

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

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

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

2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

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 \$ 3,450,002. 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 2019 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	68
	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 39	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	1,243.
9		Program service revenue (Part VIII, line 2g)	0.	0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,325,764.	3,364,074.
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)	5,327,007.	3,450,002.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,110,990.	5,651,369.
Expenses		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,135,821.	1,080,418.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	403,676.	411,216.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	9,650,487.	7,143,003.
	19	Revenue less expenses. Subtract line 18 from line 12	-4,323,480.	-3,693,001.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	117,059,933.	108,688,329.
	21	Total liabilities (Part X, line 26)	6,929,086.	2,321,575.
	22	Net assets or fund balances. Subtract line 21 from line 20	110,130,847.	106,366,754.

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 address ▶	Firm's EIN ▶	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 \$ 6,698,136. including grants of \$ 5,651,369.) (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 on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 6,698,136.

Part IV Checklist of Required Schedules

Table with columns for question number, Yes, and No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

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

Note: All Form 990 filers are required to complete Schedule O

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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, unrelated 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	15		
b	Enter the number of voting members included on line 1a, above, who are independent		
	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		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	
b	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:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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

(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.	247,682.	42,199.
(2) UPENDO SHABAZZ REGIONAL VICE PRESIDENT	40.00 0.00					X		0.	119,239.	14,052.
(3) DANIEL GIBSON REGIONAL VICE PRESIDENT	40.00 0.00					X		0.	116,952.	12,336.
(4) CHERI WRIGHT JONES REGIONAL VICE PRESIDENT	40.00 0.00					X		0.	115,513.	9,400.
(5) MARY ANN DILLON, RSM DIRECTOR; TRINITY EVP MISSION	1.00 54.00	X						0.	0.	7,613.
(6) HOWARD WATTS DIRECTOR & CHAIR THOUGH 12/19	1.00 0.00	X		X				0.	0.	0.
(7) EMERY IVERY DIR; CHR AT 1/20; V CHR THR 12/19	1.00 0.00	X		X				0.	0.	0.
(8) ARLEASE HALL DIRECTOR; VICE CHAIR AS OF 01/20	1.00 0.00	X		X				0.	0.	0.
(9) JOAN DAWSON, OSF DIRECTOR; SECRETARY THROUGH 12/19	1.00 0.00	X		X				0.	0.	0.
(10) KATRINA WRIGHT DIRECTOR: SECRETARY AS OF 01/20	1.00 0.00	X		X				0.	0.	0.
(11) TREVOR BANKS DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) NANCY CHIARELLO, OSF DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) DEBORAH COAKLEY DIRECTOR AS OF 1/20	1.00 0.00	X						0.	0.	0.
(14) RUSSELL CORRERA DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) PETER GORSKI, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) DONNA EILEEN KANE, OSF DIRECTOR THROUGH 12/19	1.00 0.00	X						0.	0.	0.
(17) CINDY MATTHEWS, OSF DIRECTOR AS OF 1/20	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LAURA PLOTNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MARLENE WEIDENBORNER, OSF DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) JEANNE WILLIAMS, OSF DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	599,386.	85,600.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	599,386.	85,600.

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, 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
NEXUS RESEARCH GROUP 120 BERACAH WALK SW, ATLANTA, GA 30331	CONSULTING SERVICES	213,600.

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 **1**

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	85,928.		
	g	Noncash contributions included in lines 1a-1f	1g	\$		
	h	Total. Add lines 1a-1f		85,928.		
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)		1,958,189.		1,958,189.
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6 a	Gross rents	(i) Real			
			(ii) Personal			
	6 b	Less: rental expenses				
	6 c	Rental income or (loss)				
	d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities			
			(ii) Other			
				1,405,885.		
	7 b	Less: cost or other basis and sales expenses		0.		
	7 c	Gain or (loss)		1,405,885.		
d	Net gain or (loss)		1,405,885.		1,405,885.	
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b				
c	Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b				
c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b				
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code			
	b					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
12	Total revenue. See instructions		3,450,002.	0.	0.	3,364,074.

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	5,463,639.	5,463,639.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	82,730.	82,730.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	105,000.	105,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	289,881.	144,941.	144,940.	
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	616,055.	616,055.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	174,482.	174,482.		
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	33,670.		33,670.	
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.)	17,379.	17,379.		
12 Advertising and promotion	1,535.		1,535.	
13 Office expenses	25,507.		25,507.	
14 Information technology	29,490.		29,490.	
15 Royalties				
16 Occupancy	89,806.		89,806.	
17 Travel	68,073.		68,073.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,533.		23,533.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	8,167.	8,167.		
23 Insurance	7,607.	7,607.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	78,136.	78,136.		
b SUBSCRIPTIONS & DUES	19,685.		19,685.	
c FOOD SUPPLIES EXPENSE	8,628.		8,628.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	7,143,003.	6,698,136.	444,867.	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	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,665.	9	9,999.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 89,123.		
	b Less: accumulated depreciation	10b 52,305.	24,533.	10c 36,818.
	11 Investments - publicly traded securities	71,366,169.	11	78,216,837.
	12 Investments - other securities. See Part IV, line 11	45,627,551.	12	30,417,660.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	6,715.	15	6,715.
16 Total assets. Add lines 1 through 15 (must equal line 33)	117,059,933.	16	108,688,329.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable	6,837,815.	18	2,176,358.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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	91,271.	25	145,217.
	26 Total liabilities. Add lines 17 through 25	6,929,086.	26	2,321,575.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	110,110,847.	27	106,351,754.
	28 Net assets with donor restrictions	20,000.	28	15,000.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	110,130,847.	32	106,366,754.
	33 Total liabilities and net assets/fund balances	117,059,933.	33	108,688,329.

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	3,450,002.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,143,003.
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,693,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	110,130,847.
5	Net unrealized gains (losses) on investments	5	-71,092.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	106,366,754.

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 on 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 on Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **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.	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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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>		
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>	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>		

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?		
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>		
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>		

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>		
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>		
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>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	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 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

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

Schedule A (Form 990 or 990-EZ) 2019

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

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 B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

ALLEGANY FRANCISCAN MINISTRIES, INC.

Employer identification number

58-1492325

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ROBERT WOOD JOHNSON FOUNDATION 50 COLLEGE RD E PRINCETON, NJ 08540	\$ 55,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019
Open to Public Inspection

Name of the organization 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.

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

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

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

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

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

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

b If the organization elected, as permitted under FASB 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 FASB 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) 2019

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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 Term 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:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		89,123.	52,305.	36,818.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				36,818.

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	8,690,760.	END-OF-YEAR MARKET VALUE
(C) HEDGE FUNDS	5,431,725.	END-OF-YEAR MARKET VALUE
(D) EQUITY METHOD INVESTMENTS	16,295,175.	COST
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,417,660.	

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	145,217.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	145,217.

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 FASB 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

2019

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		35,000.
SOUTH AMERICA	0	0	GRANTS TO RECIPIENTS LOCATED IN THE REGION		60,000.
SUB-SAHARAN AFRICA	0	0	GRANTS TO RECEIPIENTS LOCATED IN THIS REGION		10,000.
3 a Subtotal	0	0			105,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			105,000.

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	GENERAL OPERATING SUPPORT	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	GENERAL OPERATING SUPPORT - ALDENIR RIBEIRO, OSF	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	GENERAL OPERATING SUPPORT - MARIA ABADIA DA SILVA, OSF AND MARIA BATISTA,	15,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		CENTRAL AMERICA & CARIBBEAN	WATER HARVESTING AND SEWER MANAGEMENT PROJECT (WHSM)	25,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		AFRICA	TWO BLOCKS OF FOUR CLASSROOMS FOR RAY OF HOPE JUNIOR SECONDARY SCHOOL BUNDU KAHUGU	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		CENTRAL AMERICA & CARIBBEAN	SECURITY WALL AND GATE FOR ST. ISIDORE'S CATHOLIC CHURCH AND SCHOOL, LA	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	CONSTRUCTING A BUILDING	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		
		SOUTH AMERICA	GENERAL OPERATING SUPPORT	5,000.	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 **3**

3 Enter total number of other organizations or entities **6**

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)
		SOUTH AMERICA	EVOLVING EDUCATION CARING FOR OUR COMMON HOME	10,000.	CHECK TO DOMESTIC ORGANIZATION	0.		

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: GENERAL OPERATING SUPPORT - MARIA ABADIA DA SILVA, OSF AND MARIA BATISTA, OSF

REGION: AFRICA

(D) PURPOSE OF GRANT: TWO BLOCKS OF FOUR CLASSROOMS FOR RAY OF HOPE JUNIOR SECONDARY SCHOOL BUNDU KAHUGU NIGERIA

REGION: CENTRAL AMERICA & CARIBBEAN

(D) PURPOSE OF GRANT: SECURITY WALL AND GATE FOR ST. ISIDORE'S CATHOLIC

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.

CHURCH AND SCHOOL, LA GONAVE, HAITI

Multiple horizontal lines for supplemental information.

**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

2019

**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
ABE BROWN MINISTRIES INC 2921 N. 29TH STREET TAMPA, FL 33605	59-2410601	501(C)(3)	50,000.	0.			COVID-19 TLP & R4W-H RELIEF
ALPHA-OMEGA ALLIANCE 31 W 20TH STREET RIVIERA BEACH, FL 33404	42-1615117	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
ANSWERED PRAYERS CROSS, INC 400 23RD STREET SOUTH ST. PETERSBURG, FL 33712	26-2577873	501(C)(3)	10,000.	0.			SEWN TOGETHER
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)	110,000.	0.			FAITH COMMUNITY NURSING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 111.

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) (2019)

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
CAIR FLORIDA 8076 N. 56TH STREET TAMPA, FL 33617	65-1110616	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
CAIR FLORIDA 8076 N. 56TH STREET TAMPA, FL 33617	65-1110616	501(C)(3)	10,000.	0.			AMERICAN MUSLIM & IMMIGRANT OUTREACH TO GET OUT THE VOTE & PARTICIPATE IN THE CENSUS
CAREBAG INC. 7548 US HWY 1 , SUITE 262 PORT ST. LUCIE, FL 34952	81-5073954	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN ST. LUCIE COUNTY
CATHOLIC CHARITIES DIOCESE OF PALM BEACH, INC. - 9995 N. MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-2470479	501(C)(3)	10,000.	0.			HURRICANE DORIAN RELIEF AND ASSISTANCE
CATHOLIC CHARITIES DIOCESE OF PALM BEACH, INC. - 9995 N. MILITARY TRAIL - PALM BEACH GARDENS, FL 33410	59-2470479	501(C)(3)	20,000.	0.			COVID-19 RECOVERY IN MARTIN COUNTY
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF MIAMI, INC. - 1505 NE 26TH STREET - WILTON MANORS, FL 33305	59-1279497	501(C)(3)	10,000.	0.			DISASTER RELIEF SERVICES-HURRICANE DORIAN BAHAMIAN RELIEF
CATHOLIC VOLUNTEERS IN FLORIDA, INC. - P.O. BOX 536476 - ORLANDO, FL 32853	59-3087902	501(C)(3)	50,000.	0.			LINCOLN PARK VOLUNTEER PROJECT
CATHOLIC VOLUNTEERS IN FLORIDA, INC. - P.O. BOX 536476 - ORLANDO, FL 32853	59-3087902	501(C)(3)	40,000.	0.			PATHWAYS TO SUCCESS PROJECT (OVERTOWN)
CITY OF FORT PIERCE 100 NORTH U.S. HWY. 1 FORT PIERCE, FL 34950	59-6000322	FORT PIERCE	25,000.	0.			COVID-19 COMMUNITY-BASED TESTING

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 HEALTH CENTER OF WEST PALM BEACH INC. - 2100 WEST 45TH STREET, SUITE A8 - WEST PALM BEACH, FL 33407	26-3611337	501(C)(3)	10,000.	0.			CENSUS 2020 & CHC EVERYONE COUNTS
CORNERSTONE CHRISTIAN CENTER OF HOMESTEAD FL, DBA BRIDGE TO HOPE - 10844 SW 188TH STREET - CUTLER BAY, FL 33157	59-2245357	501(C)(3)	10,000.	0.			YOU MATTER - GET COUNTED
CROS MINISTRIES 3677 23RD AVE SOUTH, #B-101 LAKE WORTH, FL 33461	59-1802917	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
DADE COUNTY STREET RESPONSE 340 NW 23RD PLACE MIAMI, FL 33125	84-1958579	501(C)(3)	10,000.	0.			HOMELESS DISASTER RESPONSE
DELTA TORCH FOUNDATION, INC P.O. BOX 311885 TAMPA, FL 33680-3885	61-1510897	501(C)(3)	10,000.	0.			SIGNS AND WONDERS A VISUAL AND HANDS-ON PATHWAY TO A COMPLETE COUNT
DIRECT ACTION AND RESEARCH TRAINING (DART CENTER) - PO BOX 382036 - MIAMI, FL 33238	59-2244743	501(C)(3)	40,000.	0.			REDUCING EXCESSIVE ARRESTS IN FLORIDA
EAST HILLSBOROUGH COUNTY DISTRICT ST. VINCENT DE PAUL SOCIETY - 1311 3RD ST. NE - RUSKIN, FL 33570	26-3349060	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
EL SOL JUPITER'S NEIGHBORHOOD RESOURCE CENTER - 106 MILITARY TRAIL - JUPITER, FL 33458	01-0870672	501(C)(3)	14,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
ENTERPRISING LATINAS, INC. 5128 SR 674 WIMAUMA, FL 33598	27-1247381	501(C)(3)	4,980.	0.			CGI RETREAT JAN 2020, FOOD & BEVERAGE

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 WIMAUMA, FL 33598	27-1247381	501(C)(3)	2,000.	0.			WIMAUMA MEALS FOR FIRST RESPONDERS INITIATIVE
ENTERPRISING LATINAS, INC. 5128 SR 674 WIMAUMA, FL 33598	27-1247381	501(C)(3)	125,000.	0.			WIMAUMA NOW
ENTERPRISING LATINAS, INC. 5128 SR 674 WIMAUMA, FL 33598	27-1247381	501(C)(3)	125,000.	0.			WIMAUMA CONNECTS
EQUALITY FLORIDA INSTITUTE P.O. BOX 13184 ST. PETERSBURG, FL 33733	59-3435235	501(C)(3)	40,000.	0.			GENERAL OPERATING SUPPORT
ESPERANZA COMMUNITY CENTER 3600 BROADWAY, #20 WEST PALM BEACH, FL 33407	83-3986715	501(C)(3)	10,000.	0.			OUTREACH FOR THE 2020 CENSUS
ESPERANZA COMMUNITY CENTER 3600 BROADWAY, #20 WEST PALM BEACH, FL 33407	83-3986715	501(C)(3)	9,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
FAITH AND ACTION FOR STRENGTH TOGETHER (FAST) - PO BOX 10421 - ST. PETERSBURG, FL 33733	20-2058779	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FAMILY HEALTHCARE FOUNDATION 16002 BURNHAM WAY TAMPA, FL 33647	59-3517416	501(C)(3)	10,000.	0.			US CENSUS 2020 SERVING HARD TO COUNT COMMUNITIES
FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY INC. - 1123 CRESTWOOD BLVD. - LAKE WORTH, FL 33460	59-1830267	501(C)(3)	15,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY

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
FEED THE HUNGRY PANTRY OF PALM BEACH COUNTY - 8306 155TH PLACE NORTH - PALM BEACH GARDENS, FL 33418	59-0766989	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN PALM BEACH
FEEDING AMERICA TAMPA BAY DBA FEEDING TAMPA BAY - 4702 TRANSPORT DRIVE, BUILDING 6 - TAMPA, FL 33605	59-2116576	501(C)(3)	5,000.	0.			HEALTHY TAKE HOME MEALS
FLORIDA ASSOCIATION FOR COMMUNITY ACTION - 5508 N.50TH ST., SUITE 30 - TAMPA, FL 33610	59-2929791	501(C)(3)	10,000.	0.			EVERYONE COUNTS IN PALM BEACH/TODOS CUENTAN EN PALM BEACH
FLORIDA COMMUNITY HEALTH CENTERS INC. - 5827 CORPORATE WAY - WEST PALM BEACH, FL 33407	59-1671640	501(C)(3)	20,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
FLORIDA FILM HOUSE 570 NW 26TH STREET MIAMI, FL 33127	82-2399488	501(C)(3)	5,000.	0.			URBAN FILM FESTIVAL
FLORIDA INSTITUTE FOR COMMUNITY STUDIES - P.O. BOX 16745 - TAMPA, FL 33687	59-3712006	501(C)(3)	10,000.	0.			YOUCOUNT/TU CUENTAS!
FLORIDA NONPROFIT ALLIANCE 40 EAST ADAMS ST., SUITE 229 JACKSONVILLE, FL 32202	46-1185150	501(C)(3)	30,000.	0.			OPERATIONAL SUPPORT
FLORIDA PHILANTHROPIC NETWORK INC. 12157 W LINEBAUGH AVE., SUITE 384 TAMPA, FL 33626	20-1328734	501(C)(3)	10,000.	0.			2020 MEMBERSHIP DUES & OPERATIONAL SUPPORT
FLORIDA PHILANTHROPIC NETWORK INC. 12157 W LINEBAUGH AVE., SUITE 384 TAMPA, FL 33626	20-1328734	501(C)(3)	50,000.	0.			PROJECT FLORIDA COUNTS!

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
FLORIDA POLICY INSTITUTE 1001 N ORANGE AVE ORLANDO, FL 32801	47-2759708	501(C)(3)	34,000.	0.			SAFETY NET ADVOCACY COALITION
FORT PIERCE POLICE DEPARTMENT 920 S US HIGHWAY ONE FORT PIERCE, FL 34954	59-6000322	FORT PIERCE	25,000.	0.			COVID-19 RECOVERY IN ST. LUCIE COUNTY
FRANCISCAN ACTION NETWORK P.O. BOX 29106 WASHINGTON, DC 20017	26-2015539	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
FRANCISCAN CENTER 3010 N. PERRY AVENUE TAMPA, FL 33603-5345	59-1356360	501(C)(3)	10,000.	0.			SPREADING THE WORD 2020
FRANCISCAN MISSION SERVICE OF NORTH AMERICA - 415 MICHIGAN AVE. NE, STE. 104 - WASHINGTON, DC 20017	41-2231503	501(C)(3)	10,000.	0.			BUILDING CAPACITY FOR FRANCISCAN EDUCATION IN JAMAICA
FRANCISCAN MISSION SERVICE OF NORTH AMERICA - 415 MICHIGAN AVE. NE, STE. 104 - WASHINGTON, DC 20017	41-2231503	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
FRONT PORCH COMMUNITY DEVELOPMENT ASSOCIATION INC. - P.O. BOX 531241 - ST. PETERSBURG, FL 33747	59-3606615	501(C)(3)	10,000.	0.			YOUTH MAKING IMPACTS (YMI) CENSUS 2020 PROJECT
GERARD PLACE HOUSING DEVELOPMENT FUND COMPANY, INC. - 2515 BAILEY AVENUE - BUFFALO, NY 14215	16-1562738	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
GLADES INITIATIVE INC. 141 SE AVENUE C BELLE GLADE, FL 33430	01-0733180	501(C)(3)	10,000.	0.			THE GLADES INITIATIVE 2020 CENSUS AND VOTER REGISTRATION

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
GLADES INITIATIVE INC. 141 SE AVENUE C BELLE GLADE, FL 33430	01-0733180	501(C)(3)	15,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
GLOBAL HEALTH MINISTRY 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	42-1253527	501(C)(3)	10,000.	0.			PLANNING FOR THE NEXT 30 YEARS
GRACE EDUCATION CENTER 712 N. 7TH STREET FORT PIERCE, FL 34950	47-4073406	501(C)(3)	16,160.	0.			GRACE EDUCATIONAL SUMMER CAMP
GRACE WAY VILLAGE 1780 HARTMAN ROAD FORT PIERCE, FL 34947	27-0890615	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN ST. LUCIE COUNTY
GUATEMALAN MAYA CENTER 430 N G ST LAKE WORTH, FL 33460	65-0355018	501(C)(3)	10,000.	0.			EVERY MAYA COUNTS
HANDS TOGETHER FOR HAITIANS, INC. 12415 INDIAN ROAD NORTH PALM BEACH, FL 33408	20-2512245	501(C)(3)	5,700.	0.			2020 CENSUS HAITIAN PROJECT
HANDS TOGETHER FOR HAITIANS, INC. 12415 INDIAN ROAD NORTH PALM BEACH, FL 33408	20-2512245	501(C)(3)	12,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
HEALTH COUNCIL OF SOUTHEAST FLORIDA - 600 SANDTREE DR., SUITE 101 - PALM BEACH GARDENS, FL 33403	59-2242689	501(C)(3)	10,000.	0.			HCSEF - 2020 CENSUS MATTERS!
HILLSBOROUGH COUNTY COUNCIL PTA/PTSA - P.O. BOX 273324 - TAMPA, FL 33618	23-7101305	501(C)(3)	10,000.	0.			HILLSBOROUGH KIDS COUNT!

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
HILLSBOROUGH COUNTY OFFICE OF NEIGHBORHOOD RELATIONS - 601 E. KENNEDY BLVD., 28TH FL - TAMPA, FL 33602	58-2554149	501(C)(3)	2,000.	0.			ANNUAL NEIGHBORHOODS CONFERENCE
HILLSBOROUGH ORGANIZATION FOR PROGRESS AND EQUALITY - 5103 N. CENTRAL AVE. - TAMPA, FL 33603	59-2914463	501(C)(3)	10,000.	0.			HOPE FOR DEMOCRACY
HISPANIC SERVICES COUNCIL INC. 7825 N. DALE MABRY HWY, SUITE 102 TAMPA, FL 33614	59-3198934	501(C)(3)	1,000.	0.			7TH ANNUAL 'OUR VOICES OUR FUTURE' NETWORKING BREAKFAST
HISPANIC SERVICES COUNCIL INC. 7825 N. DALE MABRY HWY, SUITE 102 TAMPA, FL 33614	59-3198934	501(C)(3)	10,000.	0.			EL CENSO CUENTA PARA TODOS! (THE CENSUS COUNTS FOR ALL!)
IN THE IMAGE OF CHRIST PO BOX 12397 FORT PIERCE, FL 34979	65-1104332	501(C)(3)	10,000.	0.			FAITH CENSUS AWARENESS PROJECT
IN THE IMAGE OF CHRIST PO BOX 12397 FORT PIERCE, FL 34979	65-1104332	501(C)(3)	21,771.	0.			YOUTH 4 CHANGE SUMMER BROADCASTING PROGRAM
INTERCULTURAL ADVOCACY INSTITUTE INC - 612 FRANKLIN ST - CLEARWATER, FL 33756	27-1230728	501(C)(3)	10,000.	0.			2020 CENSUS & VOTER INFORMATION & EDUCATION CAMPAIGN FOR THE UNDERCOUNTED
INTERDENOMINATIONAL MINISTERIAL ALLIANCE - 2900 1ST AVENUE SOUTH - ST. PETERSBURG, FL 33712	57-1138270	501(C)(3)	8,000.	0.			YOUR VOTE IS VALUABLE - YOUR COUNT IS CRITICAL!
JESUS HOUSE OF HOPE DBA HOUSE OF HOPE - 2484 SE BONITA ST. - STUART, FL 34997	59-2422998	501(C)(3)	40,000.	0.			COVID-19 RECOVERY IN MARTIN COUNTY

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
LAKE OKEECHOBEE RURAL HEALTH NETWORK - 600 SANDTREE DR, SUITE 101 - PALM BEACH GARDENS, FL 33403	65-0661240	501(C)(3)	10,000.	0.			RURAL COUNTS IN SOUTHEAST FLORIDA
LEAGUE OF WOMEN OF HILLSBOROUGH COUNTY - POST OFFICE BOX 1801 - TAMPA, FL 33601-1801	59-6178302	501(C)(3)	10,000.	0.			HILLSBOROUGH KIDS COUNT! PART II
LEGAL SERVICES OF GREATER MIAMI, INC. - 4343 W. FLAGLER STREET, SUITE 100 - MIAMI, FL 33134	59-1227481	501(C)(3)	10,000.	0.			NON-PROFIT/SMALL BUSINESS COVID-19 EMERGENCY LEGAL RESPONSE PROJECT
LEGAL SERVICES OF GREATER MIAMI, INC. - 4343 W. FLAGLER STREET, SUITE 100 - MIAMI, FL 33134	59-1227481	501(C)(3)	100,000.	0.			OVERTOWN COMMON GOOD INITIATIVE UNITING COMMUNITY VOICES
LIGHT OF THE WORLD CHARITIES INC. 1300 EAST 10TH STREET, SUITE B STUART, FL 34996	65-0920003	501(C)(3)	5,000.	0.			LITTLE LIGHTS DENTISTRY
LONG BEACH ISLAND COMMUNITY CENTER INC. - 4700 LONG BEACH BLVD. - LONG BEACH TOWNSHIP, NJ 08008	22-2003458	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
MUSTARD SEED MINISTRIES OF FORT PIERCE INC. - 3130 S. US HWY 1 - FORT PIERCE, FL 34982	65-0017366	501(C)(3)	10,000.	0.			2020 CENSUS - BE COURAGEOUS BE COUNTED
MUSTARD SEED MINISTRIES OF FORT PIERCE INC. - 3130 S. US HWY 1 - FORT PIERCE, FL 34982	65-0017366	501(C)(3)	15,000.	0.			COVID-19 RECOVERY IN ST. LUCIE COUNTY
MYCLINIC, INC. 411 W. INDIANTOWN RD. JUPITER, FL 33458	80-0653642	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN PALM BEACH

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
NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY - 1900 L STREET NW, SUITE 825 - WASHINGTON, DC 20036	52-1072749	501(C)(3)	5,000.	0.			GENERAL OPERATING SUPPORT
NEIGHBORHOOD DEVELOPMENT CENTER 663 UNIVERSITY AVENUE WEST , SUITE SAINT PAUL, MN 55104	41-1738791	501(C)(3)	65,000.	0.			ENTREPRENEURIAL INITIATIVE FOR THE COMMON GOOD
NEIGHBORHOOD DEVELOPMENT CENTER 663 UNIVERSITY AVENUE WEST , SUITE SAINT PAUL, MN 55104	41-1738791	501(C)(3)	2,606.	0.			CGI OPERATING; NDC CONVENING EXPENSES
NEIGHBORHOOD DEVELOPMENT CENTER 663 UNIVERSITY AVENUE WEST , SUITE SAINT PAUL, MN 55104	41-1738791	501(C)(3)	5,000.	0.			BFW CONVENING
NONPROFIT CENTER OF NORTHEAST FLORIDA INC. - 40 E ADAMS STREET, SUITE 100 - JACKSONVILLE, FL 32202	59-3700428	501(C)(3)	40,000.	0.			LINCOLN PARK CAPACITY BUILDING PROJECT - CONTINUING SUPPORT AND EDUCATION
NONPROFIT LEADERSHIP CENTER OF TAMPA BAY INC. - 1408 N. WESTSHORE BLVD., SUITE 140 - TAMPA, FL 33607	59-3671047	501(C)(3)	30,000.	0.			GENERAL OPERATING SUPPORT WITH A COVID-19 LENS AND PINELLAS INITIATIVE
NONPROFITS FIRST, INC. 1818 SOUTH AUSTRALIAN AVE., SUITE 4 WEST PALM BEACH, FL 33409	26-3189428	501(C)(3)	20,000.	0.			OPERATING GRANT FOR CAPACITY BUILDING
OUR LADY OF LOURDES HEALTH FOUNDATION - 1600 HADDON AVENUE - CAMDEN, NJ 08103	22-2351960	501(C)(3)	10,000.	0.			THE BRIDGE: TEEN LEADERSHIP PILGRIMAGE YEAR DISCOVERING FRANCIS
OVERTOWN CHILDREN AND YOUTH COALITION - 1951 NW 7TH AVE., SUITE 600 - MIAMI, FL 33136	47-2336342	501(C)(3)	5,000.	0.			A DAY OF AWARENESS: BUILDING A FRAMEWORK FOR SOCIAL AND EMOTIONAL LEARNING

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
OVERTOWN CHILDREN AND YOUTH COALITION - 1951 NW 7TH AVE., SUITE 600 - MIAMI, FL 33136	47-2336342	501(C)(3)	100,000.	0.			PROFESSIONAL DEVELOPMENT BUSINESS PLATFORM (PDBM)
OVERTOWN YOUTH CENTER 450 NW 14TH STREET MIAMI, FL 33136	65-1048896	501(C)(3)	10,000.	0.			OVERTOWN YOUTH CENTER (OYC) CENSUS 2020 COMMUNITY OUTREACH PROJECT
PHROZEN PHARAOH FOUNDATION 5475 NW ST. JAMES DRIVE SUITE 353 PORT ST. LUCIE, FL 34983	83-2314301	501(C)(3)	10,000.	0.			YOU COUNT- THE PHROZEN PHARAOH FOUNDATION CENSUS COUNT AND VOTER REGISTRATION INITIATIVE
PINELLAS COMMUNITY FOUNDATION 17755 US HIGHWAY 19 NORTH, SUITE 15 CLEARWATER, FL 33764	23-7113194	501(C)(3)	225,000.	0.			TAMPA BAY RESILIENCY FUND
POSITIVE SPIN 5118 N. 56TH STREET, SUITE 224 TAMPA, FL 33610	80-0167391	501(C)(3)	50,000.	0.			COVID-19 CRISIS
POWERNET OF DAYTON - DBA POWERNET OF TAMPA - 1907 E. HILLSBOROUGH AVE, - TAMPA, FL 33610	35-2242913	501(C)(3)	10,000.	0.			THE 20/20 CENSUS UPDATE AND COMMUNITY EMPOWERMENT CAMPAIGN
ROUNDTABLE OF ST. LUCIE COUNTY, INC. - 546 NW UNIVERSITY BLVD., SUITE 204 - PORT ST. LUCIE, FL 34986	20-5375835	ST LUCIE COUNTY	5,000.	0.			SUMMER CAMP PROGRAM
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 1055 N CURTIS RD. - BOISE, ID 83706	82-0200895	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
SARAH'S KITCHEN OF THE TREASURE COAST, INC - 295 NW PRIMA VISTA BLVD. - PORT ST. LUCIE, FL 34983	46-2301740	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN ST. LUCIE COUNTY

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
SCHOOL SISTERS OF NOTRE DAME EDUCATIONAL CENTER - 8704-88TH AVENUE - WOODHAVEN, NY 11421	65-1217975	501(C)(3)	7,500.	0.			GENERAL OPERATING SUPPORT
SOL RELIEF 107 8TH AVE. SE ST. PETERSBURG, FL 33701	82-3283018	501(C)(3)	5,000.	0.			HURRICANE DORIAN RELIEF
SOUTHEASTERN COUNCIL OF FOUNDATIONS INC - 100 PEACHTREE ST. NW, SUITE 2080 - ATLANTA, GA 30303	56-0995114	501(C)(3)	3,850.	0.			2020 MEMBERSHIP
ST. ANASTASIA CATHOLIC SCHOOL 401 SOUTH 33RD STREET FORT PIERCE, FL 34947	65-0090414	501(C)(3)	1,500.	0.			BUILDING ON FAITH GALA
ST. ANN CHURCH 310 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401	51-0503043	501(C)(3)	10,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
ST. BONAVENTURE UNIVERSITY - THE WARMING HOUSE - 3261 WEST STATE ROAD - ST. BONAVENTURE, NY 14778	16-0743150	501(C)(3)	5,000.	0.			THE WARMING HOUSE - FRANCISCAN HEARTS BEGIN IN THE KITCHEN
ST LUCIE COUNTY 1306 AVENUE M FORT PIERCE, FL 34950	59-6000835	ST LUCIE COUNTY	6,720.	0.			LINCOLN PARK COMMUNITY CENTER SUMMER CAMP
ST LUCIE COUNTY 1306 AVENUE M FORT PIERCE, FL 34950	59-6000835	ST LUCIE COUNTY	120,000.	0.			SUMMER OF SUCCESS 2020
ST. MARK EDUCATIONAL CENTER 921 ORANGE AVENUE FORT PIERCE, FL 34950	65-0440395	501(C)(3)	5,000.	0.			COVID-19 RECOVERY IN ST. LUCIE COUNTY

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
STRUGGLE FOR MIAMI'S AFFORDABLE AND SUSTAINABLE HOUSING - 2103 CORAL WAY, 2ND FLOOR - MIAMI, FL 33145	81-0878478	501(C)(3)	15,000.	0.			HOUSING AND COVID 19 EDUCATION AND POWER BUILDING
STUDENT ACES 7750 ARBOR CREST WAY WEST PALM BEACH, FL 33412	46-3081102	501(C)(3)	10,000.	0.			STUDENT ACES CENSUS INITIATIVE IN "THE GLADES"
STUDENT PUBLIC INTEREST RESEARCH GROUPS - 294 WASHINGTON STREET, SUITE 500 - BOSTON, MA 02108	26-2486476	501(C)(3)	10,000.	0.			EXPANDING STUDENT ENGAGEMENT IN FLORIDA
SUNDARI FOUNDATION, INC. DBA LOTUS HOUSE WOMEN'S SHELTER - 217 NW 15TH STREET - MIAMI, FL 33136	81-0652266	501(C)(3)	10,000.	0.			OVERTOWN RESIDENTS COVID RESOURCE SUPPORT PROJECT
TAMPA BAY NETWORK TO END HUNGER 4532 W. KENNEDY BLVD., STE. 252 TAMPA, FL 33609	36-4758155	501(C)(3)	50,000.	0.			BUILDING ORGANIZATIONAL CAPACITY FOR FINANCIAL SUSTAINABILITY
THE CHILDREN'S HEALING INSTITUTE 2161 PALM BEACH LAKES BLVD SUITE 21 WEST PALM BEACH, FL 33409	65-0071524	501(C)(3)	8,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
THE DEUCES LIVE, INC. 833 22ND STREET SOUTH ST. PETERSBURG, FL 33712	45-0701090	501(C)(3)	10,000.	0.			2020 CENSUS COUNT BLOCK PARTY SERIES
THE DWELLING PLACE OF NY, INC. 409 W 40TH ST NEW YORK, NY 10018	13-3135424	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
THE FLORIDA DREAM CENTER 4017 56TH AVE N ST. PETERSBURG, FL 33714	46-0663472	501(C)(3)	10,000.	0.			2020 CENSUS UNDERCOUNT APPROACH

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
THE KIND MOUSE PRODUCTIONS, INC. 1801 16TH ST. N. STE B ST. PETERSBURG, FL 33704	45-2455492	501(C)(3)	10,000.	0.			FEEDING HUNGRY SOULS
THE MIAMI FOUNDATION 40 NW 3RD STREET SUITE 305 MIAMI, FL 33128	65-0350357	501(C)(3)	60,000.	0.			MIAMI-DADE COUNTS 2020
THE MIAMI FOUNDATION 40 NW 3RD STREET SUITE 305 MIAMI, FL 33128	65-0350357	501(C)(3)	160,000.	0.			COMMUNITY RECOVERY FUND
THE UNIQUE UMBRELLA EFFECT INC. 709 PADDINGTON PLACE BRANDON, FL 33510	47-4149528	501(C)(3)	10,000.	0.			THE 2020 CENSUS AND VOTER REGISTRATION OUTREACH EMPOWERMENT CAMPAIGN
UNITED AGAINST POVERTY, INC. - ST. LUCIE COUNTY - 2050 40TH AVENUE SUITE 9 - VERO BEACH, FL 32960	11-3697936	501(C)(3)	500.	0.			HAND UP LUNCHEON
UNITED AGAINST POVERTY, INC. - ST. LUCIE COUNTY - 2050 40TH AVENUE SUITE 9 - VERO BEACH, FL 32960	11-3697936	501(C)(3)	20,000.	0.			COVID-19 RECOVERY IN ST. LUCIE COUNTY
UNITED INTERFAITH ACTION OF SOUTHEASTERN MASSACHUSETTS, INC. - 228 NORTH MAIN STREET - FALL RIVER, MA 02720	31-1585685	501(C)(3)	10,000.	0.			GENERAL OPERATING SUPPORT
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVE. MIAMI, FL 33129	59-0830840	501(C)(3)	5,000.	0.			YOUTH INSTITUTE
UNITED WAY OF MIAMI-DADE 3250 SW 3RD AVE. MIAMI, FL 33129	59-0830840	501(C)(3)	50,000.	0.			MIAMI PANDEMIC RESPONSE FUND

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
UNITED WAY OF ST. LUCIE COUNTY 4800 S US HIGHWAY 1 FORT PIERCE, FL 34982	59-6212157	501(C)(3)	5,000.	0.			LEARNING TO LEAD
UNITED WAY SUNCOAST 5201 WEST KENNEDY BLVD., SUITE 600 TAMPA, FL 33609	59-3725701	501(C)(3)	70,000.	0.			WIMAUMA FAMILY SUPPORT AND RESOURCE CENTER PLANNING
VENTURE CAFE MIA, INC. 1951 NW 7TH AVE. SUITE 600 MIAMI, FL 33136	81-4117606	501(C)(3)	143.	0.			CGI OPERATING: BLUESTOCKING COMMUNICATIONS - COMMUNICATIONS ROOM
VENTURE CAFE MIA, INC. 1951 NW 7TH AVE. SUITE 600 MIAMI, FL 33136	81-4117606	501(C)(3)	252,000.	0.			OVERTOWN ENTREPRENEURSHIP & INNOVATION INITIATIVE
VITA NOVA INC. 2724 N. AUSTRALIAN AVE. WEST PALM BEACH, FL 33407	65-0298299	501(C)(3)	13,000.	0.			COVID-19 RECOVERY IN PALM BEACH COUNTY
VOLUNTEERS IN MEDICINE CLINIC 417 SE BALBOA AVENUE STUART, FL 34994	65-1115793	501(C)(3)	11,500.	0.			COVID-19 RECOVERY IN MARTIN COUNTY
WECOUNT!, INC. PO BOX 344116 FLORIDA CITY, FL 33034	56-2638368	501(C)(3)	35,000.	0.			COVID-19 RECOVERY COLLABORATIVE
WILLA CARSON HEALTH AND WELLNESS CENTER - 1108 N. MARTIN LUTHER KING JR. AVE - CLEARWATER, FL 33755	65-0743078	501(C)(3)	5,550.	0.			WILLA CARSON HEALTH CENTER COMMUNITY OUTREACH 2020 CENSUS
YWCA OF GREATER MIAMI-DADE, INC. 351 NW 5TH STREET MIAMI, FL 33128	59-0624450	501(C)(3)	10,000.	0.			"YWE COUNT" CENSUS 2020 PROGRAM

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
TRINITY HEALTH 20555 VICTOR PARKWAY LIVONIA, MI 48152	35-1443425	501(C)(3)	1,000,000.	0.			GENERAL FUND
FRANCISCAN SISTERS OF ALLEGANY NY 115 EAST MAIN STREET ALLEGANY, NY 14703	16-0822517	501(C)(3)	1,000,000.	0.			GENERAL FUND
ROUNDTABLE OF ST. LUCIE COUNTY, INC. - 546 NW UNIVERSITY BLVD., SUITE 204 - PORT ST. LUCIE, FL 34986	20-5375835	ST LUCIE COUNTY	3,500.	0.			LINCOLN PARK ADVISORY COMMITTEE STRATEGIC PLANNING PROCESS

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	30	75,000.	7,730.	FMV	CHROMEBOOK COMPUTER

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: VENTURE CAFE MIA, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: CGI OPERATING: BLUESTOCKING COMMUNICATIONS - COMMUNICATIONS ROOM RENTAL FOR 4

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2019

Open to Public Inspection

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 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) 2019

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)	196,185.	48,817.	2,680.	15,147.	27,052.	289,881.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

2019

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 2019-2020 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) (2019)

932211 09-06-19

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.

Employer identification number

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 FY20 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 \$7,613. INSTEAD, A TOTAL
 OF \$735,970 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

2019

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) 2019

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	
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, 5315 ELLIOTT DR #102, YPSILANTI, MI 48197	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	
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	

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
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, INC.	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	
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

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 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	
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	
HOLY CROSS SENIOR SERVICES, INC. - 83-2256461, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTH CARE SERVICES	FLORIDA	501(C)(3)	LINE 10	HOLY CROSS HOSPITAL, INC.	X	
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	

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
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, INC.	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, 4900 RAEFORD ROAD, FAYETTEVILLE , NC 28304	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
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	

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
LOYOLA MEDICINE TRANSPORT LLC - 47-4147171 905 W. NORTH AVE. MELROSE PARK, IL 60160	TRANSPORTATION 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 20555 VICTOR PARKWAY LIVONIA, MI 48152	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 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 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, CONSHOHOCKEN, PA	HEALTH CARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	

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
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, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 12B, II	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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 12C, III-FI	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	
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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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	MERCY MEDICAL CENTER - CLINTON, INC.		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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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
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, 318 RIVER RIDGE DR. NW SUITE 100, WALKER, MI 49544	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 200 HILLSIDE CIRCLE WEST SPRINGFIELD, MA 01089	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	
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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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
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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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
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	IDAHO	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)	N/A	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	

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
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	
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	
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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	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

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
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	
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	

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
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	
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	

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
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	
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 12C, III-FI	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	

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
SENIOR CARE CONNECTION, INC. - 14-1708754 1938 CURRY ROAD SCHENECTADY, NY 12303	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 10	LTC (EDDY), INC.	X	
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	LTC (EDDY), INC.	X	
SIOUXLAND PARAMEDICS, INC - 42-1185707 P.O. BOX 3349 SIOUX CITY, IA 51102	MEDICAL TRANSPORTATION SERVICES	IOWA	501(C)(3)	LINE 12A, I	N/A		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	TRINITY HEALTH OF THE MID-ATLANTIC REGION	X	
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 12A, I	ST. FRANCIS HOSPITAL, INC.	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 OF THE MID-ATLANTIC REGION	X	
ST. FRANCIS MEDICAL ASSOCIATES, P.A. - 83-2199054, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTH CARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	ST. FRANCIS MEDICAL CENTER TRENTON NJ	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, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 12A, I	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
ST. JOSEPH MERCY CHELSEA, INC. - 82-4757260 775 S MAIN ST CHELSEA, MI 48118	HEALTH CARE AND HOSPITAL 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	

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
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 OF THE MID-ATLANTIC REGION	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	
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	

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
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 AUXILIARY OF ST. JOSEPH'S HOSPITAL HEALTH CENTER, INC. - 20-3018640, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 10	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
THE BURDETT CARE CENTER, INC - 27-2153849 2215 BURDETT AVE. TROY, NY 12180	HEALTH CARE SERVICES	NEW YORK	501(C)(3)	LINE 3	SAMARITAN HOSPITAL	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, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	HOSPICE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 10	TRINITY HOME HEALTH SERVICES	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
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
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, P.O. BOX 9184, FARMINGTON HILLS, MI 48333	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)	LINE 10	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 - 23-2212638, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 12C, III-FI	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH PACE - 47-3073124 P.O. BOX 9184 FARMINGTON HILLS, MI 48333	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 12B, II	TRINITY HEALTH CORPORATION	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
CALIFORNIA HEALTHCARE MANAGEMENT PARTNERS, INC. - 82-0961647, 1303 E. HERNDON AVE, FRESNO, CA 93720	MANAGEMENT SERVICES	CA	N/A	C CORP	N/A	N/A	N/A	X	
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	
CENTRAL VALLEY HEALTH PLAN, INC. - 61-1846844, 1303 E. HERNDON AVE, FRESNO, CA 93720	HEALTH INSURANCE	CA	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	

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	
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 SOUTHBURY, LLC - 06-1487582, 385 MAIN STREET SOUTH, SOUTHBURY, 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 LITHOTRIPSY, LLC - 06-1578891, 114 WOODLAND STREET, HARTFORD, CT 06105	LITHOTRIPSY SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
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

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	
INTERMOUNTAIN MEDICAL IMAGING LLC - 82-0514422, 877 WEST MAIN ST, STE 603, BOISE, ID 83702	IMAGING CENTER	ID	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
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
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

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) Dispropor- tate 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/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, 2601 HOLME AVE, PHILADELPHIA, PA 19152	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
RADISSON SJH PROPERTIES, LLC - 46-1892799, 5000 CAMPUSWOOD DRIVE, SUITE 101, EAST SYRACUSE, NY 13057	MEDICAL OFFICE BUILDING	NY	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	
SAINT AGNES/USP SURGERY CENTERS LLC - 36-4896811, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	MEDICAL SERVICES	CA	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
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
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

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. 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, 1000 ASYLUM AVENUE, 5TH FLOOR, HARTFORD, CT 06105	ACCOUNTABLE CARE ORGANIZATION	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRINITY HEALTH OF NEW ENGLAND URGENT CARE, LLC - 84-2665996, 1000 ASYLUM AVENUE, HARTFORD, CT 06105	HEALTH CARE SERVICES	DE	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 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	
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 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 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	
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	
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	

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
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 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	
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	
PROVIDENCE HOMECARE, INC. - 04-3317426 114 WOODLAND STREET HARTFORD , CT 06105	HEALTH CARE SERVICES	MA	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	

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
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 20555 VICTOR PARKWAY LIVONIA, MI 48152	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	
SJRC 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, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	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	
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	
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	

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	M	171,032.	PER BOOKS
(3) TRINITY HEALTH CORPORATION	P	1,175,971.	PER BOOKS
(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) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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		Yes	No	

Part VII Supplemental Information

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

Multiple horizontal lines for supplemental information.