practices	Kentucky	501(c)(3)	Line 10	Bon Secours Kentucky Health System		X
Bon Secours Housing, Inc. - 52-1442707 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	Maryland	501(c)(3)	Line 10	Bon Secours of Maryland Foundation		X
Bon Secours Housing II, Inc. - 52-1543174 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	Maryland	501(c)(3)	Line 10	Bon Secours of Maryland Foundation		X
Schervier Housing Development Fund Corporation - 13-3098867, 2975 Independence Avenue, Bronx, NY 10463	Housing	New York	501(c)(3)	Line 10	Bon Secours NY Health System		X
St. Francis Physician Services, Inc. - 13-4290167, One St. Francis Drive, Greenville, SC 29601	Physician Services	South Carolina	501(c)(3)	Line 10	St. Francis Health System, Inc.		X
Mary Immaculate Nursing Center, Inc. - 54-1516476, 7007 Harbour View Blvd., Suffolk, VA 23435	Nursing Care Center	Virginia	501(c)(3)	Line 10	Mary Immaculate Hospital		X
Bon Secours - Maryview Nursing Care Center - 52-1578169, 7007 Harbour View Blvd., Suffolk, VA 23435	Nursing Care Center	Virginia	501(c)(3)	Line 10	Bon Secours Hampton Roads Health System		X
Bayley Properties - 54-1424748 7007 Harbour View Blvd. Suffolk, VA 23435	Title Holding Company	Virginia	501(c)(2)		Bon Secours DePaul Medical Center		X
Laburnum Properties - 52-1260700 8580 Magellan Parkway Richmond, VA 23227	Title Holding Company	Virginia	501(c)(2)		Bon Secours Richmond Health System		X
Bon Secours Health System Foundation, Inc. - 47-4765376, 8990 Old Annapolis Road, Columbia, MD 21045	Fundraising	Maryland	501(c)(3)	Line 7	Bon Secours Mercy Health, Inc.		X
IVNA Health Services - 54-1479847 5008 Monument Avenue Richmond, VA 23230	Home Care Services	Virginia	501(c)(3)	Line 10	Bon Secours Home Care, LLC		X

**Part II** Continuation of 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 organization?	
						Yes	No
Rappahanock General Hospital Foundation - 54-1210450, 101 Harris Road, Kilmarnock, VA 22482	Supporting Organization	Virginia	501(c)(3)	Line 7	Bon Secours Richmond Health System		X
Chesapeake Medical Group - 54-1857174 101 Harris Road Kilmarnock, VA 22482	Healthcare Services	Virginia	501(c)(3)	Line 10	Bon Secours Richmond Health System		X
Chesapeake Hospital Corporation - 23-7424835 101 Harris Road Kilmarnock, VA 22482	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours New Jersey Health System, Inc. - 22-2754781, 1505 Marriottsville Road, Marriottsville, MD 27104	Local System Parent Org.	New Jersey	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
St. Mary Hospital, Inc. - 22-1487324 308 Willow Hoboken, NJ 07030	Health Care	New Jersey	501(c)(3)	Line 3	Bon Secours New Jersey Health System, Inc.		X
Mercy Health Services - 25-1585441 1505 Marriottsville Road Marriottsville, MD 27104	Local System Parent Org.	Pennsylvania	501(c)(3)		Bon Secours Mercy Health, Inc.		X
Pennsylvania Health Choice Plan 1505 Marriottsville Road Marriottsville, MD 27104	Health Care	Pennsylvania	501(c)(3)		Mercy Health Services		X
Liberty Medical Center - 52-1466304 1505 Marriottsville Road Marriottsville, MD 27104	Health Care	Maryland	501(c)(3)	Line 3	Bon Secours Baltimore Health Corporation (dba		X
Bon Secours - Stuart Circle Hospital, Inc. - 54-1740128, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Post Office Plaza Owners Association, Inc. 1703 Laurel Street Columbia, SC 29201	Health Care	South Carolina	501(c)(3)		Bon Secours St. Francis Health System, Inc		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
Bon Secours Place at St. Petersburg, LLP - 59-3589729, 10300 Fourth Street North, St. Petersburg, FL 33716	Assisted Living/Senior Care	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Apartments LP - 52-1952505, 1800 West Baltimore St., Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Apartments II LP - 52-2063512, 1800 West Baltimore St., Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Liberty Senior Housing LP - 52-2134447, 1800 West Baltimore St., Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Bon Secours-Florida Integrated Services, Inc. - 65-0779777, 10300 Fourth Street North, St. Petersburg, FL 33716	Holding Company/Assisted Living	FL	N/A	C CORP	N/A	N/A	N/A		X
Professional Health Care Management Services, Inc. - 54-1241031, 150 Kingsley Lane, Norfolk, VA 23505	Administrative	VA	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours - Tidewater Diversified, Inc. - 54-1431826, 160 Kingsley Lane, Norfolk, VA 23505	Pharmacy	VA	N/A	C CORP	N/A	N/A	N/A		X
O.S.F., Inc. - 54-1369919 2 Bernadine Drive Newport News, VA 23602	Rental	VA	N/A	C CORP	N/A	N/A	N/A		X
Unity Housing, Inc. - 52-1952507 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	MD	N/A	C CORP	N/A	N/A	N/A		X

**Part III** Continuation of 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) Disproportion- ate 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 - 52-2134444, 1800 West Baltimore St., Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Smallwood Summit LP - 52-2280175, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Chesapeake Apartments LP - 20-0107034, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Shiloh LP - 20-3965243, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours New Shiloh II Limited Partnership - 82-0655142, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Wayland LP - 27-0468688, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Gibbons Apartments, LP - 47-2322323, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Upstate Surgery Center, LLC - 56-2186977, One St. Francis Drive, Greenville, SC 29601	Ambulatory Surgery Center	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Province Place of DePaul, LLC - 54-1950880, 6403 Granby Street, Norfolk, VA 23505	Assisted Living Facilities	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**Part III** Continuation of 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) Disproportion- ate 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	
Province Place of Maryview, LLC - 54-1842697, One Bon Secours Way, Portsmouth, VA 23703	Assisted Living	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Broad/64 Imaging, LLC - 20-5886018, 8580 Magellan Parkway, Richmond, VA 23227	Imaging Services	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Richmond Radiation Oncology Center I, LLC - 20-8444551, 8580 Magellan Parkway, Richmond, VA 23227	Radiation Oncology Services	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RI, L.P. - 54-1708835 8580 Magellan Parkway Richmond, VA 23227	Imaging Services	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Benet House, LP - 36-4765400, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Bon Secours Benet House, LLC - 46-3055312, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Southeastern Health Partners, LLC - 81-3264385, One St. Francis Drive, Greenville, SC 29601	Coordinated Care	SC	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Harbour View MOB 2, LLC - 82-2484997, 5818 Harbour View Blvd, Suite A1, Suffolk, VA 23435	Real Estate	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
Memorial Ambulatory Surgery Center, LLC - 59-3813233, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Surgery Center	VA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

**Part IV** Continuation of 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
Bon Secours Wayland LLC - 27-0468561 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	MD	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours New Shiloh II, LLC - 82-0631206 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	MD	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours New York Housing Development Fund Corporation - 47-2224316, 2975 Independence Avenue, Bronx, NY 10463	Low Income Housing	NY	N/A	C CORP	N/A	N/A	N/A		X
Maryview Building Corporation - 54-1306612 3636 High Street Portsmouth, VA 23707	Administrative	VA	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours-Virginia Healthsource, Inc. - 54-1417686, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Healthcare Services	VA	N/A	C CORP	N/A	N/A	N/A		X
Chesterfield Community Healthcare Center, Inc - 54-1812738, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Healthcare Services	VA	N/A	C CORP	N/A	N/A	N/A		X
Richmond Radiation Oncology Center, Inc. - 54-1570244, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Healthcare Services	VA	N/A	C CORP	N/A	N/A	N/A		X
RHS Management Corp. - 54-1313425 8580 Magellan Parkway Richmond, VA 23227	Independent Living Facility	VA	N/A	C CORP	N/A	N/A	N/A		X
Richmond MRI, Inc. - 54-1568452 8580 Magellan Parkway Richmond, VA 23227	Medical Services	VA	N/A	C CORP	N/A	N/A	N/A		X
Good Help Connections, LLC - 47-2345223 8990 Old Annapolis Road Columbia, MD 21045	IT Consulting	MD	N/A	C CORP	N/A	N/A	N/A		X
Optimum Health Network, Inc. - 57-0973524 One St. Francis Drive Greenville, SC 29601	Healthcare Services	SC	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours Assurance Company, Ltd. - 98-0152147, P.O. Box 69, CAYMAN ISLANDS KY1-1102	Offshore Captive Management	Cayman Islands	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			





**Part VII Supplemental Information.**

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Bon Secours Baltimore Health System Foundation, Inc.

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S

Name of Related Organization:

The Bon Secours of Maryland Foundation, Inc.

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S

Name of Related Organization:

Bon Secours Hospital Baltimore, Inc.

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S

Name of Related Organization:

Liberty Medical Center

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S