

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

August 31, 2010

Prepared for	Bon Secours Hospital Baltimore, Inc. 2000 West Baltimore Street Baltimore, MD 21223-1558
Prepared by	Deloitte Tax LLP 1750 Tysons Blvd McLean, VA 22102-4219
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8453-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning **SEP 1, 2009** and ending **AUG 31, 2010**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Bon Secours Hospital Baltimore, Inc.		D Employer identification number 52-0591555
		Doing Business As		E Telephone number (410) 383-5181
		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
		2000 West Baltimore Street		
City or town, state or country, and ZIP + 4 Baltimore, MD 21223-1558		G Gross receipts \$ 137,670,272.		
F Name and address of principal officer: Richard Jones same as C above		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 0928		

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

J Website: ▶ www.bonsecoursbaltimore.com

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1920 **M** State of legal domicile: MD

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Acute Care Hospital	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	13
	5 Total number of employees (Part V, line 2a)	1104
	6 Total number of volunteers (estimate if necessary)	101
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, line 34	0.	

		Prior Year	Current Year
		8 Contributions and grants (Part VIII, line 1h)	6,035,327.
9 Program service revenue (Part VIII, line 2g)	120,601,786.	126,819,087.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-687,996.	114,690.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	679,102.	825,607.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	126,628,219.	137,563,877.	

Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	57,104,531.	58,743,311.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	80,150,071.	77,459,547.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	137,254,602.	136,202,858.	
19 Revenue less expenses. Subtract line 18 from line 12	-10,626,383.	1,361,019.	

Net Assets or Fund Balances		Beginning of Current Year	End of Year
		20 Total assets (Part X, line 16)	80,041,988.
21 Total liabilities (Part X, line 26)	144,346,048.	142,322,917.	
22 Net assets or fund balances. Subtract line 21 from line 20	-64,304,060.	-65,995,383.	

Part II Signature Block

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

Sign Here ▶ Signature of officer _____ Date _____
 ▶ Richard Jones, Chief Financial Officer
 Type or print name and title

Paid Preparer's Use Only	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 Deloitte Tax LLP 1750 Tysons Blvd McLean, VA 22102-4219		EIN ▶	Phone no. ▶ (703) 251-1000

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

Part III Statement of Program Service Accomplishments

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 73,065,554. including grants of \$) (Revenue \$ 74,688,593.) Inpatient Services - 151 licensed beds for critical care, medical, psychiatric and surgical needs. BSBHS provides a full range of services & programs in response to community needs & interests including; Acute Care; Cardiology; Case Management; Wound Care; Community Health Screenings; Critical Care; Emergency Care; Diagnostic Services; Employment Services; Family Support Center; Financial 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; Primary Care; Senior & Family Housing; Smoking Cessation; Social Work; Substance Abuse Treatment; Surgery; a Wellness & Fitness Center; Vascular Services; & the Women's Resource Center.

4b (Code:) (Expenses \$ 51,125,039. including grants of \$) (Revenue \$ 52,260,705.) Outpatient Services - including 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. BSBHS operates an emergency room that is open 24 hours per day, seven days per week, serving persons regardless of their ability to pay.

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 \$ 124,190,593.

Part IV Checklist of Required Schedules

		Yes	No				
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X					
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X					
3	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				
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	X					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A					
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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				
7	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				
8	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				
9	Did the organization report an amount in Part X, line 21; 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				
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X				
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X					
	• 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>						
	• 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>						
	• 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>						
	• 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>						
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>						
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>						
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X				
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td>X</td> <td></td> </tr> </table>	Yes	No	X		
Yes	No						
X							
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X				
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X				
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X				
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X				
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X				
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X				
18	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				
19	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				
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	X					

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	146		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	1104		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A		
9 Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10 Section 501(c)(7) organizations.	Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11 Section 501(c)(12) organizations.	Enter:		
a	Gross income from members or shareholders N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a Section 4947(a)(1) non-exempt charitable trusts.	Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that 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?		X
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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
10b	b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?		X
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	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **Richard Jones - (410) 362-4477**
 2000 W Baltimore St, Baltimore, MD 21223-1558

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

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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Mary Lenore Beachley Board Member	4.00	X					0.	0.	0.	
Matthew Hemelt Board Member	4.00	X					0.	0.	0.	
J. Howard Henderson Board Member	4.00	X					0.	0.	0.	
Martha Riva Board Member	50.00	X					0.	566,339.	91,597.	
Sr. Mary Shimo Board Member	50.00	X					0.	0.	0.	
Alan Siegfried Board Member	4.00	X					0.	0.	0.	
D. Danard Smith Board Member	4.00	X					0.	0.	0.	
Anthony Stanowski Board Member	4.00	X					0.	0.	0.	
Don A Waite Board Member	4.00	X					0.	0.	0.	
Theodore Wimberly Board Member	4.00	X					0.	0.	0.	
Glendora Hughes, Esq. Chairman	6.00	X		X			0.	0.	0.	
Samuel L. Ross CEO	50.00	X		X			0.	623,476.	68,796.	
Sr. Anne Lutz President	50.00	X		X			0.	0.	0.	
Ackneil Muldrow Secretary	6.00	X		X			0.	0.	0.	
Bro. Art Caliman President	50.00	X		X			0.	0.	0.	
Richard Jones Treasurer/CFO	50.00			X			115,424.	0.	7,798.	
Fabienne N. Larkins CNO	50.00				X		153,392.	110,416.	13,399.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Cathy Newhouse Operations Consultant	50.00				X			0.	399,030.	41,043.
Donovan Parkes Physician	50.00					X		491,313.	0.	31,075.
Usha Jain Chief Pathologist	50.00					X		308,786.	0.	11,828.
Sudhir Patel Physician	50.00					X		286,516.	0.	22,920.
Rosita Cruz Physician	50.00					X		280,077.	0.	10,719.
Janet Moghbeli Physician	50.00					X		270,373.	0.	0.
Scott Furniss Former Interim CFO	0.00						X	0.	109,852.	9,192.
Lu Ann Brady Former VP of Operations	0.00						X	240,626.	0.	29,154.
Becky Colker Former Interim CFO	0.00						X	0.	138,237.	21,311.
1b Total								2,146,507.	1,947,350.	358,832.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **9**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Nursefinders, Inc. P.O. Box 910738, Dallas, TX 75391-0738	Nursing Services	4,362,783.
Univ of Maryland 22 South Greene St, Baltimore, MD 21201	Physician Services	2,837,185.
West Baltimore Anesthesia LLC 2000 W. Baltimore St, Baltimore, MD 21223	Anesthesiology Services	1,573,942.
Carefusion Solutions 1952 Solutions Ctr, Chicago, IL 60677-1009	Contract Labor	1,204,894.
Navigant Consulting, Inc. 4511 Paysphere Cir, Chicago, IL 60674	Consulting	765,222.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **39**

Part VIII		Statement of Revenue						
				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	9,778,624.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	25,869.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			9,804,493.			
	Program Service Revenue	2 a	Net Patient Rev.	Business Code	621110	126,819,087.	126,819,087.	
b							
c							
d							
e							
f		All other program service revenue						
g		Total. Add lines 2a-2f			126,819,087.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			204,549.		204,549.	
	4	Income from investment of tax-exempt bond proceeds			675.		675.	
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses	144,093.					
		Rental income or (loss)	144,093.					
		d Net rental income or (loss)			144,093.			144,093.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses	94,284.	12,111.				
		Gain or (loss)	-94,284.	3,750.				
		d Net gain or (loss)			-90,534.			-90,534.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	Cafe & Vending	900099		300,281.			300,281.	
	Parking	900099		143,806.			143,806.	
	Concessions	900099		39,536.			39,536.	
	All other revenue	900099		197,891.			197,891.	
	e Total. Add lines 11a-11d			681,514.				
12	Total revenue. See instructions.			137,563,877.	126,819,087.	0.	940,297.	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	757,945.	682,151.	75,794.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	45,945,368.	41,350,831.	4,594,537.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,175,598.	1,958,038.	217,560.	
9 Other employee benefits	6,288,721.	5,659,849.	628,872.	
10 Payroll taxes	3,575,679.	3,218,111.	357,568.	
11 Fees for services (non-employees):				
a Management	3,693,072.	3,323,765.	369,307.	
b Legal	333,133.	299,820.	33,313.	
c Accounting	220,423.	198,381.	22,042.	
d Lobbying	12,673.	11,406.	1,267.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	27,721,050.	24,948,945.	2,772,105.	
12 Advertising and promotion	745,396.	670,856.	74,540.	
13 Office expenses	402,529.	362,276.	40,253.	
14 Information technology	1,845,760.	1,661,184.	184,576.	
15 Royalties				
16 Occupancy	5,712,964.	5,141,668.	571,296.	
17 Travel	148,901.	134,011.	14,890.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	1,576,178.	1,418,560.	157,618.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,580,353.	4,122,318.	458,035.	
23 Insurance	1,996,071.	1,796,464.	199,607.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Bad Debt Provision	16,080,197.	16,080,197.		
b Medical Supplies	12,190,686.	10,971,617.	1,219,069.	
c Bank Fees	193,578.	174,220.	19,358.	
d				
e				
f All other expenses	6,583.	5,925.	658.	
25 Total functional expenses. Add lines 1 through 24f	136,202,858.	124,190,593.	12,012,265.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing		1		
	2 Savings and temporary cash investments	518,155.	2	531,585.	
	3 Pledges and grants receivable, net	1,969,626.	3	1,554,907.	
	4 Accounts receivable, net	15,070,268.	4	14,919,797.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	740,449.	8	947,884.	
	9 Prepaid expenses and deferred charges	1,736,570.	9	1,241,466.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,547,167.			
	b Less: accumulated depreciation	10b 54,480,611.	34,048,974.	10c	31,066,556.
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	8,025,947.	12	8,589,746.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	17,931,999.	15	17,475,593.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	80,041,988.	16	76,327,534.		
Liabilities	17 Accounts payable and accrued expenses	14,936,308.	17	14,512,810.	
	18 Grants payable		18		
	19 Deferred revenue	1,018,174.	19	9,295.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D	128,391,566.	25	127,800,812.	
	26 Total liabilities. Add lines 17 through 25	144,346,048.	26	142,322,917.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	-64,358,410.	27	-66,064,929.	
	28 Temporarily restricted net assets	54,350.	28	69,546.	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	-64,304,060.	33	-65,995,383.	
34 Total liabilities and net assets/fund balances	80,041,988.	34	76,327,534.		

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	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?	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
3b	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.	X	

Form **990** (2009)

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2009. 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 - 2008. 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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Associated Black Charities, Inc. 1001 E. Fayette Street Baltimore, MD 21202	\$ 512,193.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Baltimore Mental Health System, Inc. 201 E. Baltimore Street, Suite 1340 Baltimore, MD 21202	\$ 471,571.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Baltimore Substance Abuse System, Inc. One Charles Street, Suite 1600 Baltimore, MD 21201	\$ 3,136,743.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Baltimore City Health Department 1001 East Fayette Street Baltimore, MD 21202	\$ 95,437.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	MD Department of Health & Mental Hygiene 300 W. Preston Street Baltimore, MD 21201	\$ 98,373.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	NIH-Nat'l Health, Lung, and Blood Institute 31 Center Drive MSC 2486/Bldg 3 Rm 5A52 Bethesda, MD 20892	\$ 341,261.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	State of Maryland HSCRC <hr/> 4160 Patterson Avenue <hr/> Baltimore, MD 21215 <hr/>	\$ 101,383.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	Baltimore City Public School System <hr/> 200 E. North Avenue <hr/> Baltimore, MD 21202 <hr/>	\$ 21,663.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	State of Maryland - Dept of Health and Mental Hygiene <hr/> 201 W. Preston Street <hr/> Baltimore, MD 21201 <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions)

(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
---	---

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization <p align="center">Bon Secours Hospital Baltimore, Inc.</p>	Employer identification number <p 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 expenditures ▶ \$ _____
3	Volunteer hours _____

Part I-B	Complete if the organization is exempt under section 501(c)(3).
1	Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made? <input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.

Part I-C	Complete if the organization is exempt under section 501(c), except section 501(c)(3).
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009 LHA

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2009

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities? If "Yes," describe in Part IV	X		12,674.
j Total. Add lines 1c through 1i			12,674.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

Part II-B, Line 1(i), Other Lobbying Activities:

Bon Secours Hospital Baltimore, Inc. paid dues to the American Hospital

Association (AHA), the Maryland Healthcare Association (MHA) and the

Catholic Hospital Association (CHA), a portion of which is used for

lobbying activities. The portion of dues allocated to lobbying

activities for each of these organizations is as follows: Lobbying

Part IV Supplemental Information *(continued)*

activity for AHA (\$4,730 or 23.76%), MHA (\$6,588 or 8.73%), CHA (\$1,356

or 4.68%) for a total of \$12,674.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

**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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7.

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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 8/17/06	2d

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

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

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

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

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

Yes No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 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 organization answered "Yes" to 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 XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to 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 year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,301,859.		1,301,859.
b Buildings		29,708,784.	15,604,058.	14,104,726.
c Leasehold improvements		16,359,661.	11,279,473.	5,080,188.
d Equipment		24,806,460.	20,018,092.	4,788,368.
e Other		13,370,403.	7,578,988.	5,791,415.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				31,066,556.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

Table with 10 rows for reconciliation of net assets, including total revenue, total expenses, and adjustments.

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

Table with 5 main rows for revenue reconciliation, including sub-rows (a-e) for adjustments to audited revenue.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows for expense reconciliation, including sub-rows (a-e) for adjustments to audited expenses.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part X: 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 FIN 48. As the organization does not conduct

a separate audit of its financial statement, below is the related

statement from the Bon Secours Health System, Inc., consolidated audited

financial statements:

Part XIV Supplemental Information (continued)

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 of the System's for-profit subsidiaries are not material to the accompanying consolidated financial statements. The System's taxable subsidiaries have approximately \$98,300 and \$117,200 of net operating loss carryforwards as of August 31, 2010 and 2009, respectively, which expire in varying periods through 2030 and are available to offset future taxable income. The System's deferred tax assets are fully reserved at August 31, 2010 and 2009. Any changes to the valuation allowance on the deferred tax asset are reflected in the year of the change.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2009

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

Open to Public Inspection

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

Part I Charity Care and Certain Other Community Benefits at Cost

		Yes	No
1a Does the organization have a charity care policy? If "No," skip to question 6a	1a	X	
b If "Yes," is it a written policy?	1b	X	
2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals			
3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients.			
a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %			
b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care:	3b	X	
<input checked="" type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.			
4 Does the organization's policy provide free or discounted care to the "medically indigent"?	4	X	
5a Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	X	
b If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		X
6a Does the organization prepare an annual community benefit report?	6a	X	
b If "Yes," does the organization make it available to the public?	6b	X	

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

	(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
7 Charity Care and Certain Other Community Benefits at Cost						
Charity Care and Means-Tested Government Programs						
a Charity care at cost (from Worksheets 1 and 2)			6,671,915.		6,671,915.	5.58%
b Unreimbursed Medicaid (from Worksheet 3, column a)			33,462,525.	35,438,938.	-1,976,413.	.00%
c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs ...			40,134,440.	35,438,938.	4,695,502.	3.92%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	4	120,327	15,918,882.	79,567.	15,839,315.	13.24%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)	1		1,540.		1,540.	.00%
j Total. Other Benefits	5	120,327	15,920,422.	79,567.	15,840,855.	13.24%
k Total. Add lines 7d and 7j	5	120,327	56,054,862.	35,518,505.	20,536,357.	17.16%

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	4	3,196	7,045,647.	2,328,011.	4,717,636.	3.93%
2 Economic development	1	2,679	1,011,280.		1,011,280.	.84%
3 Community support	1	818	1,207,089.		1,207,089.	1.00%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	2	2,620	310,658.		310,658.	.26%
7 Community health improvement advocacy						
8 Workforce development	1	344	341,817.		341,817.	.28%
9 Other						
10 Total	9	9,657	9,916,491.	2,328,011.	7,588,480.	6.31%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?		
2 Enter the amount of the organization's bad debt expense (at cost)		
3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	32,771,060.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	26,158,293.
7 Subtract line 6 from line 5. This is the surplus or (shortfall)	7	6,612,767.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Does the organization have a written debt collection policy?	9a	X
b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	X

Part IV Management Companies and Joint Ventures

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Bon Secours Hospital Baltimore, Inc. 2000 W. Baltimore St. Baltimore, MD 21223-1558	X	X			X		X		
Bon Secours CIBS 3101 Towanda Ave. Baltimore, MD 21215									Behavioral Health Services
New Hope 2401 W. Baltimore Street Baltimore, MD 21223-1558									Behavioral Health Services
Druid Park Facility 2901 Druid Park Drive, Suite A103 Baltimore, MD 21215									Behavioral Health Services

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 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 charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals 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.).
- 7 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.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 6a: BSBHS annually develops a report to 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 reported is published on or around January 24,
 commemorating Foundation Day of the Sisters of Bon Secours and is posted
 on the web at <http://bonsecoursbaltimore.com>.

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. Maryland's regulatory system creates a
 unique process for hospital payment that differs from the rest of the
 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.

Part VI Supplemental Information

Part I, line 7b: Unreimbursed Medicaid is computed by determining the cost of Medicaid services supplied less payments received for these services.

To determine the cost of Medicaid services provided, a cost-to-charge ratio is applied to traditional and managed Medicaid gross charges recorded in the general ledger. Payments include payments for individual claims, payments from the Medicaid program paid outside the claim process (such as medical education payments) and expected or actual cost report settlements.

Part I, line 7c: Unreimbursed costs from other means-tested government programs are computed by applying a cost-to-charge ratio to the total charges to patients covered under these programs. The charges are identified by the financial class assigned to the patient.

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

Part VI Supplemental Information

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, Line 7f: Current year bad debt expense not included in the

calculation for line 7, column f: \$16,080,197

Part III, Line 4: Part III, line 2: Bad Debt Expense at cost is

computed by applying the cost-to-charge ratio computed on Worksheet 2 to

the aggregate bad debt expense for patient accounts recorded in the

general ledger. 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

Part VI Supplemental Information

organization takes the position that ample opportunity and assistance is provided to the patient to qualify under the financial assistance policy.

If sufficient information is not provided, the organization must assume the patient does not qualify.

Part III, Line 8: Part III, Line 6: Medicare services at cost is computed by applying the cost-to-charge ratio computed on Worksheet 2 to the aggregate Gross traditional Medicare revenue recorded in the general ledger.

Part III, Line 8: The organization treats the total shortfall of Medicare reimbursement compared to computed Medicare allowable costs as a community benefit. The hospital improves access to patient care by providing services regardless of a patient's ability to pay or the hospital's ability to receive full cost reimbursement for services. The hospital also relieves the government of a financial burden when it provides care to publically insured patients where reimbursement is less than cost of providing the service.

Part III, Line 9b: The hospital has a written policy that describes collection practices applying to patients that qualify for charity care or financial assistance. If full assistance is approved, no collection efforts are pursued on that patient's account(s). If partial assistance is provided, the patient is responsible for the adjusted account balance and collection efforts will follow the established practices for all patients where a self-pay balance exists. Collection efforts are not pursued on any pending FAP account.

Part VI Supplemental Information

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

Part VI, Line 2: Bon Secours Hospital ("BSB" for Bon Secours Baltimore, or the "Hospital") is a 125 bed facility with 7,475 admissions for the fiscal year ended August 31, 2010. Bon Secours Hospital serves west, north and southwest Baltimore where almost one third of the city's total population reside. Predominately comprised of elderly, women and children, BSB's service area includes some stable neighborhoods as well as many neighborhoods facing significant social challenges in the areas of housing, employment education and health. Slightly more than half of BSB admission's are either Self- Pay or Medicaid patients.

The main focus of the community efforts by Bon Secours Hospital is the immediate area around the Hospital's campus. Represented by Operation Reach Out Southwest (a neighborhood community organization, "OROSW"), this area contains a community of approximately 21,000 persons containing 13 distinct neighborhoods surrounding Bon Secours Hospital. Although the community is located in close proximity to the hospital it meets the

Part VI Supplemental Information

federal guidelines of a medically underserved population. Not surprisingly, the residents of these neighborhoods have some of the worst indicators of poor health status in the State. Our residents have some of the highest rates in the State for childhood diseases, breast and cervical cancer, poor nutrition, cardiovascular disease and diabetes. The community has been challenged by a host of social and economic ills including, vacant housing, high unemployment, illicit drug activity and drug related crime.

Bon Secours approach to needs assessment is a collaborative one. Bon Secours works very closely with OROSW to develop, implement and monitor community benefit programs. OROSW, in partnership with Bon Secours, has developed and is implementing a 20 year revitalization plan in which Bon Secours has and will continue to serve as an anchor of stability and hope.

Decision making ultimately rests with the BSB board. The board works closely with the Executive Leadership Team of Bon Secours Hospital, the Executive Director of the Bon Secours of Maryland Foundation (BSMF), the Bon Secours of Maryland Foundation board and the national Bon Secours Health System, Inc. ("BSHSI") board to insure the most effective use of the resources available. Ongoing needs assessment is done by BSMF staff and OROSW.

With participation from over 200 residents and local stakeholders, BSB and OROSW completed a comprehensive revitalization plan in 1998. This plan includes a vision statement and desired outcomes and strategies in each of six issue areas: economic development, education, health, physical planning, public safety, and enriching activities for youth and seniors.

Part VI Supplemental Information

Programs have been launched and many positive outcomes have been achieved

in each of these areas see section 6 "Description of Community Building

Activities"). The plan was updated in 2002 and approved by the Baltimore

City Planning Commission.

Much of the coalition's work has moved from a planning and implementation

focus to one of managing programs and services. The Coalition's current

leadership has aged and there is an effort underway to engage younger

community residents into leadership roles. A major challenge is

maintaining participation and related momentum at all levels (coalition,

neighborhood, and block). This is critical because much remains to be done

and we have learned that the most successful initiatives are resident led

and community driven.

Through the OROSW coalition, we have set up a decision making

infrastructure that ensures meaningful resident participation in planning

and implementation. We have also learned that success is more certain when

you reverse thinking from addressing deficits in the community to building

upon assets. We have also learned that success is more likely when we

implement strategies and initiatives that are consistent with the

communities plans and appropriate to our organizational resources and

skills.

Although the original 20 year vision and plan remain as our overarching

"roadmap", we periodically engage in specific engagement projects in order

to assess current levels of community needs. Most recently we have engaged

the neighborhoods surrounding Bon Secours Hospital in a community health

visioning process in partnership with OROSW and with assistance from the

Part VI Supplemental Information

University of Maryland at Baltimore Social Work Community Outreach Service

who are providing the staff organizing and outreach aspects of the

process. The goal of this project is to engage the community around the

hospital in a process that should culminate with:

An agreed-upon vision of an improved healthcare system which leads to a

healthier community and is financially sustainable.

A plan to achieve our vision.

This planning process which has included several large, facilitated

community meetings along with numerous issue-specific work groups will

conclude its next phase in the Spring of 2011 and will integrate specific

desired outcomes and strategies into a newly defined vision for Bon

Secours Baltimore Health System.

Part VI, Line 3: BSBHS is committed to ensuring access to health care

services for all. As a health care provider, BSBHS treats all patients,

whether insured, underinsured or uninsured, with dignity, respect and

compassion throughout admission, delivery of services, discharge and

billing and collection processes. BSBHS addresses the needs of the

uninsured by providing free or reduced fees on hospital services,

community outreach efforts to assist with Medicaid and State Child Health

Insurance Program enrollment, and free community-based preventive and

primary care services. BSBHS proactively screens to identify individuals

and their families who may qualify for federal, state or local health

insurance programs or the Bon Secours Patient Financial Assistance Program

("FAP"). Potentially eligible patients are referred to the Patient

Part VI Supplemental Information

Financial Assistance Department for assistance in completing the documentation required to establish eligibility in, and apply for, government insurance programs or the FAP. Patients are responsible for providing the information necessary to complete the documentation.

The FAP aids uninsured and underinsured patients who do not qualify for government-sponsored health insurance and who communicate their inability to pay for their medical care. The FAP provides 100% financial assistance to uninsured patients with annual family incomes at or below 200% of the Federal Poverty Guidelines ("FPG"), as adjusted by the Medicare geographic wage index for each community served to reflect that community's relative cost of living ("Adjusted FPG").

For uninsured and underinsured patients with annual family incomes greater than 200% of the Adjusted FPG, the FAP offers a reduction to the amount of the full charges for medically necessary services through a community service adjustment ("CSA"). The CSA is market adjusted and based on the payment discount received by other health care payers doing business in the community. For these patients, the FAP also sets a maximum annual family payment liability to ensure that no family suffers a catastrophic financial burden to receive necessary health care services. Based on research conducted by the Tax Foundation, a non-partisan tax research group based in Washington DC, the maximum annual family liability is based on a sliding scale determined by the family income and size. The standard sliding scale is adjusted by the Medicare geographic wage index of each community served to reflect that community's relative cost of living. All patients are eligible for a Prompt Pay Discount. In addition, a variety of other potential payment options are available.

Part VI Supplemental Information

This patient financial assistance policy is communicated to patients verbally upon registration and through visible postings of the policy and brochures in common areas throughout the hospital.

Part VI, Line 4: BSBHS exists to benefit the people living in west Baltimore, where nearly one-third of the city's total population resides. Dominated by the elderly, women and children, BSBHS service area includes stable, thriving neighborhoods as well as many neighborhoods facing basic social challenges in the areas of housing, employment, education and health. BSBHS service area is predominately (83%) African-American community. BSBHS service area is primarily lower income families with an annual average per capita income of \$9,508 and unemployment of 21%. Seniors over 65 years of age comprise 14% of the population and 37% of the children under the age of 18 live in poverty. Sixty four % of the patients that BSBHS serves are malnourished at the time of admission, which is twice the national average.

Bon Secours Baltimore Health System's primary service area had a population of 147,787 in 2009. The population is expected to decrease by 3.3 percent to a total of 142,924 by 2014. Demographic data indicates that 14 percent of the population is white, 82.2 percent is black, and a Hispanic population of 2,249, or 1.5 percent. Twenty-three percent of the population is under the age of 16 and 12.6 percent is over the age of 65.

The median household income in 2009 was \$32,451, compared to the median state income of \$70,050. 39.9 percent of the population has a household income of below \$25,000, compared to the state average of 17.8 percent.

Part VI Supplemental Information

22.6 percent of family households had income below the federal poverty level.

Health Conditions - the most prevalent health conditions impacting the primary service area are high blood pressure, high cholesterol, and smoking. In 2008, the incidence of heart disease for the City of Baltimore is 256.3 per 100,000 residents, which is 35 percent greater than the state wide rate of 189.8 per 100,000, excluding Baltimore. The incidence rate for all cancers is 216.3 per 100,000 residents which is 40 per 100,000 residents (23 percent) greater than the state wide rate. For minority populations, the prevalence of all health conditions, from heart disease to cancer to HIV/AIDS ranges from 15 percent to as much as seven times more prevalent across health conditions. (City of Baltimore Health Department, 2010 Health Disparities Report Card).

In addition, the service area incidence for these diseases is impacted by risk factors, among them smoking and being overweight. Thirty-two and a half percent of the service area residents smoke, and 23.4 percent of residents are considered overweight or obese.

In fiscal year 2010, Bon Secours Baltimore hospital cared for 7,475 admissions, and treated 25,167 patients through in Emergency Department.

The Emergency Department is open 24 hours a day and available to all persons regardless of ability to pay. Bon Secours Baltimore participates in Medicare, Medicaid, CHAMPUS, and other government sponsored health care programs including the state SCHIP/FAMIS program for children.

Part VI, Line 5: Community Building is a strategic initiative of

Part VI Supplemental Information

BSBHS. This initiative encompasses long term, collaborative relationships in which service organizations engage and empower the members of a defined geographic community to support them in improving their quality of life and holistic health.

Since 1995, BSBHS has worked closely with the Operation ReachOut Southwest (OROSW) community to create projects, programs and work plans that are leading to the realization of OROSW's vision: to make southwest Baltimore a community of choice for current and new residents.

Over the past few years, OROSW and BSBHS have collaborated to make tremendous strides in building programs and projects that are improving the quality of life for the residents of southwest Baltimore. The improvements have been accomplished by building off the strengths of the community, listening and responding to what residents say is needed, and hiring talented people to implement the projects.

Our Money Place (OMP) - combines the services of the Security Plus Federal Credit Union, a local check casher, OROSW and BSBHS. Since opening in 2003, OMP has offered savings accounts, market rate loans, low cost check cashing, debt remediation free and low-cost tax preparation and retirement planning to help residents reduce non-asset building debt and increase personal wealth. Over 2,100 persons utilized these services in FY 10.

Youth Employment and Entrepreneurship Program (YEEP) helps high school age youth learn job readiness, financial literacy and leadership skills and then access part time and summer jobs. YEEP also helps youth develop career plans and get into post-secondary education. The program follows

Part VI Supplemental Information

alumni who attend college. Over 350 area youth participated in YEEP activities in FY 10.

Clean & Green turns vacant lots into attractive green spaces and consistently maintains them at a community-wide scale. The program maintained over 450 lots in FY 10.

Career Development Program offers job readiness, placement and retention services where, after a four-week intensive classroom experience, clients are followed for three years and helped to move up the company ladder, obtain more education as needed, get out of debt and learn basic money management skills. The ultimate goal is for a person to financial self-sufficiency. A total of 91 individuals completed our job readiness training and 140 community residents were placed in employment in FY 2010. We also screened 536 individuals for public benefits with 121 individuals receiving benefits.

Family Support Center helps young parents obtain a GED and get into college while providing developmental childcare and parenting classes. Children (birth to age 4) receive developmental childcare while their parents are in class or in training. In addition, the Family Support Center staff provides In-Home-Intervention services. Nine hundred fifty-five parents and children were served during FY 10.

Women's Resource Center is a drop-in center that provides crisis intervention, hospitality services and domestic violence counseling for homeless women or women at risk for becoming homeless. Over 660 women were served in FY 10.

Part VI Supplemental Information

Housing BSBHS also renovates row houses and constructs apartment buildings where low-income families and seniors can find safe and affordable housing in what had been dangerous, abandoned and drug-ridden properties. Over 550 families and seniors were housed in FY 10.

Part VI, Line 6: For BSBHS, creating an option for the poor and disadvantaged cannot be simply providing free or discounted services to those who come to our health care facilities in crisis without financial means to pay. Our call to live the teachings and promises of Jesus requires that we nurture the growth of individual and community capacities and create opportunities for each individual to assume a meaningful role in defining and pursuing holistic well being, peace, and hope. Our call requires that we be a prophetic voice for just and equitable public policies that ensure access to basic human goods for all people.

As part of BSHSI, BSBHS commitment to social and economic justice is integrated into the fabric of the organization through its Strategic Quality Plan and its common vision of a healthy community. Our vision of a healthy community is embodied in the following statements. "A healthy community is a good place to live for all residents. The rich diversity of cultures and capacities of the community are celebrated and mobilized, with a particular concern for the poor, marginalized and dying, to create physical and social environments that promote families, nurture youth and support senior citizens. Individuals have the opportunity to fully participate in defining holistic well being and assuming responsibility for the development of their innate potential."

Part VI Supplemental Information

"Community Benefit" is not just a program within BSBHS, but rather a constitutive dimension of its mission and history. From its beginnings in 1881 providing health care and support in neighbors homes, to the establishment of its first hospital in 1919, to its comprehensive neighborhood revitalization initiative in the 21st Century - BSBHS has been an integral part of the community life of West Baltimore.

Community Based Clinical Services:

BSBHS community-based clinical services include the Community Institute of Behavioral Services which provides a variety of clinical and community based behavioral health services; the Imani Center which provides primary and specialty care to persons affected by HIV/AIDS; health screenings at no charge at various sites throughout the community; and free transportation to and from medical appointments for the elderly and disabled. These programs served over 120,000 persons during FY 10.

Health Care Support Services:

Tele-Heart is a disease management program for persons diagnosed with congestive heart failure and hypertension that served almost 4,800 persons in FY 10.

Community Benefit Operations/Financial and In-Kind Contributions:

The Bon Secours of Maryland Foundation provides oversight and administration of BSBHS Community Benefit operations as well as contributions to local community groups.

Part VI, Line 7: Bon Secours Health System, Inc., a Maryland nonprofit, nonstock membership corporation (BSHSI), and all of the other

Part VI Supplemental Information

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

BSHSI, 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 BSHSI 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. Activities directly associated with this purpose are

considered operating activities. Operating activities also include other

incidental services that are closely related to healthcare.

Part VI, Line 8, List of States Receiving Community Benefit Report:

MD

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2009

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

Bon Secours Hospital Baltimore, Inc.

Employer identification number

52-0591555

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>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</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p>	4a	X								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p>	5a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p>	6a	X								
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Martha Riva	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	309,210.	243,796.	13,333.	64,931.	26,666.	657,936.	0.
Samuel L. Ross	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	392,568.	226,397.	4,511.	46,462.	22,334.	692,272.	0.
Fabienne N. Larkins	(i)	126,145.	26,333.	914.	4,399.	9,000.	166,791.	0.
	(ii)	91,347.	19,069.	0.	0.	0.	110,416.	0.
Cathy Newhouse	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	214,660.	68,068.	116,302.	31,416.	9,627.	440,073.	0.
Donovan Parkes	(i)	490,722.	0.	591.	3,150.	27,925.	522,388.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Usha Jain	(i)	292,541.	13,926.	2,319.	2,785.	9,043.	320,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Sudhir Patel	(i)	285,403.	0.	1,113.	2,655.	20,265.	309,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Rosita Cruz	(i)	278,535.	0.	1,542.	1,250.	9,469.	290,796.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Janet Moghbeli	(i)	269,173.	0.	1,200.	0.	0.	270,373.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Scott Furniss	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	84,506.	25,000.	346.	0.	9,192.	119,044.	0.
Lu Ann Brady	(i)	138,840.	0.	101,786.	23,703.	5,451.	269,780.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
Becky Colker	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	137,465.	0.	772.	9,773.	11,538.	159,548.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Part I, Lines 4a-b: LuAnn Brady received a severance payment of \$93,043.

Part I, Line 4b: Bon Secours Hospital Baltimore, Inc. participates in a

BSHSI sponsored executive retirement program that allows for deposits into

additional retirement plans and is available only to officers and key

employees. The 457F plan is a non-qualified plan and is subject to a

minimum three-year service requirement before vesting on deposits are made

into this plan.

Part I, Line 3:

Bon Secours Health System, Inc., a related organization of Bon Secours

Hospital Baltimore, Inc., 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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 52-0591555
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Form 990, Part VI, Section A, line 6: Bon Secours Health System, Inc. is

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

turn is the sole member of BonSecours 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 Health System,

Inc.

Form 990, Part VI, Section A, line 7b: Certain authorities of Bon Secours

Hospital Baltimore, Inc. are reserved to its member or to Bon Secours

Health System, Inc.

Form 990, Part VI, Section B, line 11: The process the organization uses

to review the Form 990 consists of a review by Bon Secours Hospital

Baltimore, Inc.'s audit and compliance board committee and providing the

form to the Bon Secours Hospital Baltimore, Inc.'s board of directors to

allow for a thorough review by both before the filing date of July 15,

2011. Bon Secours Hospital Baltimore Inc.'s audit and compliance board

committee and Bon Secours Hospital Baltimore Inc.'s board of directors will

review the Form 990 and ask any additional questions regarding the Form 990

before the return is filed July 15, 2011.

Form 990, Part VI, Section B, Line 12c: Bon Secours Hospital Baltimore,

Inc. regularly and consistently monitors compliance with the conflict of

interest policy. On an annual basis, all persons subject to the policy,

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

Schedule O (Form 990) 2009

932211
02-03-10

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

Form 990, Part VI, Section B, Line 15: The compensation committee of the board of Bon Secours Health System, Inc. engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of Bon Secours Hospital Baltimore, Inc. as well as other officers, key employees and highest paid employees. The compensation committee consists of a group of independent board members and engages an independent external compensation consultant to ensure the reasonableness of compensation paid to executives and disqualified parties.

The committee maintains a Board-approved compensation philosophy, reviews pay practices against local, regional and national healthcare organizations

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

Schedule O (Form 990) 2009

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**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Inspection

Name of the organization Bon Secours Hospital Baltimore, Inc.	Employer identification number 52-0591555
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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 reported to the BSHSI Board of Directors and documented in the BSHSI compensation committee minutes.

Form 990, Part VI, Section B, Line 15b - Compensation Process Other

Officers/ Key Employees: For those key employees and highest paid employees that are not reviewed by the BSHSI 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 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.

Form 990, Part VI, Section C, Line 19: Bon Secours Hospital Baltimore, Inc. provides any documents open to public inspection upon request.

Part VI, Section B, Line 14:

Document Retention and Destruction Policy:

While Bon Secours Health System, Inc. does not have a written organization-wide document retention and destruction policy, individual department policies and practices are in place to ensure that each department of the organization maintains their documentation in compliance with state and federal requirements. In addition, any areas

**SCHEDULE O
(Form 990)**

Department of the Treasury
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Supplemental Information to Form 990

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responsible for medical records have department policies in compliance
with Medicare and HIPAA requirements. An organization-wide policy is
currently in place for fiscal year ending August 31, 2011.

Form 990, Part VII:

Hours worked are not tracked on an entity by entity basis. All officers
and directors hours reported on Form 990, Part VII, Compensation of
Officers, Directors, Trustees, Key Employees, Highest Compensated
Employees, and Independent Contractors represent aggregate hours worked
per week.

Samuel L. Ross, M.D.'s compensation is paid by Bon Secours Health
Systems, Inc., a related organization. The compensation he receives is
for his role as the Chief Executive Officer of Bon Secours Baltimore
Health System, Inc.

Martha Riva, Esq.'s compensation is paid by Bon Secours Health Systems,
Inc., a related organization. The compensation she receives is for her
role as the SVP of Governance of Bon Secours Health Systems, Inc.

Cathy Newhouse's compensation is paid by Bon Secours Health System,
Inc., a related organization. The compensation she receives is for her
role as the Operations Consultant of Bon Secours Hospital Baltimore,
Inc.

Fabienne N. Larkin's compensation is paid by this filing organization,

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Name of the organization

Bon Secours Hospital Baltimore, Inc.

Employer identification number

52-0591555

as well as the Urban Medical Institute, a related organization. The

compensation she receives is for her role as the Chief Nursing Officer

of these organizations.

Sr. Anne Lutz, Sr. Mary Shimo and Brother Art Caliman do not receive

payroll distributions as they have taken vows of poverty.

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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

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

(a) Name, address, and EIN 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" to 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
Bon Secours Health System, Inc. - 52-1301088 1505 Marriottsville Rd. Marriottsville, MD 21104-1301	Parent Org. Management Services	Maryland	501(c)(3)	Line 11, Type II: 509(a)(3)	N/A
Bon Secours Community Health Services, Inc. - 52-1909599, 2600 Liberty Heights Ave., Baltimore, MD 21215-7804	Healthcare	Maryland	501(c)(3)	Line 9: 509(a)(2)	N/A
The Bon Secours of Maryland Foundation, Inc. - 52-1732800, 26 N. Fulton Ave., Baltimore, MD 21223-1624	Grant Making Foundation	Maryland	501(c)(3)	Line 11, Type III-FI: 509(a)	N/A
Unity Properties, Inc. - 52-1857768 26 N. Fulton Ave. Baltimore, MD 21223-1624	Low Income Housing	Maryland	501(c)(3)	Line 7: 170(b)(1)(a)(v)	N/A

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
Bon Secours Apartments LP - 52-1952505, 1800 W. Baltimore St, Baltimore, MD 21223	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X
Bon Secours Apartments II LP - 52-2063512, 1800 W. Baltimore St, Baltimore, MD 21223	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X
Liberty Senior Housing LP - 52-2134447, 1800 W. Baltimore St, Baltimore, MD 21223	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X
Bon Secours Apartments III LP - 52-2134444, 1800 W. Baltimore St, Baltimore, MD 21223	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
Unity Housing, Inc. - 52-1952507 26 N. Fulton Avenue Baltimore, MD 21223-1624	Low Income Housing	MD	N/A	C CORP	0.	0.	.00%
Bon Secours Wayland LLC - 27-0468561 26 N. Fulton Avenue Baltimore, MD 21223-1624	Low Income Housing	MD	N/A	C CORP	0.	0.	.00%

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)	X	
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)	X	
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other 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 other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of- year assets	(f) Dispropor- tionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

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
Urban Medical Institute, Inc. - 52-1905869 2600 Liberty Heights Ave. Baltimore, MD 21215-7804	Health Services	Maryland	501(c)(3)	Line 3: 170(b)(1)(a)(i)	N/A
Bon Secours Baltimore Development, Inc. - 76-0785344, 26 N. Fulton Ave., Baltimore, MD 21223-1624	Community Housing	Maryland	501(c)(3)	Line 7: 170(b)(1)(a)(v)	N/A
Washington Village Community Medical Center, Inc. - 52-1138191, 700 Washington Blvd, Baltimore, MD 21223-1624	Healthcare	Maryland	501(c)(3)	Line 9: 509(a)(2)	N/A
Liberty Medical Center - 52-1466304 2600 Liberty Heights Ave. Baltimore, MD 21215-7804	Healthcare	Maryland	501(c)(3)	Line 3: 170(b)(1)(a)(i)	N/A
Bon Secours Housing - 52-1442707 26 N. Fulton Ave. Baltimore, MD 21223-1624	Low Income Housing	Maryland	501(c)(3)	Line 9: 509(a)(2)	N/A
Bon Secours Housing II - 52-1543174 26 N. Fulton Ave. Baltimore, MD 21223-1624	Low Income Housing	Maryland	501(c)(3)	Line 9: 509(a)(2)	N/A
Bon Secours Baltimore Health Corps (dba Bon Secours Baltimore Health System), 2000 W. Baltimore Street, Baltimore, MD 21223-1558	Local System Parent Org	Maryland	501(c)(3)	Line 11, Type II: 509(a)(3)	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, ex- cluded 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 on box 20 of K-1	(j) General or managing partner?	
							Yes	No		Yes	No
Bon Secours Smallwood Summit LP - 52-2280175, 26 N. Fulton Avenue, Baltimore, MD 21223-1624	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X
Bon Secours Chesapeake Apartments LP - 20-0107034, 26 N. Fulton Avenue, Baltimore, MD 21223-1624	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X
Bon Secours Shiloh LP - 20-3965243, 26 N. Fulton Avenue, Baltimore, MD 21223-1624	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X
Bon Secours Wayland LP - 27-0468688, 26 N. Fulton Avenue, Baltimore, MD 21223-1624	Low Income Housing	MD	N/A	Related	0.	0.		X	N/A		X

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning SEP 1, 2009, and ending AUG 31, 2010

2009

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

▶ **See instructions.**

Name of exempt organization

Bon Secours Hospital Baltimore, Inc.

Employer identification number

52-0591555

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>137563877</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____


Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here


Signature of officer

7-6-2011
Date

RICHARD L. JONES
TREASURER
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-file (MeF) Information for Authorized IRSe-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ <u>Laura L Carlett</u>	Date	<u>07/06/2011</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN	<u>P00873861</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>Deloitte Tax LLP</u>					EIN	<u>86-1065772</u>
	<u>1750 Tysons Blvd</u>					Phone no.	<u>(703) 251-1000</u>
	<u>McLean, VA 22102-4219</u>						

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date	_____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN	_____	
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____					EIN	_____
	_____					Phone no.	_____