

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALLEGANY FRANCISCAN MINISTRIES, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 33920 U.S. HIGHWAY 19 NORTH 269 City or town, state or province, country, and ZIP or foreign postal code PALM HARBOR, FL 34684-2673 F Name and address of principal officer: EILEEN COOGAN SAME AS C ABOVE	D Employer identification number 58-1492325 E Telephone number (727) 507-9668 G Gross receipts \$ 5,327,007. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.AFMFL.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
		L Year of formation: 1982
		M State of legal domicile: FL

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: TO ADVANCE, PROMOTE, AND SUPPORT THE HEALTH CARE MINISTRIES AND CATHOLIC HEALTH CARE MISSION OF THE		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	65
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 157,378.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,321,118.	5,325,764.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,478,496.	5,327,007.
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,475,119.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,048,323.	1,135,821.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	955,054.	403,676.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,478,496.	9,650,487.
	19	Revenue less expenses. Subtract line 18 from line 12	0.	-4,323,480.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 120,688,965.	End of Year 117,059,933.
	21	Total liabilities (Part X, line 26)	7,515,036.	6,929,086.
	22	Net assets or fund balances. Subtract line 21 from line 20	113,173,929.	110,130,847.

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 EILEEN COOGAN, PRESIDENT & CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE, ALLEGANY FRANCISCAN MINISTRIES AND TRINITY HEALTH, SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING HEALING PRESENCE WITHIN OUR COMMUNITIES.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 9,159,803. including grants of \$ 8,110,990.) (Revenue \$ 0.) ALLEGANY FRANCISCAN MINISTRIES IS A NON-PROFIT CATHOLIC ORGANIZATION ROOTED IN THE TRADITION AND VISION OF THE FRANCISCAN SISTERS OF ALLEGANY. WE PROVIDE GRANTS AND WORK WITH COMMUNITY PARTNERS IN THREE REGIONS OF FLORIDA FORMERLY SERVED BY THE SISTERS' HOSPITALS: MIAMI-DADE COUNTY, PALM BEACH, MARTIN AND ST.LUCIE COUNTIES, AND THE TAMPA BAY AREA OF HILLSBOROUGH AND PINELLAS COUNTIES. SINCE AWARDING ITS FIRST GRANT IN 1998, ALLEGANY FRANCISCAN MINISTRIES HAS INVESTED OVER \$90 MILLION WITH ALMOST 1700 ORGANIZATIONS SERVING THOSE MOST IN NEED IN THESE COMMUNITIES. ALLEGANY FRANCISCAN MINISTRIES INVESTS DIRECTLY IN COMMUNITIES AND WORKS COLLABORATIVELY WITH COMMUNITY PARTNERS TO CREATE HEALTHIER, SAFER, AND MORE PROSPEROUS PLACES IN WHICH OUR MOST VULNERABLE RESIDENTS CAN LIVE, LEARN, WORK AND PLAY.

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

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

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

4e Total program service expenses 9,159,803.

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 <i>Schedule B, Schedule of Contributors</i> ?		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, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <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, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
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
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 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>	23 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 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	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>	28a	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>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	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>	32	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>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b 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>	36	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>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 43	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 15; 1b Enter the number of voting members included in line 1a... 14; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did 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 The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 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 If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records EILEEN S. COOGAN - (727) 507-9668 33920 US HIGHWAY 19 N #269, PALM HARBOR, FL 34684-2673

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EILEEN COOGAN DIRECTOR; TREASURER; PRESIDENT & CEO	40.00 0.00	X		X				0.	236,162.	41,581.
(2) HOWARD WATTS DIRECTOR; CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) EMERY IVERY DIRECTOR; VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(4) JOAN DAWSON, OSF DIRECTOR; SECRETARY	1.00 0.00	X		X				0.	0.	0.
(5) TREVOR BANKS DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) NANCY CHIARELLO, OSF DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) RUSSELL CORREA DIRECTOR	1.00 0.00	X						0.	0.	0.
(8) MARY ANN DILLON, RSM DIRECTOR; TRINITY EVP MISSION	1.00 54.00	X						0.	0.	7,390.
(9) PETER GORSKI, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) ARLEASE HALL DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) DONNA EILEEN KANE, OSF DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) MARGARET MARY KIMMINS, OSF DIRECTOR THROUGH 12/18	1.00 0.00	X						0.	0.	0.
(13) LAURA PLOTNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) MARLENE WEIDENBORNER, OSF DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) JEANNE WILLIAMS, OSF DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) KATRINA WRIGHT DIRECTOR AS OF 1/19	1.00 0.00	X						0.	0.	0.
(17) UPENDO SHABAZZ REGIONAL VICE PRESIDENT	40.00 0.00					X		0.	115,664.	13,763.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DANIEL GIBSON REGIONAL VICE PRESIDENT	40.00 0.00					X	0.	113,853.	12,103.	
(19) CHERI WRIGHT JONES REGIONAL VICE PRESIDENT	40.00 0.00					X	0.	112,460.	9,118.	
1b Sub-total							0.	578,139.	83,955.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	578,139.	83,955.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 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					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,243.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f			1,243.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue						
	g	Total. Add lines 2a-2f						
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,259,028.			2,259,028.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses			0.			
		Gain or (loss)			3,066,736.			
		Net gain or (loss)			3,066,736.			3,066,736.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		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							
							
							
	All other revenue							
	Total. Add lines 11a-11d							
12	Total revenue. See instructions			5,327,007.	0.	0.	5,325,764.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,879,992.	7,879,992.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	72,998.	72,998.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	158,000.	158,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	277,743.	138,872.	138,871.	
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	713,586.	713,586.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	144,492.	144,492.		
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	31,770.		31,770.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	36,961.	36,961.		
12 Advertising and promotion	4,548.		4,548.	
13 Office expenses	26,279.		26,279.	
14 Information technology	27,487.		27,487.	
15 Royalties				
16 Occupancy	87,090.		87,090.	
17 Travel	116,030.		116,030.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	22,950.		22,950.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	6,213.	6,213.		
23 Insurance	8,200.	8,200.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUBSCRIPTIONS & DUES	25,799.		25,799.	
b FOOD SUPPLIES EXPENSE	9,860.		9,860.	
c OTHER PROGRAM EXPENSES	489.	489.		
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	9,650,487.	9,159,803.	490,684.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	300.	1	300.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	20,000.	3	20,000.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,546.	9	14,665.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 84,231.		
	b Less: accumulated depreciation	10b 59,698.	10c	24,533.
	11 Investments - publicly traded securities	73,567,621.	11	71,366,169.
	12 Investments - other securities. See Part IV, line 11	47,035,037.	12	45,627,551.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	26,715.	15	6,715.
16 Total assets. Add lines 1 through 15 (must equal line 34)	120,688,965.	16	117,059,933.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	7,343,454.	18	6,837,815.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	171,582.	25	91,271.
	26 Total liabilities. Add lines 17 through 25	7,515,036.	26	6,929,086.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	113,173,929.	27	110,110,847.
	28 Temporarily restricted net assets		28	20,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	113,173,929.	33	110,130,847.	
34 Total liabilities and net assets/fund balances	120,688,965.	34	117,059,933.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,327,007.
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,650,487.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,323,480.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	113,173,929.
5	Net unrealized gains (losses) on investments	5	1,280,398.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	110,130,847.

Part XII Financial Statements and Reporting

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

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **ALLEGANY FRANCISCAN MINISTRIES, INC.** Employer identification number **58-1492325**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
CATHOLIC HEALTH MINISTRIES	00-0000000	1	X		0.	
Total					0.	0.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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

FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 2:

CATHOLIC HEALTH MINISTRIES DOES NOT HAVE AN IRS DETERMINATION OF STATUS UNDER SECTION 509(A)(1); IT IS NOT REQUIRED TO OBTAIN RECOGNITION OF ITS PUBLIC CHARITY STATUS BECAUSE IT IS A CHURCH.

FORM 990, SCHEDULE A, PART IV, SECTION A, LINE 6:

ALLEGANY FRANCISCAN MINISTRIES PROVIDED GRANTS TO UNRELATED CHARITIES THAT CARRY OUT THE CHARITABLE PURPOSES OF ITS SUPPORTED ORGANIZATION AND TRINITY HEALTH.

FORM 990, SCHEDULE A, PART I, LINE 12(G), COLUMN (VI)

ALLEGANY FRANCISCAN MINISTRIES PROVIDED GRANTS TO CHARITIES THAT CARRY OUT THE CHARITABLE PURPOSE OF CATHOLIC HEALTH MINISTRIES.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization

ALLEGANY FRANCISCAN MINISTRIES, INC.

Employer identification number

58-1492325

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

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

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

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

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

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

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

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

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

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

Yes No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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) 2018

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		137,500.
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?		X	
j Total. Add lines 1c through 1i			137,500.
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 carry over lobbying and political campaign activity expenditures from the prior year?	3	

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization ALLEGANY FRANCISCAN MINISTRIES, INC. Employer identification number 58-1492325

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 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: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included in (a), d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
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, for escrow or custodial account liability? Yes No

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

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

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

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

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		84,231.	59,698.	24,533.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 24,533.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) COMMINGLED FUNDS DIRECTLY		
(B) HOLDING SECURITIES	14,039,246.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	9,359,498.	END-OF-YEAR MARKET VALUE
(D) EQUITY METHOD INVESTMENTS	22,228,807.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	45,627,551.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) INTERCOMPANY ACCOUNTS PAYABLES	91,271.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	91,271.

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **ALLEGANY FRANCISCAN MINISTRIES, INC.** Employer identification number **58-1492325**

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		50,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		118,000.
3 a Subtotal	0	0			168,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			168,000.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	WATER FOR LIVING - TANKS FOR HUMAN CONSUMPTION	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		CENTRAL AMERICA & CARIBBEAN	SICK BAY RENOVATION	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	AMPLIFYING THE VOICES OF VULNERABLE WOMEN AND CHILDREN IN BOLIVIA	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	OUR PLANTS, OUR LIVES	11,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	I WAS NAKED AND YOU CLOTHED ME	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	THE VOICE OF MERCY	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	HELP IMPROVE THE LEADERSHIP TRAINING CENTER: FEEDING THIS IDEA	12,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		CENTRAL AMERICA & CARIBBEAN	PROJECT FOR IMPROVING THE USE OF TECHNOLOGY AS A TEACHING AND LEARNING TOOL	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		

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

3 Enter total number of other organizations or entities **11**

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA & CARIBBEAN	RESOURCE ROOM CONSTRUCTION	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	BUILDING A BETTER LIFE	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	SOCIOCULTURAL SPACE - PASTORAL & SOCIAL CENTER SANTA TEREZINHA DO MENINO	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	NATURE INSPIRING EDUCATION	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		CENTRAL AMERICA & CARIBBEAN	2019 JAMAICA MISSION	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

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

Part V Supplemental Information

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

PART I, LINE 2:

AFTER A GRANT IS APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS, THE ORGANIZATION ENTERS INTO AN AGREEMENT WITH THE GRANTEE. THE AGREEMENT SPECIFIES THE PURPOSE OF THE GRANTS, ALLOWABLE BUDGET LINE ITEMS, AND EXPECTED ACTIVITIES AND OUTCOMES. IT ALSO DESCRIBES THE PAYMENT PLAN AND REPORTING REQUIREMENTS. DURING THE COURSE OF THE GRANT, WRITTEN REPORTS DOCUMENTING THE PROGRAMMATIC AND FINANCIAL PROGRESS ARE REQUIRED PERIODICALLY; THESE ARE REVIEWED BY THE ORGANIZATION'S DIRECTOR OF GRANTS, PUBLIC HEALTH PROGRAM SPECIALIST, REGIONAL VICE PRESIDENT, AND CEO. AFTER THE GRANT PERIOD, A FINAL REPORT IS REQUIRED DOCUMENTING THE BUDGETARY AND PROGRAMMATIC RESULTS OF THE GRANT. THE FINAL REPORT IS ALSO REVIEWED BY THE DIRECTOR OF GRANTS, PUBLIC HEALTH PROGRAM SPECIALIST, REGIONAL VICE PRESIDENT, AND CEO. THE ORGANIZATION MAY ALSO REVIEW ADDITIONAL DOCUMENTATION AND RECORDS, AND MAY REQUIRE ADDITIONAL REPORTS AT ANY TIME.

PART II, COLUMN (D):

REGION: SOUTH AMERICA

(D) PURPOSE OF GRANT: SOCIOCULTURAL SPACE - PASTORAL & SOCIAL CENTER SANTA TEREZINHA DO MENINO JESUS

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **ALLEGANY FRANCISCAN MINISTRIES, INC.** Employer identification number **58-1492325**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
50CAN 1625 K ST. NW SUITE 400 WASHINGTON, DC 20006	27-3069592	501(C)(3)	10,000.	0.			IMPROVING MIAMI-DADE'S SCHOOL-SYSTEM THROUGH PARENTAL CIVIC LEADERSHIP AND COMMUNITY ADVOCACY
ALL-STAR SMILES 3911 W ATLANTIC AVE DELRAY BEACH, FL 33445	81-4178683	501(C)(3)	10,000.	0.			CHILDRENS ORAL HEALTH ACCESS INITIATIVE
BAYCARE HEALTH SYSTEM INC. 2985 DREW STREET CLEARWATER, FL 33759	59-2796965	501(C)(3)	65,000.	0.			MEDICATION ASSISTANCE PROGRAM (MAP)
BAYCARE HEALTH SYSTEM INC. 2985 DREW STREET CLEARWATER, FL 33759	59-2796965	501(C)(3)	75,000.	0.			HOPE HEALTH
BAYCARE HEALTH SYSTEM INC. 2985 DREW STREET CLEARWATER, FL 33759	59-2796965	501(C)(3)	80,000.	0.			FAITH COMMUNITY NURSING
BAYCARE HEALTH SYSTEM INC. 2985 DREW STREET CLEARWATER, FL 33759	59-2796965	501(C)(3)	80,000.	0.			FAITH COMMUNITY NURSING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 113.**

3 Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2018)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYCARE HEALTH SYSTEM INC. 2985 DREW STREET CLEARWATER, FL 33759	59-2796965	501(C)(3)	6,000.	0.			PLANTING HEALTH & HOPE
BETHEL TEMPLE ASSEMBLY OF GOD 1510 W HILLSBOROUGH AVE TAMPA, FL 33603	59-1022400	501(C)(3)	10,000.	0.			COMPASSION MINISTRIES EXPANSION
BOYS & GIRLS CLUBS OF ST. LUCIE COUNTY - 3104 AVE. J - FORT PIERCE, FL 34947	65-0505369	501(C)(3)	50,000.	0.			INFINITY CLUBHOUSE RENOVATION/REFURBISHING
CALVARY COMMUNITY CLINIC 3401 EAST LOUISIANA AVENUE TAMPA, FL 33610	47-1252154	501(C)(3)	10,000.	0.			WEBSITE REDESIGN
CATALYST MIAMI 3000 BISCAYNE BLVD. SUITE 210 MIAMI, FL 33137	65-0690368	501(C)(3)	280,000.	0.			TRANSFORMING OVERTOWN WITH POWERFUL COMMUNITY VOICES
CATHOLIC CHARITIES DIOCESE OF PALM BEACH, INC. - 9995 N. MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-2470479	501(C)(3)	37,500.	0.			RESPITE SERVICES
CATHOLIC CHARITIES LEGAL SERVICES ARCHDIOCESE OF MIAMI - 28 W. FLAGLER STREET, SUITE 1000 - MIAMI, FL 33130	65-0804650	501(C)(3)	42,500.	0.			DISABLED IMMIGRANTS WITH DEPORTATION ORDERS: DIDOS
CATHOLIC CHARITIES LEGAL SERVICES ARCHDIOCESE OF MIAMI - 28 W. FLAGLER STREET, SUITE 1000 - MIAMI, FL 33130	65-0804650	501(C)(3)	42,500.	0.			DISABLED IMMIGRANTS WITH DEPORTATION ORDERS: DIDOS
CATHOLIC CHARITIES OF NORTHWEST FLORIDA - PO BOX 6330 - PENSACOLA, FL 32503	59-3213644	501(C)(3)	10,000.	0.			DISASTER RELIEF & RECOVERY - HURRICANE MICHAEL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC HEALTH SYSTEM 144 GENESEE STREET SECOND FLOOR BUFFALO, NY 14203	22-2565278	501(C)(3)	11,000.	0.			FAITH COMMUNITY NURSING PROGRAM 2018-19
CATHOLIC VOLUNTEERS IN FLORIDA, INC. - P.O. BOX 536476 - ORLANDO, FL 32853	59-3087902	501(C)(3)	60,000.	0.			LEAD INITIATIVE 2.0
CATHOLIC VOLUNTEERS IN FLORIDA, INC. - P.O. BOX 536476 - ORLANDO, FL 32853	59-3087902	501(C)(3)	60,000.	0.			LEAD INITIATIVE 2.0
CATHOLIC VOLUNTEERS IN FLORIDA, INC. - P.O. BOX 536476 - ORLANDO, FL 32853	59-3087902	501(C)(3)	25,000.	0.			OVERTOWN VOLUNTEER PROJECT - FIU EDUCATION EFFECT
CATHOLIC VOLUNTEERS IN FLORIDA, INC. - P.O. BOX 536476 - ORLANDO, FL 32853	59-3087902	501(C)(3)	15,000.	0.			OVERTOWN POWER PROJECT
CLEO INSTITUTE 2103 CORAL WAY MIAMI, FL 33145	27-3185735	501(C)(3)	10,000.	0.			THE FLORIDA CLIMATE PLEDGE
COMMUNITY ACTION STOPS ABUSE, INC. (CASA) - P.O. BOX 414 - ST. PETERSBURG, FL 33731	59-2114359	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY ACTION STOPS ABUSE, INC. (CASA) - P.O. BOX 414 - ST. PETERSBURG, FL 33731	59-2114359	501(C)(3)	45,000.	0.			GENERAL OPERATING SUPPORT
COMMUNITY ACTION STOPS ABUSE, INC. (CASA) - P.O. BOX 414 - ST. PETERSBURG, FL 33731	59-2114359	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY DENTAL CLINIC 1008 WOODLAWN ST. CLEARWATER, FL 33756	45-3340613	501(C)(3)	10,000.	0.			EXPANDING DENTAL CARE SERVICES
COPTIC ORTHODOX CHARITIES, INC. 4765 STONEVIEW CIRCLE OLDSMAR, FL 34677	55-0790330	501(C)(3)	37,500.	0.			HEALTHCARE SERVICES FOR THE DISADVANTAGED (HSD)
COPTIC ORTHODOX CHARITIES, INC. 4765 STONEVIEW CIRCLE OLDSMAR, FL 34677	55-0790330	501(C)(3)	37,500.	0.			HEALTHCARE SERVICES FOR THE DISADVANTAGED (HSD)
DAWNING FAMILY SERVICES P.O. BOX 310525 TAMPA, FL 33680	59-2655523	501(C)(3)	8,500.	0.			STRIVING TO DO MORE: BUILDING OUR CAPACITY TO LAUNCH THE FAMILY HOUSING SOLUTIONS CENTER
DAYSTAR LIFE CENTER INC. 1055 28TH STREET SOUTH ST. PETERSBURG, FL 33712	65-0523539	501(C)(3)	40,000.	0.			BUILDING FOR A HEALTHIER COMMUNITY
DAYSTAR LIFE CENTER INC. 1055 28TH STREET SOUTH ST. PETERSBURG, FL 33712	65-0523539	501(C)(3)	40,000.	0.			BUILDING FOR A HEALTHIER COMMUNITY
DIRECT ACTION AND RESEARCH TRAINING (DART CENTER) - PO BOX 382036 - MIAMI, FL 33238	59-2244743	501(C)(3)	70,000.	0.			REDUCING MASS INCARCERATION IN FLORIDA
EL SOL JUPITER'S NEIGHBORHOOD RESOURCE CENTER - 106 MILITARY TRAIL - JUPITER, FL 33458	01-0870672	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ENTERPRISING LATINAS, INC. 5128 SR 674 P.O. BOX 1298 WIMAUMA, FL 33598	27-1247381	501(C)(3)	100,000.	0.			ALLY CAPACITY BUILDING INITIATIVE - ECONOMIC DEVELOPMENT INFRASTRUCTURE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENTERPRISING LATINAS, INC. 5128 SR 674 P.O. BOX 1298 WIMAUMA, FL 33598	27-1247381	501(C)(3)	100,000.	0.			ALLY CAPACITY BUILDING INITIATIVE - ECONOMIC DEVELOPMENT INFRASTRUCTURE
ENTERPRISING LATINAS, INC. 5128 SR 674 P.O. BOX 1298 WIMAUMA, FL 33598	27-1247381	501(C)(3)	300.	0.			LET'S BE THANKFUL COMMUNITY BREAKFAST
EQUALITY FLORIDA INSTITUTE P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FAITH AND ACTION FOR STRENGTH TOGETHER (FAST) - PO BOX 10421 - ST. PETERSBURG, FL 33733	20-2058779	501(C)(3)	40,000.	0.			ADVOCACY FOR HOUSING AND HEALTHCARE NEEDS
FAITH AND ACTION FOR STRENGTH TOGETHER (FAST) - PO BOX 10421 - ST. PETERSBURG, FL 33733	20-2058779	501(C)(3)	60,000.	0.			ADVOCACY FOR HOUSING AND HEALTHCARE NEEDS
FAITH AND ACTION FOR STRENGTH TOGETHER (FAST) - PO BOX 10421 - ST. PETERSBURG, FL 33733	20-2058779	501(C)(3)	15,000.	0.			ADVOCACY FOR AFFORDABLE HOUSING NEEDS
FAITH AND ACTION FOR STRENGTH TOGETHER (FAST) - PO BOX 10421 - ST. PETERSBURG, FL 33733	20-2058779	501(C)(3)	10,000.	0.			INCREASING CAPACITY FOR LONG TERM HOUSING ADVOCACY
FAMILIES FIRST OF PALM BEACH COUNTY - 3333 FOREST HILL BOULEVARD SECOND FLOOR - WEST PALM BEACH, FL 33406	65-0166352	501(C)(3)	31,000.	0.			TARGETED OUTREACH FOR PREGNANT WOMEN (TOPWA)
FAMILY HEALTHCARE FOUNDATION 16002 BURNHAM WAY TAMPA, FL 33647	59-3517416	501(C)(3)	50,000.	0.			TAMPA BAY NAVIGATOR PROJECT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIU FOUNDATION, INC. 11200 SW 8TH STREET, MARC 5TH FLOOR MIAMI, FL 33199	23-7047106	501(C)(3)	40,000.	0.			PARTNERING WITH COMMUNITIES TO DRIVE OUT BREAST CANCER IN MIAMI-DADE COUNTY
FLORIDA ASSOCIATION FOR INFANT MENTAL HEALTH - PO BOX 1182 - RIVERVIEW, FL 33568	59-3759909	501(C)(3)	50,000.	0.			MIAMI EARLY CHILDHOOD MENTAL HEALTH CAPACITY BUILDING INITIATIVE
FLORIDA CATHOLIC CONFERENCE 201 W. PARK AVE. TALLAHASSEE, FL 32301	59-1232887	501(C)(3)	25,000.	0.			HEALTH DESK ADVOCACY
FLORIDA NONPROFIT ALLIANCE 40 EAST ADAMS ST. STE 229 JACKSONVILLE, FL 32202	46-1185150	501(C)(3)	24,500.	0.			GENERAL OPERATING SUPPORT
FLORIDA PHILANTHROPIC NETWORK INC. 5421 BEAUMONT CENTER DRIVE SUITE 65 TAMPA, FL 33634	20-1328734	501(C)(3)	15,000.	0.			MEMBERSHIP DUES AND HEALTH FUNDERS GROUP
FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION - P.O BOX 3062744 - TALLAHASSEE, FL 32306	59-3211153	501(C)(3)	7,500.	0.			FLORIDA CIVIC ADVANCE - MEMBERSHIP FEES
FLORIDA VOICES FOR HEALTH PO BOX 743094 BOYNTON BEACH, FL 33474	82-0921929	501(C)(3)	50,000.	0.			BUILDING FLORIDAS SYSTEM OF ADVOCACY FOR HEALTH EQUITY: A MODEL
GANG ALTERNATIVE INC. 12000 BISCAYNE BLVD. MIAMI, FL 33181	20-2630595	501(C)(3)	22,000.	0.			CAPACITY-BUILDING: ROAD TO BEHAVIORAL HEALTH SERVICES
GENESIS HOUSE OF OLEAN, INC. P.O. BOX 139 OLEAN, NY 14760	16-1457018	501(C)(3)	5,000.	0.			AFTERCARE ASSISTANCE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GERARD PLACE HOUSING DEVELOPMENT FUND COMPANY, INC. - 2515 BAILEY AVENUE - BUFFALO, NY 14215	16-1562738	501(C)(3)	15,000.	0.			LITERACY AND JOB TRAINING
GLADES INITIATIVE INC. 141 SE AVENUE C BELLE GLADE, FL 33430	01-0733180	501(C)(3)	50,000.	0.			COMMUNITY RESOURCE EDUCATOR -CONNECTING THE GLADES
GRACE EDUCATION CENTER 712 N. 7TH STREET MRSJTHOMPSON83@GMAIL.COM - FORT PIERCE, FL 34950	47-4073406	501(C)(3)	6,000.	0.			GRACE ED SUMMER LEARNING CAMP 2019
HEALTH COUNCIL OF SOUTH FLORIDA 7875 NW 12TH ST., SUITE 118 DORAL, FL 33126	59-2268478	501(C)(3)	90,000.	0.			THE RESTORE (RESPONSE TO EMERGENCIES TO SCREEN, TREAT, OBSERVE, REACT & EDUCATE) TRAINING
HEALTH COUNCIL OF WEST CENTRAL FLORIDA - 550 N REO STREET SUITE 300 - TAMPA, FL 33609	59-2266576	501(C)(3)	8,150.	0.			EQUITY EDUCATION
HEALTHY START OF ST. LUCIE COUNTY 117 ATLANTIC AVE FT. PIERCE, FL 34950	65-0466549	501(C)(3)	55,000.	0.			GENERAL OPERATING SUPPORT
HIGH POINT NEIGHBORHOOD FAMILY CENTER - 5812 150TH AVE N. - CLEARWATER, FL 33760	59-3529732	501(C)(3)	10,000.	0.			FAMILY HARVEST OR BLESSED BOUNTY
HILLSBOROUGH ORGANIZATION FOR PROGRESS AND EQUALITY - 5103 N. CENTRAL AVE. - TAMPA, FL 33603	59-2914463	501(C)(3)	10,000.	0.			HOPE FOR HOUSING
HOLY CROSS CHURCH 221 PLUMTREE ROAD SPRINGFIELD, MA 01118	04-2204277	501(C)(3)	10,000.	0.			SANDWICHES FOR THE HOMELESS MINISTRY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IN THE IMAGE OF CHRIST PO BOX 12397 3090 AVENUE G FORT PIERCE, NY 34979	65-1104332	501(C)(3)	10,000.	0.			THE VILLAGE SHELTER
IN THE IMAGE OF CHRIST PO BOX 12397 3090 AVENUE G FORT PIERCE, FL 34979	65-1104332	501(C)(3)	27,500.	0.			HIV/AIDS PREVENTION PROGRAM
IN THE IMAGE OF CHRIST PO BOX 12397 3090 AVENUE G FORT PIERCE, FL 34979	65-1104332	501(C)(3)	23,000.	0.			YOUTH 4 CHANGE
INDIAN RIVER STATE COLLEGE 3209 VIRGINIA AVENUE FORT PIERCE, FL 34981	59-1206516	FLORIDA	150,000.	0.			UNITING FOR THE COMMON GOOD
KEY CLUBHOUSE OF SOUTH FLORIDA 1400 NW 54TH STREET SUITE 102 MIAMI, FL 33142	26-3727540	501(C)(3)	10,000.	0.			RECOVERY THROUGH WORK EXPANSION
LADIES EMPOWERMENT AND ACTION PROGRAM INC. - 3141 SW 8 ST - MIAMI, FL 33135	27-0193483	501(C)(3)	10,000.	0.			THE LEAP FISCAL STEWARDSHIP IMPROVEMENT PROJECT
LEGAL AID SOCIETY OF PALM BEACH COUNTY - 423 FERN STREET, SUITE 200 - WEST PALM BEACH, FL 33401	59-6046994	501(C)(3)	46,500.	0.			COVERAGE TO CARE LEGAL INITIATIVE
LEGAL AID SOCIETY OF PALM BEACH COUNTY - 423 FERN STREET, SUITE 200 - WEST PALM BEACH, FL 33401	59-6046994	501(C)(3)	46,500.	0.			COVERAGE TO CARE LEGAL INITIATIVE
LEGAL SERVICES OF GREATER MIAMI, INC. - LEGAL SERVICES OF GREATER MIAMI, INC. 4343 W. FLAGLER STREET, SUITE 100 - MIAMI, FL	59-1227481	501(C)(3)	37,500.	0.			EXPANSION OF LEGAL SERVICES FOR TRANSFORMING OVERTOWN WITH POWERFUL COMMUNITY VOICES

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LIFEBUILDERS OF THE TREASURE COAST 1664 WALTON ROAD STE 203 PORT ST. LUCIE, FL 34952	27-0628451	501(C)(3)	10,000.	0.			CAPACITY BUILDING IN FUND DEVELOPMENT PLANNING AND IMPLEMENTATION TO SUPPORT ECONOMIC STABILITY.
LINCOLN PARK COUNCIL OF MINISTERS 464 NORTH 9TH STREET P.O. BOX 583 FORT PIERCE, FL 34954	46-4519444	501(C)(3)	17,000.	0.			LINCOLN PARK MEMORIAL WALL OF REMEMBRANCE
MEALS ON WHEELS OF TAMPA INC. 550 W. HILLSBOROUGH AVE. TAMPA, FL 33603	59-1679915	501(C)(3)	62,500.	0.			SERVICE EXPANSION TO PALM RIVER/PROGRESS VILLAGE
MEALS ON WHEELS OF THE PALM BEACHES INC. - P.O. BOX 247 - WEST PALM BEACH, FL 33402	27-2891297	501(C)(3)	10,000.	0.			TECHNOLOGY UPGRADES TO INCREASE CAPACITY
MIAMI BAPTIST ASSOCIATION 7855 SW 104TH STREET, SUITE 100 MIAMI, FL 33156	59-0914210	501(C)(3)	37,000.	0.			COMING HOME: MEDICAL HOMES & HEALTH ACCESS (MHHAP)
MIAMI BAPTIST ASSOCIATION 7855 SW 104TH STREET, SUITE 100 MIAMI, FL 33156	59-0914210	501(C)(3)	37,750.	0.			COMING HOME: MEDICAL HOMES & HEALTH ACCESS (MHHAP)
MIAMI HOMES FOR ALL 1951 NW 7TH AVE SUITE 600 MIAMI, FL 33136	59-2521237	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING BLUEPRINTS
MISSION TAMPA 801 EAST HILLSBOROUGH TAMPA, FL 33604	20-0836960	501(C)(3)	10,000.	0.			A REASON TO SMILE!
MUJERES UNIDAS EN JUSTICIA EDUCACION Y REFORMA INC. - 27112 S. DIXIE HIGHWAY - NARANJA, FL 33032	65-0534683	501(C)(3)	10,000.	0.			ONE STOP DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAM

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MUSTARD SEED MINISTRIES OF FORT PIERCE INC. - 3130 S. US HWY 1 - FORT PIERCE, FL 34982	65-0017366	501(C)(3)	10,000.	0.			CLIENT CHOICE PANTRY
MYCLINIC, INC. 411 W. INDIANTOWN RD. JUPITER, FL 33458	80-0653642	501(C)(3)	37,500.	0.			GENERAL OPERATING SUPPORT DURING CAPITAL CAMPAIGN
MYCLINIC, INC. 411 W. INDIANTOWN RD. JUPITER, FL 33458	80-0653642	501(C)(3)	37,500.	0.			GENERAL OPERATING SUPPORT DURING CAPITAL CAMPAIGN
MYCLINIC, INC. 411 W. INDIANTOWN RD. JUPITER, FL 33458	80-0653642	501(C)(3)	10,000.	0.			WEBSITE RE-DESIGN PROJECT
NATIONAL ALLIANCE ON MENTAL ILLNESS OF PALM BEACH COUNTY, INC. - MOLLIE WILMOT PAVILLION 5205 GREENWOOD AVENUE, SUITE 110 - WEST	59-2301320	501(C)(3)	29,000.	0.			BUILDING A MENTAL HEALTH ADVOCACY COALITION
NATIONAL ALLIANCE ON MENTAL ILLNESS OF PALM BEACH COUNTY, INC. - MOLLIE WILMOT PAVILLION 5205 GREENWOOD AVENUE, SUITE 110 - WEST	59-2301320	501(C)(3)	25,000.	0.			BUILDING A MENTAL HEALTH ADVOCACY COALITION
NEIGHBORS AND NEIGHBORS ASSOCIATION, INC. - 5120 NW 24TH AVE - MIAMI, FL 33142	65-0675186	501(C)(3)	10,000.	0.			CERASEE URBAN FARM: REACHING ACROSS COMMUNITIES
NETWORK EDUCATION PROGRAM 25 E ST NW STE 200 WASHINGTON, DC 20001	52-1307764	501(C)(3)	10,000.	0.			NUNS ON THE BUS 2018: ON THE ROAD TO MAR-A-LAGO
NONPROFIT CENTER OF NORTHEAST FLORIDA INC. - 40 E ADAMS STREET SUITE 100 - JACKSONVILLE, FL 32202	59-3700428	501(C)(3)	100,000.	0.			CAPACITY BUILDING FOR LINCOLN PARK COMMUNITY ORGANIZATIONS 2018-2019

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NONPROFIT CENTER OF NORTHEAST FLORIDA INC. - 40 E ADAMS STREET SUITE 100 - JACKSONVILLE, FL 32202	59-3700428	501(C)(3)	100,000.	0.			CAPACITY BUILDING FOR LINCOLN PARK COMMUNITY ORGANIZATIONS 2018-2019
NONPROFIT CHAMBER PALM BEACH COUNTY - 4630 CATAMARAN CIRCLE - BOYNTON BEACH, FL 33436	90-0848354	501(C)(3)	10,000.	0.			LEGISLATIVE ADVOCACY/CAPACITY BUILDING INITIATIVE
NONPROFIT CHAMBER PALM BEACH COUNTY - 4630 CATAMARAN CIRCLE - BOYNTON BEACH, FL 33436	90-0848354	501(C)(3)	10,000.	0.			LEGISLATIVE ADVOCACY/CAPACITY-BUILDING INITIATIVE
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY INC. - 1408 N. WESTSHORE BLVD. SUITE 140 - TAMPA, FL 33607	59-3671047	501(C)(3)	40,000.	0.			NONPROFIT CAPACITY BUILDING IN TAMPA BAY
NONPROFITS FIRST, INC. 1818 SOUTH AUSTRALIAN AVE. STE. 450 WEST PALM BEACH, FL 33409	26-3189428	501(C)(3)	20,000.	0.			BOARD SERVICE TRAINING
NORTHWEST COMMUNITY CONSORTIUM INC. - 409 N. ROSEMARY AVENUE - WEST PALM BEACH, FL 33401	27-1113574	501(C)(3)	10,000.	0.			FUND DEVELOPMENT STRATEGY
NURSE-FAMILY PARTNERSHIP 1900 GRANT STREET SUITE 400 DENVER, CO 80203	20-0234163	501(C)(3)	10,000.	0.			FLORIDA PAY FOR SUCCESS FEASIBILITY STUDY
OPEN DOOR HEALTH CENTER INC. PO BOX 901642 HOMESTEAD, FL 33030	83-0375996	501(C)(3)	75,000.	0.			HEALTHCARE ACCESS PROGRAM
OVERTOWN CHILDREN AND YOUTH COALITION - 1951 NW 7TH AVE., SUITE 600 - MIAMI, FL 33136	47-2336342	501(C)(3)	150,000.	0.			OVERTOWN CHILDREN AND YOUTH MASTER PLAN IMPLEMENTATION

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OVERTOWN CHILDREN AND YOUTH COALITION - 1951 NW 7TH AVE., SUITE 600 - MIAMI, FL 33136	47-2336342	501(C)(3)	150,000.	0.			OVERTOWN CHILDREN AND YOUTH MASTER PLAN IMPLEMENTATION
OVERTOWN CHILDREN AND YOUTH COALITION - 1951 NW 7TH AVE., SUITE 600 - MIAMI, FL 33136	47-2336342	501(C)(3)	9,000.	0.			FLORIDA CHILDREN'S INITIATIVE LOBBYIST FUNDING
OVERTOWN CHILDREN AND YOUTH COALITION - 1951 NW 7TH AVE., SUITE 600 - MIAMI, FL 33136	47-2336342	501(C)(3)	25,000.	0.			PROFESSIONAL DEVELOPMENT SERVICES (PDS)
OVERTOWN CHILDREN AND YOUTH COALITION - 1951 NW 7TH AVE., SUITE 600 - MIAMI, FL 33136	47-2336342	501(C)(3)	4,000.	0.			PROFESSIONAL DEVELOPMENT PROGRAMMING (BRI)
PACE CENTER FOR GIRLS, HILLSBOROUGH - 1933 E. HILLSBOROUGH AVENUE SUITE 300 - TAMPA, FL 33610	59-2414492	501(C)(3)	50,000.	0.			NUTRITIONWORKS
PINELLAS COUNTY URBAN LEAGUE INC. 333 31ST STREET NORTH ST. PETERSBURG, FL 33713	59-1665523	501(C)(3)	60,000.	0.			THE 2020 PLAN
PITTSBURGH MERCY HEALTH SYSTEM INC. - 101 BRADFORD RD, SUITE 320 - WEXFORD, PA 15090	25-1464211	501(C)(3)	10,000.	0.			JUMPSTART HOUSING
POSITIVE SPIN 5118 N. 56TH STREET SUITE 224 TAMPA, FL 33610	80-0167391	501(C)(3)	10,000.	0.			HEALTHY EATING ON A BUDGET
POWERNET OF DAYTON - DBA POWERNET OF TAMPA - 1907 E. HILLSBOROUGH AVE, - TAMPA, FL 33610	35-2242913	501(C)(3)	10,000.	0.			OPERATION EMPOWER: CHANGING THE FOCUS FROM THE PROBLEM TO THE SOLUTION

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REACHUP INC. 2902 N. ARMENIA AVE. SUITE 100 TAMPA, FL 33607	20-8437749	501(C)(3)	44,500.	0.			IMPROVING THE HEALTH STATUS OF MEN
REACHUP INC. 2902 N. ARMENIA AVE. SUITE 100 TAMPA, FL 33607	20-8437749	501(C)(3)	44,000.	0.			IMPROVING THE HEALTH STATUS OF MEN
REBUILDING TOGETHER MIAMI-DADE, INC. - 3628 GRAND AVE. - MIAMI, FL 33133	65-0424304	501(C)(3)	10,000.	0.			[RE]BUILD CAUSE MARKETING - ENGLISH AND SPANISH
RECOVER TAMPA BAY INITIATIVE 3627 W. WATERS AVENUE TAMPA, FL 33614	80-0626229	501(C)(3)	25,000.	0.			STAFFING FOR FY 2019-2020
RELIGIOUS OF JESUS AND MARY 821 VARNUM ST. NE WASHINGTON, DC 20017	52-0976642	501(C)(3)	15,000.	0.			SOLAR PANEL PROJECT - NORD-OUEST HAITI
ROUNDTABLE OF ST. LUCIE COUNTY, INC. - 546 NW UNIVERSITY BLVD. SUITE 204 - PORT ST. LUCIE, FL 34986	20-5375835	501(C)(3)	75,000.	0.			RESTORING THE VILLAGE YOUTH INITIATIVE
ROUNDTABLE OF ST. LUCIE COUNTY, INC. - 546 NW UNIVERSITY BLVD. SUITE 204 - PORT ST. LUCIE, FL 34986	20-5375835	501(C)(3)	1,500.	0.			FARFROMDRUGGEN
SARAH'S KITCHEN OF THE TREASURE COAST, INC - 295 NW PRIMA VISTA BLVD. - PORT ST LUCIE, FL 34983	46-2301740	501(C)(3)	9,000.	0.			TECHNOLOGY AND WEBSITE DEVELOPMENT
SEEK FOUNDATION, INC.KEDU.ORG 990 BISCAYNE BLVD. OFFICE 503 MIAMI, FL 33132	46-1652355	501(C)(3)	10,000.	0.			GET HIP AND FIT PROGRAM

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SORE LABS INC 2603 CREEKSIDE DR FORT PIERCE, FL 34981	82-3040427	501(C)(3)	7,500.	0.			SUMMER OUTREACH
SSJ HEALTH FOUNDATION, INC 3661 S. MIAMI AVENUE SUITE 103 MIAMI, FL 33133	59-1709438	501(C)(3)	50,000.	0.			GENERAL OPERATING SUPPORT
ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS - 1306 AVENUE M - FORT PIERCE, FL 34950	59-6000835	ST. LUCIE COUNTY	200,000.	0.			SUMMER OF SUCCESS 2019
ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS - 1306 AVENUE M - FORT PIERCE, FL 34950	59-6000835	ST. LUCIE COUNTY	4,500.	0.			SLC BOCC LINCOLN PARK COMMUNITY CENTER SUMMER CAMP PROGRAM
ST. PETERSBURG COLLEGE FOUNDATION INC. - P.O. BOX 13489 - ST. PETERSBURG, FL 33733	59-1954362	501(C)(3)	20,000.	0.			TAMPA BAY NON-PROFIT STRATEGIC PLANNING SERVICES
STRUGGLE FOR MIAMI'S AFFORDABLE AND SUSTAINABLE HOUSING - 2103 CORAL WAY 2ND FLOOR - MIAMI, FL 33145	81-0878478	501(C)(3)	10,000.	0.			SMASH HOUSING PROJECT COMMUNITY OUTREACH CAMPAIGN
SUITED FOR SUCCESS 1600 NW 3RD AVENUE SUITE 111 MIAMI, FL 33136	65-0508106	501(C)(3)	10,000.	0.			CAPACITY BUILDING AND BOARD DEVELOPMENT
SWEET DREAM MAKERS, INC. 55 NE 5TH AVE., SUITE 400 BOCA RATON, FL 33432	81-3693206	501(C)(3)	7,500.	0.			A BIGGER, BETTER "A BED OF MY OWN"
SWORD OUTREACH MENTORING & RESOURCE CENTER, INC - 1211 AVE Q - FORT PIERCE, FL 34950	27-0370271	501(C)(3)	6,000.	0.			"MY BROTHER AND SISTER KEEPER MENTORING"- SUMMER CAMP

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T. LEROY JEFFERSON MEDICAL SOCIETY 4595 NORTHLAKE BLVD SUITE 109 PALM BEACH GARDENS, FL 33418	33-1007795	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
T. LEROY JEFFERSON MEDICAL SOCIETY 4595 NORTHLAKE BLVD SUITE 109 PALM BEACH GARDENS, FL 33418	33-1007795	501(C)(3)	25,000.	0.			GENERAL OPERATING SUPPORT
TAMPA BAY HEALTHCARE COLLABORATIVE P.O. BOX 2252 DUNEDIN, FL 34697	54-2080380	501(C)(3)	50,000.	0.			FVFBH-COLLABORATIVE ADVOCACY FOR A HEALTHIER FLORIDA
TAMPA BAY HEALTHCARE COLLABORATIVE P.O. BOX 2252 DUNEDIN, FL 34697	54-2080380	501(C)(3)	75,000.	0.			GENERATING OPERATING SUPPORT
TAMPA METROPOLITAN AREA YMCA 110 E. OAK AVENUE TAMPA, FL 33602	59-1742909	501(C)(3)	9,000.	0.			FLORIDA CHILDREN'S INITIATIVE LOBBYIST FUNDING
THE ARC OF THE GLADES 4250 NW 16TH STREET BELLE GLADE, FL 33430	59-1760374	501(C)(3)	10,000.	0.			VIRTUAL REALITY HEALTH & WELLNESS IMPROVEMENT PROGRAM
THE BEACON COUNCIL FOUNDATION 80 SW 8TH STREET, SUITE 2400 MIAMI, FL 33130	59-2603574	501(C)(3)	100,000.	0.			MIAMI COMMUNITY VENTURES
THE CHILDREN'S CAMPAIGN INC. 111 S MAGNOLIA DR. STE. 4 TALLAHASSEE, FL 32301	31-1811747	501(C)(3)	10,000.	0.			MADE IN FLORIDA - 100% FOR KIDS VISIBILITY CAMPAIGN
THE CHILDREN'S CAMPAIGN INC. 111 S MAGNOLIA DR. STE. 4 TALLAHASSEE, FL 32301	31-1811747	501(C)(3)	75,000.	0.			STRATEGIC ADVOCACY ALLY FOR WIMAUMA OOST

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THE CHILDREN'S CAMPAIGN INC. 111 S MAGNOLIA DR. STE. 4 TALLAHASSEE, FL 32301	31-1811747	501(C)(3)	75,000.	0.			STRATEGIC ADVOCACY ALLY FOR WIMAUMA OOST
THE CHILDREN'S HEALING INSTITUTE 2161 PALM BEACH LAKES BLVD SUITE 40 WEST PALM BEACH, FL 33409	65-0071524	501(C)(3)	10,000.	0.			TEACUP PREEMIE PROGRAM EXPANSION INITIATIVE
THE DWELLING PLACE OF NY, INC. 409 W 40TH ST NEW YORK, NY 10018	13-3135424	501(C)(3)	5,600.	0.			BUILDING ON A LEGACY
THE LORD'S PLACE INC. 2808 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407	59-2240502	501(C)(3)	73,500.	0.			SERVING THE CHRONICALLY HOMELESS: STABILIZING THE HEALTH OF THE MOST VULNERABLE
THE LORD'S PLACE INC. 2808 N. AUSTRALIAN AVE. WEST PALM BEACH, GA 33407	59-2240502	501(C)(3)	1,650.	0.			SPONSORSHIP FOR REENTRY SUMMIT
THE LORD'S PLACE INC. 2808 N. AUSTRALIAN AVE. WEST PALM BEACH, GA 33407	59-2240502	501(C)(3)	275.	0.			CGI PD FY19 - REGISTRATION REENTRY SUMMIT KATRINA WRIGHT
THE NEW FLORIDA MAJORITY-EDUCATION FUND - 10800 BISCAYNE BOULEVARD SUITE 1050 - MIAMI, GA 33161	45-3956785	501(C)(3)	10,000.	0.			SWAG - STATEWIDE ORGANIZING AND LEADERSHIP DEVELOPMENT
THE WOMEN'S BREAST & HEART INITIATIVE, FLORIDA AFFILIATE - 14125 NW 80TH AVENUE SUITE 306 - MIAMI LAKES, GA 33016	56-2540735	501(C)(3)	50,000.	0.			ONE IN THREE ONE IN EIGHT
TOUCHING MIAMI WITH LOVE MINISTRIES, INC. - P.O BOX 01-3279 - MIAMI, GA 33101	65-0831654	501(C)(3)	10,000.	0.			BUILDING BETTER COMMUNICATION

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TOUCHING MIAMI WITH LOVE MINISTRIES, INC. - P.O BOX 01-3279 - MIAMI, GA 33101	65-0831654	501(C)(3)	1,000.	0.			TOUCHING MIAMI WITH LOVE: 2019 KICKBALL TOURNAMENT FUNDRAISER
TRINITY CAFE, INC. 100 MADISON ST., SUITE 300 TAMPA, FL 33602	59-3733387	501(C)(3)	15,000.	0.			TAKE HOME CHILDRENS MEALS FOR TODAY AND TOMORROW
UNITED INTERFAITH ACTION OF SOUTHEASTERN MASSACHUSETTS, INC. - 228 NORTH MAIN STREET - FALL RIVER, MA 02720	31-1585685	501(C)(3)	12,000.	0.			CREATING PATHWAYS TO EDUCATION, LEADERSHIP, AND LIBERATION IN BRISTOL COUNTY
URBAN GROWERS COMMUNITY ECONOMIC DEVELOPMENT CORPORATION - 401 N. ROSEMARY AVENUE - WEST PALM BEACH, FL 33401	80-0814655	501(C)(3)	10,000.	0.			GARDENKIDZ
URBAN HEALTH PARTNERSHIPS 425 NE 22 STREET SUITE 401 MIAMI, FL 33137	45-3332540	501(C)(3)	10,000.	0.			BUILDING SUSTAINABLE INITIATIVES TOWARD HEALTHY, EQUITABLE COMMUNITIES IN SOUTH
URBAN HEALTH PARTNERSHIPS 425 NE 22 STREET SUITE 401 MIAMI, GA 33137	45-3332540	501(C)(3)	436.	0.			CGI PD FY19 - SAFE STREETS SUMMIT FEBRUARY 2019
URBAN HEALTH PARTNERSHIPS 425 NE 22 STREET SUITE 401 MIAMI, GA 33137	45-3332540	501(C)(3)	125.	0.			CGI PD FY19 - SAFE STREETS SUMMIT FEBRUARY 2019
VENTURE CAFE MIA, INC. 1951 NW 7TH AVE. SUITE 600 MIAMI, GA 33136	81-4117606	501(C)(3)	110,000.	0.			OVERTOWN ENTREPRENEURSHIP & INNOVATION INITIATIVE
VENTURE CAFE MIA, INC. 1951 NW 7TH AVE. SUITE 600 MIAMI, GA 33136	81-4117606	501(C)(3)	79,000.	0.			OVERTOWN ENTREPRENEURSHIP & INNOVATION INITIATIVE

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VILLAGE PARTNERS INTERNATIONAL 217 S. MATANZAS AVENUE TAMPA, FL 33609	26-1124148	501(C)(3)	15,000.	0.			HEALTHY FUTURES - A NUTRITION PROGRAM FOR UNDERSERVED CHILDREN IN RURAL HAITI
VILLAGE PRESBYTERIAN CHURCH 13115 SOUTH VILLAGE DR. TAMPA, FL 33618	23-6393377	501(C)(3)	9,195.	0.			WORK SMARTER NOT HARDER WITH NON-PROFIT PROGRAM TECHNOLOGY
WECOUNT!, INC. 201 N. KROME AVE. SUITE 230 HOMESTEAD, FL 33030	56-2638368	501(C)(3)	29,200.	0.			GENERAL OPERATING SUPPORT
WECOUNT!, INC. 201 N. KROME AVE. SUITE 230 HOMESTEAD, FL 33030	56-2638368	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT
WIMAUMA COMMUNITY DEVELOPMENT CORPORATION - P.O. BOX 825 - WIMAUMA, FL 33598	51-0625060	501(C)(3)	75,000.	0.			WIMAUMA BUILDING CAPACITY INITIATIVE
WIMAUMA COMMUNITY DEVELOPMENT CORPORATION - P.O. BOX 825 - WIMAUMA, FL 33598	51-0625060	501(C)(3)	75,000.	0.			WIMAUMA BUILDING CAPACITY INITIATIVE
WIMAUMA COMMUNITY DEVELOPMENT CORPORATION - P.O. BOX 825 - WIMAUMA, NY 33598	51-0625060	501(C)(3)	1,000.	0.			3RD ANNUAL BLACK HISTORY MONTH BREAKFAST
FRANCISCAN SISTERS OF ALLEGANY , NY - 115 EAST MAIN STREET - ALLEGANY, NY 14706	16-0822517	501(C)(3)	1,000,000.	0.			GENERAL FUND
TRINITY HEALTH 20555 VICTOR PARKWAY LIVONIA, MI 48152	35-1443425	501(C)(3)	1,000,000.	0.			GENERAL FUND

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
FELLOWSHIP	28	0.	72,998.	BOOK	HP NOTEBOOKS

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

PART I, LINE 2:

GRANTS MADE BY ALLEGANY FRANCISCAN MINISTRIES TO CHARITABLE ORGANIZATIONS ARE MADE IN FURTHERANCE OF THE RECIPIENT ORGANIZATION'S EXEMPT PURPOSE. ONCE GRANTS ARE APPROVED BY THE ORGANIZATION'S BOARD OF DIRECTORS, THE ORGANIZATION ENTERS INTO AN AGREEMENT WITH THE GRANTEE. THE AGREEMENT SPECIFIES THE PURPOSE OF THE GRANTS, ALLOWABLE BUDGET LINE ITEMS, AND EXPECTED ACTIVITIES AND OUTCOMES. IT ALSO DESCRIBES THE PAYMENT PLAN AND REPORTING REQUIREMENTS. DURING THE COURSE OF THE GRANT, WRITTEN REPORTS DOCUMENTING THE PROGRAMMATIC AND FINANCIAL PROGRESS ARE REQUIRED

Part IV Supplemental Information

PERIODICALLY; THESE ARE REVIEWED BY THE ORGANIZATION'S DIRECTOR OF GRANTS, PUBLIC HEALTH PROGRAM SPECIALIST, REGIONAL VICE PRESIDENT, AND CEO. AFTER THE GRANT PERIOD, A FINAL REPORT IS REQUIRED DOCUMENTING THE BUDGETARY AND PROGRAMMATIC RESULTS OF THE GRANT. THE FINAL REPORT IS ALSO REVIEWED BY THE DIRECTOR OF GRANTS, PUBLIC HEALTH PROGRAM SPECIALIST, REGIONAL VICE PRESIDENT, AND CEO. IN CERTAIN CASES, SITE VISITS ARE CONDUCTED TO REVIEW AND MONITOR THE GRANT. THE ORGANIZATION MAY ALSO REVIEW ADDITIONAL DOCUMENTATION AND RECORDS, AND MAY REQUIRE ADDITIONAL REPORTS AT ANY TIME.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: URBAN HEALTH PARTNERSHIPS

(H) PURPOSE OF GRANT OR ASSISTANCE: BUILDING SUSTAINABLE INITIATIVES TOWARD HEALTHY, EQUITABLE COMMUNITIES IN SOUTH FLORIDA

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

ALLEGANY FRANCISCAN MINISTRIES, INC.

Employer identification number

58-1492325

Part I Questions Regarding Compensation

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

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

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) EILEEN COOGAN DIRECTOR;TREASURER; PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	189,690.	44,041.	2,431.	14,473.	27,108.	277,743.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

ALLEGANY FRANCISCAN MINISTRIES IS A SUBSIDIARY IN THE TRINITY HEALTH SYSTEM. ALLEGANY FRANCISCAN MINISTRIES' CEO IS PAID DIRECTLY BY THE SYSTEM'S PARENT ENTITY, TRINITY HEALTH CORPORATION. TRINITY HEALTH CORPORATION USED THE FOLLOWING METHODS TO ESTABLISH THE COMPENSATION OF ALLEGANY FRANCISCAN MINISTRIES' CEO:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- FORM 990 OF OTHER ORGANIZATIONS
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEY OR STUDY, AND
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

ALLEGANY FRANCISCAN MINISTRIES, INC.

Employer identification number

58-1492325

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FRANCISCAN SISTERS OF ALLEGANY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ALLEGANY FRANCISCAN MINISTRIES IS A MEMBER OF TRINITY HEALTH.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PLEASE SEE SCHEDULE I AND VISIT OUR WEBSITE FOR ADDITIONAL INFORMATION

AND TO LEARN ABOUT MAJOR GRANTS AWARDED IN 2018-2019 BY REGION:

[HTTP://WWW.AFMFL.ORG](http://WWW.AFMFL.ORG)

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF ALLEGANY FRANCISCAN MINISTRIES IS TRINITY HEALTH
CORPORATION. SEE LINE 7 FOR ADDITIONAL INFORMATION.

FORM 990, PART VI, SECTION A, LINE 7A:

TRINITY HEALTH CORPORATION IS THE SOLE MEMBER OF ALLEGANY FRANCISCAN
MINISTRIES. TRINITY HEALTH CORPORATION HAS THE RIGHT TO APPOINT ALL PERSONS
TO THE BOARD OF DIRECTORS OF ALLEGANY FRANCISCAN MINISTRIES.

FORM 990, PART VI, SECTION A, LINE 7B:

AS SOLE MEMBER, TRINITY HEALTH CORPORATION MUST APPROVE CERTAIN DECISIONS
OF THE GOVERNING BODY, INCLUDING THE STRATEGIC PLAN, ANNUAL CAPITAL PLAN,
AND ANNUAL OPERATING BUDGET. TRINITY HEALTH CORPORATION MUST ALSO APPROVE
SIGNIFICANT CHANGES SUCH AS A MERGER, DISSOLUTION, SALE OF ASSETS IN EXCESS

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

ALLEGANY FRANCISCAN MINISTRIES, INC.

Employer identification number

58-1492325

OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS.

FORM 990, PART VI, SECTION B, LINE 11B:

PRIOR TO FILING, THE FORM 990 FOR ALLEGANY FRANCISCAN MINISTRIES IS REVIEWED BY SENIOR MANAGEMENT. IN ADDITION, THE ENTIRE FORM 990 DRAFT IS REVIEWED BY THE STEWARDSHIP COMMITTEE AS WELL AS THE BOARD OF DIRECTORS.

THE BOARD RECEIVES A COPY OF THE RETURN IN ITS FINAL FORM BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ALLEGANY FRANCISCAN MINISTRIES HAS ADOPTED TRINITY HEALTH'S GOVERNANCE POLICY NO. 1, WHICH SETS FORTH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND PROCESSES. IT APPLIES TO ALL "INTERESTED PERSONS" OF ALLEGANY FRANCISCAN MINISTRIES, WHICH INCLUDES DIRECTORS, PRINCIPAL OFFICERS, KEY EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. INTERESTED PERSONS ARE EXPECTED TO DISCHARGE THEIR DUTIES IN A MANNER THE PERSON REASONABLY BELIEVES TO BE IN THE BEST INTERESTS OF ALLEGANY FRANCISCAN MINISTRIES AND TO AVOID SITUATIONS INVOLVING A CONFLICT OF INTEREST.

ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT AND TO AFFIRM THEIR RECEIPT OF THE CONFLICT OF INTEREST POLICY, COMPLIANCE WITH ITS REQUIREMENTS, AND AGREE TO NOTIFY THE ORGANIZATION OF CHANGES IMPACTING THEIR ANNUAL DISCLOSURE IN ACCORDANCE WITH THE POLICY. THE ANNUAL DISCLOSURES ARE PROVIDED TO INTERNAL LEGAL COUNSEL AND THE INTEGRITY AND COMPLIANCE OFFICER, FROM WHICH LEGAL COUNSEL PREPARES A REPORT FOR THE BOARD CHAIR AND CEO. A SUMMARY OF

Name of the organization ALLEGANY FRANCISCAN MINISTRIES, INC.	Employer identification number 58-1492325
--	--

POTENTIAL CONFLICTS IS REVIEWED WITH THE BOARD OF DIRECTORS OF ALLEGANY FRANCISCAN MINISTRIES (OR A DELEGATED COMMITTEE OF THE BOARD) ON A YEARLY BASIS.

INTERESTED PERSONS ARE REQUIRED TO MAKE FULL DISCLOSURE TO ALLEGANY FRANCISCAN MINISTRIES OF ANY FINANCIAL OR BUSINESS INTERESTS THAT MIGHT RESULT IN OR HAVE THE APPEARANCE OF A CONFLICT OF INTEREST. THE BOARD OF DIRECTORS OF ALLEGANY FRANCISCAN MINISTRIES (OR A DELEGATED COMMITTEE OF THE BOARD) IS RESPONSIBLE FOR THE REVIEW OF TRANSACTIONS TO DETERMINE WHETHER AN ACTUAL CONFLICT OF INTEREST EXISTS. IN THE EVENT OF AN ACTUAL CONFLICT, THE BOARD (OR A DELEGATED COMMITTEE OF THE BOARD) WILL EITHER AVOID THE CONFLICT OR APPROPRIATELY SCRUTINIZE THE TRANSACTION TO ENSURE IT IS IN THE BEST INTERESTS OF ALLEGANY FRANCISCAN MINISTRIES. INTERESTED PERSONS ARE REQUIRED TO RECUSE THEMSELVES FROM DISCUSSION AND VOTING ON MATTERS INVOLVING A CONFLICT OF INTEREST. THE POLICY FURTHER ADDRESSES THE PROPER DOCUMENTATION OF THE PROCEEDINGS AND POTENTIAL DISCIPLINARY AND CORRECTIVE ACTION FOR VIOLATIONS OF THE POLICY. THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VI, SECTION B, LINE 15:

QUESTIONS 15A AND 15B ARE ANSWERED "NO" BECAUSE THE COMPENSATION THE CEO OF ALLEGANY FRANCISCAN MINISTRIES IS ESTABLISHED BY TRINITY HEALTH, A RELATED ORGANIZATION. IN ESTABLISHING CEO COMPENSATION, TRINITY HEALTH FOLLOWS A PROCESS AND POLICY THAT IS INTENDED TO MIRROR THE IRC SECTION 4958 GUIDELINES FOR OBTAINING A "REBUTTABLE PRESUMPTION OF REASONABLENESS" WITH REGARD TO COMPENSATION AND BENEFITS. AS PART OF THAT PROCESS, THE COMPENSATION AND BENEFITS OF THE CEO OF ALLEGANY FRANCISCAN MINISTRIES IS REVIEWED AT LEAST ANNUALLY BY THE TRINITY HEALTH BOARD OR THE TRINITY

Name of the organization

ALLEGANY FRANCISCAN MINISTRIES, INC.

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58-1492325

HEALTH HUMAN RESOURCES AND COMPENSATION COMMITTEE (HRCC) OF THE BOARD,
 AUTHORIZED TO ACT ON BEHALF OF THE BOARD WITH RESPECT TO CERTAIN
 COMPENSATION MATTERS.

AS PART OF ITS REVIEW PROCESS, THE HRCC RETAINS AN INDEPENDENT FIRM
 EXPERIENCED IN COMPENSATION AND BENEFIT MATTERS FOR NOT-FOR-PROFIT HEALTH
 CARE ORGANIZATIONS TO ADVISE IT IN THE DETERMINATIONS IT MAKES ON THE
 REASONABLENESS OF PROPOSED COMPENSATION AND BENEFITS ARRANGEMENTS.

FOR OTHER EXECUTIVES WHO ARE NOT PART OF THE REBUTTABLE PRESUMPTION
 PROCESS, TRINITY HEALTH USES A MARKET ANALYSIS TO DETERMINE THE
 APPROPRIATENESS OF THE EXECUTIVE'S COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

ALLEGANY FRANCISCAN MINISTRIES IS A SUBSIDIARY ORGANIZATION IN THE TRINITY
 HEALTH SYSTEM. TRINITY HEALTH MAKES CERTAIN OF ITS KEY DOCUMENTS AVAILABLE
 TO THE PUBLIC ON ITS WEBSITE, WWW.TRINITY-HEALTH.ORG, IN THE "ABOUT US"
 SECTION. IN THIS SECTION, THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE
 PUBLICLY AVAILABLE.

ALLEGANY FRANCISCAN MINISTRIES' GOVERNING DOCUMENTS AND CONFLICT OF
 INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2:

ALLEGANY FRANCISCAN MINISTRIES' FINANCIAL STATEMENTS WERE INCLUDED IN
 THE FY19 CONSOLIDATED FINANCIAL STATEMENTS OF TRINITY HEALTH, WHICH
 WERE AUDITED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM.

Name of the organization ALLEGANY FRANCISCAN MINISTRIES, INC.	Employer identification number 58-1492325
---	---

FORM 990, PART VII, SECTION A:

MARY ANN DILLON,RSM IS A MEMBER OF THE RELIGIOUS SISTERS OF MERCY.

HAVING TAKEN A VOW OF POVERTY, SISTER MARY ANN DID NOT RECEIVE
 COMPENSATION FOR THE SERVICES SHE PROVIDED TO TRINITY HEALTH, A RELATED
 ORGANIZATION, EXCEPT FOR INSURANCE BENEFITS OF \$7,390. INSTEAD, A TOTAL
 OF \$588,937 WAS PAID BY TRINITY HEALTH DIRECTLY TO THE RELIGIOUS
 SISTERS OF MERCY FOR SISTER MARY ANN'S SERVICES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **ALLEGANY FRANCISCAN MINISTRIES, INC.** Employer identification number **58-1492325**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	X	
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	GRANT MAKING	FLORIDA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION		X
ASYLUM HILL FAMILY MEDICINE CENTER, INC. - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	HEALTH CARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	

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

Schedule R (Form 990) 2018

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 12A, I	BAUM HARMON MERCY HOSPITAL	X	
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.	X	
BETHLEHEM HAVEN OF PITTSBURGH - 25-1436685 905 WATSON STREET PITTSBURGH, PA 15219	HOMELESS SHELTER	PENNSYLVANIA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM, INC.	X	
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
BRIGHTSIDE, INC. - 04-2182395 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 10	THE MERCY HOSPITAL, INC.	X	
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA STREET, COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
CARING PARTNERS HOME HEALTH, INC. - 20-1681131, 1200 EARHART RD, ANN ARBOR, MI 48105	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 10	GLACIER HILLS, INC.	X	
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	OTHER COUNTRY	501(C)(3)	LINE 1	N/A		X
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH CARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	X	
DUBUQUE MERCY HEALTH FOUNDATION - 26-2227941 250 MERCY DRIVE DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
EAST NORRITON PHYSICIANS SERVICES, INC. - 23-2515999, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
EDDY LICENSED HOME CARE AGENCY - 14-1818568 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), INC.	X	
EMBRACING AGE, INC. - 46-1051881 333 BUTTERNUT DRIVE DEWITT, NY 13214	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 12B, II	ST. JOSEPH'S HEALTH, INC.	X	
EMPIRE HOME INFUSION SERVICE, INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 10	HOME AIDE SERVICE OF EASTERN NEW YORK, INC.	X	
FARREN CARE CENTER, INC. - 04-2501711 114 WOODLAND STREET HARTFORD, CT 06105	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 10	ST. FRANCIS HOSPITAL	X	
GLACIER HILLS FOUNDATION - 20-8072723 1200 EARHART RD ANN ARBOR, MI 48105	FOUNDATION	MICHIGAN	501(C)(3)	LINE 12A, I	GLACIER HILLS, INC.	X	
GLACIER HILLS, INC - 38-1891500 1200 EARHART RD ANN ARBOR, MI 48105	SENIOR LIVING COMMUNITY	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
GLEN EDDY, INC. - 14-1794150 1 GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
GLOBAL HEALTH MINISTRY - 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTH CARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 WEST NORTH AVENUE MELROSE PARK, IL 60160	FOUNDATION	ILLINOIS	501(C)(3)	LINE 12C, III-FI	N/A		X
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE. MELROSE PARK, IL 60160	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
HACKLEY LIFE COUNSELING - 38-1386362 125 E. SOUTHERN AVENUE MUSKEGON, MI 49442	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	X	
HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
HEART CENTER OF GREATER WATERBURY, INC. - 83-0416893, 114 WOODLAND STREET, HARTFORD, CT 06105	MANAGEMENT	CONNECTICUT	501(C)(3)	LINE 12A, I	N/A		X
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 1500 FOREST GLEN ROAD, SILVER SPRING, MD 20910	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.	X	
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN ROAD SILVER SPRING, MD 20910	HEALTH CARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTH CARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS OUTPATIENT SERVICES, INC. - 46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTH CARE SERVICES	FLORIDA	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS PRIMARY CARE, INC. - 81-2531495 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTH CARE SERVICES	FLORIDA	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL, INC.	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
HOME & COMMUNITY HEALTH SERVICES, INC. - 81-0723591, 114 WOODLAND STREET, HARTFORD, CT 06105	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 10	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
HOME AIDE SERVICE OF EASTERN NEW YORK, INC. - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 10	MERCY HEALTH SERVICES-IOWA, CORP.	X	
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 12A, I	N/A		X
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	X	
JOHNSON MEMORIAL HOSPITAL, INC. - 47-5676956 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTH CARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, 7TH AND CLAYTON STREETS, WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 10	ST. FRANCIS HOSPITAL	X	
LIFE ST. FRANCIS CORPORATION - 22-2797282 7500 K. JOHNSON BOULEVARD BORDENTOWN, NJ 08505	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 10	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 100 GOSSMAN DRIVE, SOUTHERN PINES, NC 28387	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	ST. JOSEPH OF THE PINES, INC.	X	

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						Yes	No
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
LOURDES ANCILLARY SERVICES - 22-2568525 1600 HADDON AVENUE CAMDEN, NJ 08103	VOLUNTEER SERVICE AUXILIARY	NEW JERSEY	501(C)(3)	LINE 12B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTH CARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY - 22-3612265, 218 SUNSET ROAD, WILLINGBORO, NJ 08046	HEALTH CARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOYOLA MEDICINE TRANSPORT LLC - 47-4147171 905 W. NORTH AVE. MELROSE PARK, IL 60160	TRANSPORATION SERVICES	ILLINOIS	501(C)(3)	LINE 10	LOYOLA UNIVERSITY MEDICAL CENTER	X	
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE. TROY, NY 12180	MANAGEMENT SERVICES FOR LONG TERM CARE	NEW YORK	501(C)(3)	LINE 12B, II	ST. PETER'S HEALTH PARTNERS	X	
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	HOME HEALTH SERVICES (INACTIVE)	IOWA	501(C)(3)	LINE 12A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MAXIS HEALTH SYSTEM - 91-1940902 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	
MCAULEY CENTER, INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 10	MERCY COMMUNITY HEALTH, INC.	X	
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTH CARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP.	X	

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						Yes	No
MCAULEY MINISTRIES - 94-3436142 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 12B, II	PITTSBURGH MERCY HEALTH SYSTEM, INC.	X	
MEMORIAL HOSPITAL, ALBANY, N.Y. - 14-1338457 600 NORTHERN BLVD. ALBANY, NY 12204	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
MERCY CARE FOUNDATION, INC. - 58-1448522 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, SUITE 100, CONSHOCKEN, PA	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY COMMUNITY HEALTH, INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 12B, II	TRINITY CONTINUING CARE SERVICES	X	
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	X	
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, ONE WEST ELM STREET, SUITE 100, CONSHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH NETWORK, INC. - 42-1478417 1449 NW 128TH ST, BLDG 5 CLIVE, IA 50325	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 12B, II	N/A		X
MERCY HEALTH PARTNERS - 38-2589966 1500 E. SHERMAN BLVD. MUSKEGON, MI 49444	HEALTH CARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	

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						Yes	No
MERCY HEALTH PLAN - 22-2483605 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTH CARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
MERCY HEALTHCARE FOUNDATION - CLINTON - 42-1316126, 1410 N. 4TH ST., CLINTON, IA 52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X
MERCY HOME HEALTH - 23-1352099 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	MERCY HOME HEALTH SERVICES	X	
MERCY HOME HEALTH SERVICES - 23-2325058 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	MANAGEMENT SERVICES FOR HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HOSPITAL AND MEDICAL CENTER - 36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTH CARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 1820 44TH ST. SE, KENTWOOD, MI 49508	FOUNDATION	MICHIGAN	501(C)(3)	LINE 12A, I	TRINITY HEALTH-MICHIGAN	X	
MERCY LIFE CENTER CORPORATION - 25-1604115 1200 REEDSDALE STREET PITTSBURGH, PA 15233	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 10	PITTSBURGH MERCY HEALTH SYSTEM, INC.	X	
MERCY LIFE OF ALABAMA - 27-3163002 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
MERCY LIFE, INC. - 45-3086711 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	

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						Yes	No
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732	HEALTH CARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	X	
MERCY MEDICAL GROUP, INC. - 45-4884805 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MERCY PHYSICIAN NETWORK - 46-1187365 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 12B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES FOR AGING NONPROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANAGEMENT SERVICES	DELAWARE	501(C)(3)	LINE 12A, I	N/A		X

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						Yes	No
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH PLAN OF IDAHO, INC. - 83-1422704, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH PLAN, INC.	X	
MOUNT CARMEL HEALTH PLAN OF NEW YORK, INC - 83-3278543, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICARE HMO	NEW YORK	501(C)(4)		MOUNT CARMEL HEALTH PLAN, INC.	X	
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTH CARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FOUNDATION	OHIO	501(C)(3)	LINE 12A, I	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT SINAI HOSPITAL FOUNDATION, INC. - 22-2584082, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 12C, III-FI	N/A		X
MOUNT SINAI REHABILITATION HOSPITAL, INC. - 06-1422973, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
MOUNT ST. JOSEPH - 01-0274998 7 HIGHTOWER STREET WATERVILLE, ME 04901	LONG TERM CARE	MAINE	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 44TH STREET, KENTWOOD, MI 49508	HEALTH CARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	X	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	

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						Yes	No
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	NAZARETH HOSPITAL	X	
NAZARETH HOSPITAL - 23-2794121 2601 HOLME AVENUE PHILADELPHIA, PA 19152	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NAZARETH PHYSICIAN SERVICES, INC. - 20-3261266, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NE PHYSICIAN SERVICES INC. - 23-2497355 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTH CARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTH CARE AND HOSPITAL SERVICES	NEBRASKA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	FOUNDATION	NEBRASKA	501(C)(3)	LINE 12A, I	OAKLAND MERCY HOSPITAL	X	
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	COOPERATIVE HEALTH CARE DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 12A, I	N/A		X
OUR LADY OF LOURDES HEALTH CARE SERVICES, INC. - 22-2568528, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	LINE 12B, II	MAXIS HEALTH SYSTEM	X	
OUR LADY OF LOURDES HEALTH FOUNDATION, INC. - 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ 08103	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF LOURDES MEDICAL CENTER, INC. - 21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTH CARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF MERCY LIFE CENTER - 14-1743506 2 MERCYCARE LANE GUILDERLAND, NY 12084	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. - 45-4208896, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	

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						Yes	No
PITTSBURGH MERCY HEALTH SYSTEM, INC. - 25-1464211, 3333 5TH AVENUE, PITTSBURGH, PA 15213	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
PROBILITY THERAPY SERVICES - 20-2020239 2058 S. STATE STREET ANN ARBOR, MI 48104	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH-MICHIGAN	X	
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 10	MERCY HEALTH PARTNERS	X	
RIVERBEND MEDICAL GROUP, INC. - 81-1807730 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
S.J. MANAGEMENT COMPANY OF SYRACUSE, INC. - 27-1763712, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTH CARE AND HOSPITAL SERVICES	CALIFORNIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
SAINT AGNES MEDICAL FOUNDATION - 94-2839324 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTH CARE SERVICES	CALIFORNIA	501(C)(3)	LINE 12A, I	SAINT AGNES MEDICAL CENTER	X	
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTH CARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 12A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC. - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	X	
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	VOLUNTEER SERVICE AUXILIARY	OREGON	501(C)(3)	LINE 10	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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						Yes	No
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY, INC. - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTH CARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 4300 E. FLAMINGO AVENUE, NAMPA, ID 83687	FOUNDATION	IDAHO	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 4300 E. FLAMINGO AVENUE, NAMPA, ID 83687	HEALTH CARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	HEALTH CARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTH CARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. - 45-1994612, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF NEW ENGLAND PNO, INC.	X	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER - 06-0646813, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. - 06-1008255, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	X	
SAINT JOSEPH PACE INC. - 47-3129127 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	INDIANA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX 670, PLYMOUTH, IN 46563	HEALTH CARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTH CARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(3)	LINE 12A, I	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH	X	

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						Yes	No
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTH CARE SERVICES	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES -	X	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, STE 120, GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	X	
SAINT MARY'S HOSPITAL FOUNDATION, INC. - 22-2528400, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL, INC.	X	
SAINT MARY'S HOSPITAL, INC. - 06-0646844 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2215 BURDETT AVE., TROY, NY 12180	CHILD CARE SERVICES	NEW YORK	501(C)(3)	LINE 10	ST. PETER'S HEALTH PARTNERS	X	
SAMARITAN HOSPITAL - 14-1338544 2215 BURDETT AVE. TROY, NY 12180	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SENIOR CARE CONNECTION, INC. - 14-1708754 504 STATE STREET SCHENECTADY, NY 12305	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
SETON AUXILIARY, INC. - 14-1505031 1300 MASSACHUSETTS AVENUE TROY, NY 12180	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 10	SETON HEALTH SYSTEM, INC.	X	

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						Yes	No
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, ONE ABELE BLVD., CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH FOUNDATION, INC. - 22-2345416 310 S. MANNING BLVD. ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 12A, I	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH SYSTEM, INC. - 14-1776186 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SISTERS OF PROVIDENCE CARE CENTERS, INC. - 22-2541103, 114 WOODLAND STREET, HARTFORD, CT 06105	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTH CARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 12B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12A, I	ST. AGNES CONTINUING CARE CENTER	X	
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 12A, I	ST. FRANCIS HOSPITAL	X	
ST. FRANCIS HOSPITAL, INC. - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HEALTH CARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC. - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTH CARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNELL, NY 14843	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 12A, I	TRINITY HEALTH CORPORATION	X	

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						Yes	No
ST. JOSEPH MERCY CHELSEA, INC. - 82-4757260 775 S MAIN ST CHELSEA, MI 48118	MEDICAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
ST. JOSEPH OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	X	
ST. JOSEPH'S COLLEGE OF NURSING AT ST. JOSEPH'S HOSPITAL HEALTH CENTER - 20-, 206 PROSPECT AVENUE, SYRACUSE, NY 13203	COLLEGE OF NURSING	NEW YORK	501(C)(3)	LINE 2	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC. - 23-7219294, 301 PROSPECT AVENUE, SYRACUSE , NY 13203	BUILDING MANAGEMENT SERVICES	NEW YORK	501(C)(3)	LINE 12B, II	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HEALTH, INC. - 47-4754987 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER - 15-0532254, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION, INC. - 22-2149775, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	FOUNDATION	NEW YORK	501(C)(3)	LINE 12B, II	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S MEDICAL, P.C. - 27-3899821 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 12A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S PHYSICIAN HEALTH, P.C. - 16-1516863, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 12A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. MARY BUILDING AND DEVELOPMENT - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	ST. MARY MEDICAL CENTER	X	
ST. MARY EMERGENCY MEDICAL SERVICES - 46-5354512, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTH CARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 10	ST. MARY MEDICAL CENTER	X	
ST. MARY HOME, INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	

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						Yes	No
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY MEDICAL CENTER FOUNDATION, INC. - 23-2567468, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ST. MARY MEDICAL CENTER	X	
ST. MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 12A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S GOOD SAMARITAN FOUNDATION, INC. - 81-1660088, 1230 BAXTER STREET, ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 12A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HEALTH CARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S MEDICAL GROUP, INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HEALTH CARE SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S SACRED HEART HOSPITAL, INC. - 47-3752176, 367 CLEAR CREEK PARKWAY, LAVONIA, GA 30553	HEALTH CARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	

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						Yes	No
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVENUE, SCHENECTADY, NY 12308	HEALTH CARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL AND REHABILITATION CENTER FOUNDATION, INC. - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	SUNNYVIEW HOSPITAL AND REHABILITATION	X	
THE COMMUNITY HOSPICE FOUNDATION, INC. - 22-2692940, 445 NEW KARNER RD., ALBANY, NY 12205	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE, INC.	X	
THE COMMUNITY HOSPICE, INC. - 14-1608921 445 NEW KARNER RD. ALBANY, NY 12205	HOSPICE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1654543, 707 EAST CEDAR STREET, STE 175, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
THE MERCY HOSPITAL, INC. - 04-3398280 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE AND HOSPITAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. - 0, 114 WOODLAND STREET, HARTFORD, CT 06105	VOLUNTEER SERVICE AUXILIARY	CONNECTICUT	501(C)(3)	LINE 12B, II	N/A		X
THHS OAKLAND F/K/A CRANBROOK HOSPICE CARE - 38-3320699, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	HOSPICE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	X	
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	HEALTH CARE SERVICES	MICHIGAN	501(C)(3)	LINE 12A, I	N/A		X

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						Yes	No
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	X	
TRINITY CONTINUING CARE SERVICES - INDIANA - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	INDIANA	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
TRINITY CONTINUING CARE SERVICES - MASSACHUSETTS - 82-4005577, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 10	TRINITY CONTINUING CARE SERVICES	X	
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 12B, II	CATHOLIC HEALTH MINISTRIES	X	
TRINITY HEALTH LIFE PENNSYLVANIA, INC. - 47-5244984, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 10	TRINITY HEALTH PACE	X	
TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. - 06-1491191, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH OF NEW ENGLAND EMERGENCY MEDICAL SERVICES, INC - 83-3546613, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)		TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION, INC. - 06-1450, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH CARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORP, INC.	X	
TRINITY HEALTH OF THE MID-ATLANTIC REGION (FKA MERCY HEALTH SYSTEM OF SEPA) , ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH PACE - 47-3073124 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MICHIGAN	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	X	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TRINITY HOME HEALTH SERVICES - 38-2621935 17410 COLLEGE PARKWAY, STE 150 LIVONIA, MI 48152	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 10	TRINITY HEALTH CORPORATION	X	
VILLA MARY IMMACULATE - 14-1438749 301 HACKETT BLVD ALBANY, NY 12208	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
WESTSHORE HEALTH NETWORK - 38-3280200 1820 44TH STREET KENTWOOD, MI 49508	HEALTH NETWORK	MICHIGAN	501(C)(4)	N/A	MERCY HEALTH PARTNERS	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BH VENTURE ONE LP - 38-4098074, 905 WATSON STREET, PITTSBURGH, PA 15219	REAL ESTATE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CATHERINE HORAN BUILDING ASSOCIATES LP - 04-2723429, 1221 MAIN STREET, SUITE 105, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CATHERINE HORAN BUILDING CORPORATION - 04-2938160, 114 WOODLAND STREET, HARTFORD , CT 06105	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
DIVERSIFIED COMMUNITY SERVICES, INC. - 04-3128890, 114 WOODLAND STREET, HARTFORD , CT 06105	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
FHS SERVICES, INC. - 27-2995699 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN ASSOCIATES, INC. - 20-2991688 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD, SUITE 1, VOORHEES, NJ 08043	HEALTH CARE SERVICES	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINA SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL NEW JERSEY HEART SERVICES, LLC - 20-8525458, 45 SAPPHIRE DRIVE, PRINCETON, NJ 08550	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 1410 N 4TH STREET, CLINTON, IA 52732	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DIAGNOSTIC IMAGING OF SOUTHURRY, LLC - 06-1487582, 385 MAIN STREET SOUTH, SOUTHURRY, CT 06488	IMAGING CENTER	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GATEWAY HEALTH PLAN, LP - 25-1691945, 444 LIBERTY AVE, SUITE 2100, PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GREATER HARTFORD LITHOTRIPTY, LLC - 06-1578891, 114 WOODLAND STREET, HARTFORD, CT 06105	LITHOTRIPTY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
HEART INSTITUTE OF ST. MARY LLC - 45-4903701, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	CARDIOVASCULAR SERVICES	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 569 BROOKWOOD VILLAGE, SUITE 901,	SURGICAL SERVICES	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MDR/MRI TECHNICAL SERVICES, LLC - 16-1590982, 5640 EAST TAFT ROAD #3770, SYRACUSE, NY 13220	MRI SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDILUCENT MOB I - 20-4911370 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699	NURSING HOME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/USP HEALTH VENTURES, LLC - 47-1290300, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX 75001	OUTPATIENT SURGERY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAUGATUCK VALLEY MRI, LLC - 06-1239526, 385 MAIN STREET SOUTH, SOUTHURY, CT 06488	IMAGING CENTER	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, C/O NAZARETH HOSP, 2601 HOLME AVE,	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
OSWEGO HEALTH HOME CARE, LLC - 47-2463736, 113 SCHUYLER STREET, FULTON, NY 13069	HOME HEALTH CARE	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	AMBULATORY SURGERY CENTER	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
PRIMARY CARE PHYSICIAN CENTER, LLC - 36-4038505, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 75202	OFFICE BUILDING RENTAL	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
RADISSON SJH PROPERTIES, LLC - 46-1892799, 5000 CAMPUSWOOD DRIVE, SUITE 100, EAST SYRACUSE, NY 13057	MEDICAL OFFICE BUILDING	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SAINT AGNES/USP SURGERY CENTERS LLC - 36-4896811, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX	MEDICAL SERVICES	CA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJLS LLC - 20-1796650 7650 SE 27TH ST, STE 200 MERCER ISLAND, WA 98040	DIALYSIS SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJV MANAGEMENT LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MHS, ONE WEST ELM ST, STE 100, CONSHOHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	HEALTH CARE SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. JOSEPH'S IMAGING ASSOCIATES, PLLC - 16-1104293, 104 UNION AVE, SUITE 905, SYRACUSE, NY	RADIOLOGY SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 680 SOUTH FOURTH STREET, LOUISVILLE, KY 40202	HEALTH CARE SERVICES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE AMBULATORY SURGERY CENTER AT ST MARY, LLC - 27-2871206, 1203 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	OUTPATIENT SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRINITY HEALTH OF NEW ENGLAND ACO LLC - 83-3165256, 95 WOODLAND STREET, 4TH FLOOR, HARTFORD, CT 06105	ACCOUNTABLE CARE ORGANIZATION	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/ IMAGING	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOODLAND PARTNERS REAL ESTATE LLC - 83-3371094, 129 WOODLAND STREET, HARTFORD, CT 06105	REAL ESTATE	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FRANCISCAN MANAGEMENT SERVICES, INC. - 16-1351193, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANKLIN MEDICAL GROUP, PC - 06-1470493 114 WOODLAND STREET HARTFORD, CT 06105	PHYSICIAN OFFICE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529, 701 W. NORTH AVE., MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH MANAGEMENT, INC. - 38-2961814 1820 44TH STREET SE KENTWOOD, MI 49508	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1820 44TH STREET SE KENTWOOD, MI 49508	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTHCARE EQUIPMENT CORP. - 38-2578569, 1820 44TH STREET SE, KENTWOOD, MI 49508	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL PHARMACY, INC. - 38-2447870, 1820 44TH STREET SE, KENTWOOD, MI 49508	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH CARE MANAGEMENT ADMINISTRATORS, INC. - 16-1450960, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	HEALTH CARE MANAGEMENT	NY	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH MANAGEMENT SERVICES ORG., INC. - 22-3366580, 500 GROVE STREET, SUITE 100, HADDON HEIGHTS, NJ 08035	MEDICAL ADMINISTRATION	NJ	N/A	C CORP	N/A	N/A	N/A	X	
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910	HOME CARE SERVICES	MD	N/A	C CORP	N/A	N/A	N/A	X	
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR. ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	X	
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
LANGHORNE SERVICES II, INC. - 26-3795549 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES, INC. - 23-2625981 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES MEDICAL ASSOCIATES, PA - 22-3361862 500 GROVE STREET, SUITE 100 HADDON HEIGHTS, NJ 08035	MEDICAL SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES URGENT CARE SERVICES PC - 46-4188202 1600 HADDON AVENUE CAMDEN, NJ 08103	URGENT CARE CENTER	NJ	N/A	C CORP	N/A	N/A	N/A	X	
MACNEAL HEALTH PROVIDERS, INC. - 36-3361297 750 PASQUINELLI DRIVE, SUITE 216 WESTMONT, IL 60059	MEDICAL SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
MARYLAND CARE GROUP, INC. - 52-1815313 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HEALTH CARE HOLDING	MD	N/A	C CORP	N/A	N/A	N/A	X	
MCMC EASTWICK, INC. - 23-2184261 C/O MHS ONE WEST ELM STREET, STE 100 CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A	X	
MEDNOW, INC. - 82-0389927 4300 E. FLAMINGO AVE NAMPA, ID 83687	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	X	
MERCY HOME CARE, INC. - 04-3317426 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY INPATIENT MEDICAL ASSOCIATES, INC - 04-3029929, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A	X	
NURSING NETWORK, INC - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS HEALTH ALLIANCE, INC. - 82-0524649, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC - 06-1384686, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	N/A	C CORP	N/A	N/A	N/A	X	
SAMARITAN MEDICAL OFFICE BUILDING, INC. - 14-1607244, 2212 BURDETT AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJM PROPERTIES, INC. - 16-1294991 411 CANISTEO STREET HORNELL, NY 14843	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPE PRACTICE MANAGEMENT SERVICES, INC. - 45-4164964, 301 PROSPECT AVE, SYRACUSE, NY 13203	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPMC HOLDINGS, INC. - 47-4763735 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	N/A	C CORP	N/A	N/A	N/A	X	
ST. ELIZABETH HEALTH SUPPORT SERVICES, INC. - 16-1540486, 23 CAMPION ROAD, NEW HARTFORD, NY 13413	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
SYSTEM COORDINATED SERVICES, INC. - 04-2938161, 114 WOODLAND STREET, HARTFORD , CT 06105	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
TRI-HOSPITAL MRI CENTER - 38-2884297 2800 DEQUINDRE WARREN, MI 48092	HEALTH CARE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY ASSURANCE, LTD. - 98-0453602 PO BOX 1159, GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	SELF-INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH ACO, INC. - 47-3794666 20555 VICTOR PARKWAY LIVONIA, MI 48152	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A	X	
TRINITY SENIOR SERVICES MANAGEMENT, INC. - 37-1572595, P.O. BOX 9184, FARMINGTON HILLS, MI 48333	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	X	
WORKPLACE HEALTH OF GRAND HAVEN, INC. - 38-3112035, 1820 44TH STREET SE, KENTWOOD, MI 49508	OCCUPATIONAL HEALTH	MI	N/A	C CORP	N/A	N/A	N/A	X	

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH CORPORATION	B	1,000,000.	PER BOOKS
(2) TRINITY HEALTH CORPORATION	P	1,144,209.	PER BOOKS
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

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

Lined area for supplemental information.