

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047  
**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 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 US HIGHWAY 19 NORTH NO 26

City or town, state or province, country, and ZIP or foreign postal code  
PALM HARBOR, FL 346842673

**D** Employer identification number  
58-1492325

**E** Telephone number  
(727) 507-9668

**G** Gross receipts \$ 3,450,002

**F** Name and address of principal officer:  
EILEEN COOGAN  
33920 US HIGHWAY 19 NORTH NO 269  
PALM HARBOR, FL 346842673

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

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

**J** Website: ▶ WWW.AFMFL.ORG

**K** Form of organization:  Corporation  Trust  Association  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 FRANCISCAN SISTERS OF ALLEGANY

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

|  |    |
|--|----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | 15 |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | 14 |
| <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)  | 0  |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | 68 |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | 0  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39               | 0  |

|   | Prior Year                | Current Year |
|---|---------------------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                      | 1,243                     | 85,928       |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                       | 0                         | 0            |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                     | 5,325,764                 | 3,364,074    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)          | 0                         | 0            |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 5,327,007                 | 3,450,002    |
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)                  | 8,110,990                 | 5,651,369    |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0                         | 0            |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 1,135,821                 | 1,080,418    |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0                         | 0            |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0                      |                           |              |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                      | 403,676                   | 411,216      |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)         | 9,650,487                 | 7,143,003    |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | -4,323,480                | -3,693,001   |
|   | Beginning of Current Year | End of Year  |
| <b>20</b> Total assets (Part X, line 16)  | 117,059,933               | 108,688,329  |
| <b>21</b> Total liabilities (Part X, line 26)   | 6,929,086                 | 2,321,575    |
| <b>22</b> 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: \*\*\*\*\* Date: 2021-05-05  
EILEEN COOGAN PRESIDENT & CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name Preparer's signature Date Check  if self-employed PTIN  
Firm's name ▶ Firm's EIN ▶  
Firm's address ▶ Phone no.

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

**Part III Statement of Program Service Accomplishments**

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

**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. ALLEGANY FRANCISCAN MINISTRIES IS A MEMBER OF TRINITY HEALTH.

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 6,698,136 including grants of \$ 5,651,369 ) (Revenue \$ 0 )  
See Additional Data



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

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

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

**4e** Total program service expenses ▶ 6,698,136

**Part IV Checklist of Required Schedules**

|            |   | Yes | No |
|------------|---|-----|----|
| <b>1</b>   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | Yes |    |
| <b>2</b>   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | Yes |    |
| <b>3</b>   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  |     | No |
| <b>4</b>   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   |     | No |
| <b>5</b>   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III   |     | No |
| <b>6</b>   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I   |     | No |
| <b>7</b>   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II    |     | No |
| <b>8</b>   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    |     | No |
| <b>9</b>   | Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV                  |     | No |
| <b>10</b>  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V  |     | No |
| <b>11</b>  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.   |     |    |
| <b>11a</b> | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI    | Yes |    |
| <b>11b</b> | Did the organization report an amount for investments—other securities—in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII    | Yes |    |
| <b>11c</b> | Did the organization report an amount for investments—program related—in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII    |     | No |
| <b>11d</b> | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   |     | No |
| <b>11e</b> | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | Yes |    |
| <b>11f</b> | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X   |     | No |
| <b>12a</b> | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   |     | No |
| <b>12b</b> | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional    | Yes |    |
| <b>13</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   |     | No |
| <b>14a</b> | Did the organization maintain an office, employees, or agents outside of the United States?   |     | No |
| <b>14b</b> | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | Yes |    |
| <b>15</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | Yes |    |
| <b>16</b>  | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   |     | No |
| <b>17</b>  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)   |     | No |
| <b>18</b>  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  |     | No |
| <b>19</b>  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  |     | No |
| <b>20a</b> | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   |     | No |
| <b>20b</b> | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  |     |    |
| <b>21</b>  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II    | Yes |    |

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

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

**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  |  |
|-----------|--|-----|-----|--|
| <b>1a</b> | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .   | 1a  | 46  |  |
| <b>b</b>  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .  | 1b  | 0   |  |
| <b>c</b>  | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . | 1c  | Yes |  |

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

Form with sections 2a through 16, including questions about employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, 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 lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

**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, or 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)<br>Name and title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>.....<br>DIRECTOR;TREASURER; PRESIDENT & CEO | 40.00<br>.....<br>0.00   | X   |                       | X       |              |                              |        | 0<br>247,682   | 42,199  |   |
| (2) UPENDO SHABAZZ<br>.....<br>REGIONAL VICE PRESIDENT            | 40.00<br>.....<br>0.00   |   |                       |         |              | X                            |        | 0<br>119,239   | 14,052  |   |
| (3) DANIEL GIBSON<br>.....<br>REGIONAL VICE PRESIDENT             | 40.00<br>.....<br>0.00   |   |                       |         |              | X                            |        | 0<br>116,952   | 12,336  |   |
| (4) CHERI WRIGHT JONES<br>.....<br>REGIONAL VICE PRESIDENT        | 40.00<br>.....<br>0.00   |   |                       |         |              | X                            |        | 0<br>115,513   | 9,400   |   |
| (5) MARY ANN DILLON RSM<br>.....<br>DIRECTOR; TRINITY EVP MISSION | 1.00<br>.....<br>54.00   | X   |                       |         |              |                              |        | 0<br>0   | 7,613   |   |
| (6) HOWARD WATTS<br>.....<br>DIRECTOR & CHAIR THOUGH 12/19        | 1.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0   | 0   |   |
| (7) EMERY IVERY<br>.....<br>DIR; CHR AT 1/20; V CHR THR 12/19     | 1.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0   | 0   |   |
| (8) ARLEASE HALL<br>.....<br>DIRECTOR; VICE CHAIR AS OF 01/20     | 1.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0   | 0   |   |
| (9) JOAN DAWSON OSF<br>.....<br>DIRECTOR; SECRETARY THROUGH 12/19 | 1.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0   | 0   |   |
| (10) KATRINA WRIGHT<br>.....<br>DIRECTOR: SECRETARY AS OF 01/20   | 1.00<br>.....<br>0.00  | X   |                       | X       |              |                              |        | 0<br>0   | 0   |   |
| (11) TREVOR BANKS<br>.....<br>DIRECTOR                            | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0<br>0   | 0   |   |
| (12) NANCY CHIARELLO OSF<br>.....<br>DIRECTOR                     | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0<br>0   | 0   |   |
| (13) DEBORAH COAKLEY<br>.....<br>DIRECTOR AS OF 1/20              | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0<br>0   | 0   |   |
| (14) RUSSELL CORRERA<br>.....<br>DIRECTOR                         | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0<br>0   | 0   |   |
| (15) PETER GORSKI MD<br>.....<br>DIRECTOR                         | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0<br>0   | 0   |   |
| (16) DONNA EILEEN KANE OSF<br>.....<br>DIRECTOR THROUGH 12/19     | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0<br>0   | 0   |   |
| (17) CINDY MATTHEWS OSF<br>.....<br>DIRECTOR AS OF 1/20           | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0<br>0   | 0   |   |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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<br>.....<br>DIRECTOR                        | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (19) MARLENE WEIDENBORNER OSF<br>.....<br>DIRECTOR             | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
| (20) JEANNE WILLIAMS OSF<br>.....<br>DIRECTOR                  | 1.00<br>.....<br>0.00  | X   |                       |         |              |                              |        | 0  | 0   | 0   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 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 |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | Yes |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | No |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                                     | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| NEXUS RESEARCH GROUP<br><br>120 BERACAH WALK SW<br>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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g for Contributions, Gifts, Grants and Other Similar Amounts, and 1h Total.

Table for Program Service Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 2a-2f and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 3-11e and 12 Total revenue.

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 5,463,639                    | 5,463,639                              |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .  | 82,730                       | 82,730                                 |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .  | 105,000                      | 105,000                                |   |                                    |
| <b>4</b> Benefits paid to or for members . . . . .  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 289,881                      | 144,941                                | 144,940                                       |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b> Other salaries and wages . . . . .   | 616,055                      | 616,055                                |   |                                    |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  |                              |  |   |                                    |
| <b>9</b> Other employee benefits . . . . .  | 174,482                      | 174,482                                |   |                                    |
| <b>10</b> Payroll taxes . . . . .   |                              |  |   |                                    |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   |                              |  |   |                                    |
| <b>b</b> Legal . . . . .  |                              |  |   |                                    |
| <b>c</b> Accounting . . . . .   | 33,670                       |  | 33,670  |                                    |
| <b>d</b> Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 17,379                       | 17,379                                 |   |                                    |
| <b>12</b> Advertising and promotion . . . . .   | 1,535                        |  | 1,535   |                                    |
| <b>13</b> Office expenses . . . . .   | 25,507                       |  | 25,507  |                                    |
| <b>14</b> Information technology . . . . .  | 29,490                       |  | 29,490  |                                    |
| <b>15</b> Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 89,806                       |  | 89,806  |                                    |
| <b>17</b> Travel . . . . .  | 68,073                       |  | 68,073  |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  | 23,533                       |  | 23,533  |                                    |
| <b>20</b> Interest . . . . .  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 8,167                        | 8,167                                  |   |                                    |
| <b>23</b> Insurance . . . . .   | 7,607                        | 7,607                                  |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> OTHER PROGRAM EXPENSES   | 78,136                       | 78,136                                 |   |                                    |
| <b>b</b> SUBSCRIPTIONS & DUES   | 19,685                       |  | 19,685  |                                    |
| <b>c</b> FOOD SUPPLIES EXPENSE  | 8,628                        |  | 8,628   |                                    |
| <b>d</b>  |                              |  |   |                                    |
| <b>e</b> All other expenses   |                              |  |   |                                    |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 7,143,003                    | 6,698,136                              | 444,867                                       | 0                                  |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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 IX

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .   | 300                      | <b>1</b>    | 300                |
|   | <b>2</b> Savings and temporary cash investments . . . . .  |                          | <b>2</b>    |                    |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 20,000                   | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net . . . . .  |                          | <b>4</b>    |                    |
|   | <b>5</b> 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 . . . . .  |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>    |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 14,665                   | <b>9</b>    | 9,999              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | 89,123                   |             |                    |
|   | <b>b</b> Less: accumulated depreciation  | 52,305                   | 24,533      | <b>10c</b> 36,818  |
|   | <b>11</b> Investments—publicly traded securities . . . . .   | 71,366,169               | <b>11</b>   | 78,216,837         |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   | 45,627,551               | <b>12</b>   | 30,417,660         |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .   | 6,715                    | <b>15</b>   | 6,715              |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 117,059,933  | <b>16</b>                | 108,688,329 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  |                          | <b>17</b>   |                    |
|   | <b>18</b> Grants payable . . . . .   | 6,837,815                | <b>18</b>   | 2,176,358          |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>   |                    |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  |                          | <b>21</b>   |                    |
|   | <b>22</b> 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 . . . . . |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   |                          | <b>23</b>   |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 91,271                   | <b>25</b>   | 145,217            |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .   | 6,929,086                | <b>26</b>   | 2,321,575          |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 110,110,847              | <b>27</b>   | 106,351,754        |
|   | <b>28</b> Net assets with donor restrictions . . . . .   | 20,000                   | <b>28</b>   | 15,000             |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>   |                    |
| <b>32</b> Total net assets or fund balances . . . . .                         | 110,130,847  | <b>32</b>                | 106,366,754 |                    |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 117,059,933  | <b>33</b>                | 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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 3,450,002   |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 7,143,003   |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -3,693,001  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 110,130,847 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -71,092     |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |             |
| <b>7</b>  | Investment expenses  | <b>7</b>  |             |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |             |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | 0           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | No |
| <b>2b</b> | Yes |    |
| <b>2c</b> | Yes |    |
| <b>3a</b> |     | No |
| <b>3b</b> |     |    |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1492325

**Name:** ALLEGANY FRANCISCAN MINISTRIES INC

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

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.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)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

OMB No. 1545-0047

**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 **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 |   |   |
| (A) CATHOLIC HEALTH MINISTRIES     | 000000000 | 1  | Yes   |    | 0   | 0   |
| <b>Total</b>                       | <b>1</b>  |  |   |    | <b>0</b>  | <b>0</b>  |

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>15</b> | Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> | Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>17</b> | Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> | Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

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

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

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

| <b>Section A - Adjusted Net Income</b>  |  | (A) Prior Year | (B) Current Year<br>(optional) |
|---|--|----------------|--------------------------------|
| <b>1</b>                                | Net short-term capital gain  | <b>1</b>       |                                |
| <b>2</b>                                | Recoveries of prior-year distributions   | <b>2</b>       |                                |
| <b>3</b>                                | Other gross income (see instructions)  | <b>3</b>       |                                |
| <b>4</b>                                | Add lines 1 through 3  | <b>4</b>       |                                |
| <b>5</b>                                | Depreciation and depletion   | <b>5</b>       |                                |
| <b>6</b>                                | 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) | <b>6</b>       |                                |
| <b>7</b>                                | Other expenses (see instructions)  | <b>7</b>       |                                |
| <b>8</b>                                | <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)   | <b>8</b>       |                                |
| <b>Section B - Minimum Asset Amount</b> |  | (A) Prior Year | (B) Current Year<br>(optional) |
| <b>1</b>                                | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):  | <b>1</b>       |                                |
| <b>a</b>                                | Average monthly value of securities  | <b>1a</b>      |                                |
| <b>b</b>                                | Average monthly cash balances  | <b>1b</b>      |                                |
| <b>c</b>                                | Fair market value of other non-exempt-use assets   | <b>1c</b>      |                                |
| <b>d</b>                                | <b>Total</b> (add lines 1a, 1b, and 1c)  | <b>1d</b>      |                                |
| <b>e</b>                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):  |                |                                |
| <b>2</b>                                | Acquisition indebtedness applicable to non-exempt use assets   | <b>2</b>       |                                |
| <b>3</b>                                | Subtract line 2 from line 1d   | <b>3</b>       |                                |
| <b>4</b>                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).  | <b>4</b>       |                                |
| <b>5</b>                                | Net value of non-exempt-use assets (subtract line 4 from line 3)   | <b>5</b>       |                                |
| <b>6</b>                                | Multiply line 5 by .035  | <b>6</b>       |                                |
| <b>7</b>                                | Recoveries of prior-year distributions   | <b>7</b>       |                                |
| <b>8</b>                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)   | <b>8</b>       |                                |
| <b>Section C - Distributable Amount</b> |  |                | Current Year                   |
| <b>1</b>                                | Adjusted net income for prior year (from Section A, line 8, Column A)  | <b>1</b>       |                                |
| <b>2</b>                                | Enter 85% of line 1  | <b>2</b>       |                                |
| <b>3</b>                                | Minimum asset amount for prior year (from Section B, line 8, Column A)   | <b>3</b>       |                                |
| <b>4</b>                                | Enter greater of line 2 or line 3  | <b>4</b>       |                                |
| <b>5</b>                                | Income tax imposed in prior year   | <b>5</b>       |                                |
| <b>6</b>                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)   | <b>6</b>       |                                |
| <b>7</b>                                | <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)

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

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

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

|                                     |
|-------------------------------------|
| <b>Facts And Circumstances Test</b> |
|-------------------------------------|

**990 Schedule A, Supplemental Information**

| Return Reference                                  | Explanation  |
|---|--|
| 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. |

## 990 Schedule A, Supplemental Information

| Return Reference                                  | Explanation  |
|---|--|
| 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. |

## 990 Schedule A, Supplemental Information

| Return Reference                                      | Explanation  |
|---|--|
| 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 D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

**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 |
|--|-------------------------|------------------------------|
| <b>1</b> Total number at end of year . . . . .             |                         |                              |
| <b>2</b> Aggregate value of contributions to (during year) |                         |                              |
| <b>3</b> Aggregate value of grants from (during year)      |                         |                              |
| <b>4</b> Aggregate value at end of year . . . . .          |                         |                              |

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

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

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

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

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

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

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      |                                 |                              |                |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 89,123                          | 52,305                       | 36,818         |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A) COMMINGLED FUNDS DIRECTLY HOLDING SECURITIES                          | 8,690,760      | F  |
| (B) HEDGE FUNDS   | 5,431,725      | F  |
| (C) EQUITY METHOD INVESTMENTS   | 16,295,175     | C  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) |                |  |

**Part IX Other Assets.**

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (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)  |                |
| (10)   |                |
| <b>Total.</b> (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

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

**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.

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

**Part XIII Supplemental Information**

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

| Return Reference | Explanation |  |
|------------------|-------------|--|
|------------------|-------------|--|

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

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**SCHEDULE F  
(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://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 region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| See Add'l Data  |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3a</b> Sub-total . . . . .                               | 0                                   | 0  |  |  | 105,000  |
| <b>b</b> Total from continuation sheets to Part I . . . . . | 0                                   | 0  |  |  | 0  |
| <b>c Totals</b> (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.

| <b>1</b> (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) |
|-----------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
| See Add'l Data                    |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |
|                                   |  |            |                      |                          |                                 |                                  |                                       |   |

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

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

Part III can be duplicated if additional space is needed.

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

**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.

**990 Schedule F, Supplemental Information**

| Return Reference | Explanation  |
|------------------|--|
| 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. |

# 990 Schedule F, Supplemental Information

| Return Reference            | Explanation |
|-----------------------------|-------------|
| PART III ACCOUNTING METHOD: |             |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1492325

**Name:** ALLEGANY FRANCISCAN MINISTRIES INC

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

| (a) Region      | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|-----------------|-------------------------------------|---|--|--|-----------------------------------|
| CENTRAL AMERICA | 0                                   | 0   | GRANTS TO RECIPIENTS LOCATED IN THE REGION   |  | 35,000                            |
| SOUTH AMERICA   | 0                                   | 0   | GRANTS TO RECIPIENTS LOCATED IN THE REGION   |  | 60,000                            |

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

| (a) Region         | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--------------------|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA | 0                                   | 0   | GRANTS TO RECEPIENTS LOCATED IN THIS REGION  |  | 10,000                            |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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 | GENERAL OPERATING SUPPORT                        | 10,000                   | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |
|                          |   | SOUTH AMERICA | GENERAL OPERATING SUPPORT - ALDENIR RIBEIRO, OSF | 10,000                   | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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               | GENERAL OPERATING SUPPORT - MARIA ABADIA DA SILVA, OSF AND MARIA BATISTA, OSF | 15,000                   | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |
|                          |   | CENTRAL AMERICA & CARIBBEAN | WATER HARVESTING AND SEWER MANAGEMENT PROJECT (WHSM)                          | 25,000                   | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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) |
|--------------------------|---|-----------------------------|--|--------------------------|---------------------------------|-----------------------------------|--|---|
|                          |   | AFRICA                      | TWO BLOCKS OF FOUR CLASSROOMS FOR RAY OF HOPE JUNIOR SECONDARY SCHOOL BUNDU KAHUGU NIGERIA | 10,000                   | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |
|                          |   | CENTRAL AMERICA & CARIBBEAN | SECURITY WALL AND GATE FOR ST. ISIDORE'S CATHOLIC CHURCH AND SCHOOL, LA GONAVE, HAITI      | 10,000                   | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |

**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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 | CONSTRUCTING A BUILDING   | 10,000                   | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |
|                          |   | SOUTH AMERICA | GENERAL OPERATING SUPPORT | 5,000                    | CHECK TO DOMESTIC ORGANIZATION  |                                   |  |   |



**Form 990 Schedule F Part II - Grants or Entities Outside The United States**

| (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  |                                   |  |   |

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of noncash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|----------------------------------|---|---------------------------------------|
| (1) FELLOWSHIP                  | 30                       | 75,000                   | 7,730                            | FMV   | CHROMEBOOK COMPUTER                   |
| (2)                             |                          |                          |                                  |   |                                       |
| (3)                             |                          |                          |                                  |   |                                       |
| (4)                             |                          |                          |                                  |   |                                       |
| (5)                             |                          |                          |                                  |   |                                       |
| (6)                             |                          |                          |                                  |   |                                       |
| (7)                             |                          |                          |                                  |   |                                       |

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

| Return Reference | Explanation  |
|------------------|--|
| 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 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. |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 58-1492325

**Name:** ALLEGANY FRANCISCAN MINISTRIES INC

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

| <b>(a)</b> Name and address of organization or government           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ABE BROWN MINISTRIES INC<br>2921 N 29TH STREET<br>TAMPA, FL 33605   | 59-2410601     | 501(C)(3)                            | 50,000                          |  |  |   | COVID-19 TLP & R4W-H RELIEF               |
| ALPHA-OMEGA ALLIANCE<br>31 W 20TH STREET<br>RIVIERA BEACH, FL 33404 | 42-1615117     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |

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

| <b>(a)</b> Name and address of organization or government                         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ANSWERED PRAYERS CROSS<br>INC<br>400 23RD STREET SOUTH<br>ST PETERSBURG, FL 33712 | 26-2577873     | 501(C)(3)                            | 10,000                          |  |  |   | SEWN TOGETHER                             |
| BAYCARE HEALTH SYSTEM INC<br>2985 DREW STREET<br>CLEARWATER, FL 33759             | 59-2796965     | 501(C)(3)                            | 65,000                          |  |  |   | MEDICATION<br>ASSISTANCE PROGRAM<br>(MAP) |

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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| BAYCARE HEALTH SYSTEM INC<br>2985 DREW STREET<br>CLEARWATER, FL 33759 | 59-2796965     | 501(C)(3)                            | 75,000                          |  |  |   | HOPE HEALTH                               |
| BAYCARE HEALTH SYSTEM INC<br>2985 DREW STREET<br>CLEARWATER, FL 33759 | 59-2796965     | 501(C)(3)                            | 110,000                         |  |  |   | FAITH COMMUNITY NURSING                   |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CAIR FLORIDA<br>8076 N 56TH STREET<br>TAMPA, FL 33617     | 65-1110616     | 501(C)(3)                            | 40,000                          |  |  |   | GENERAL OPERATING SUPPORT  |
| CAIR FLORIDA<br>8076 N 56TH STREET<br>TAMPA, FL 33617     | 65-1110616     | 501(C)(3)                            | 10,000                          |  |  |   | AMERICAN MUSLIM & IMMIGRANT OUTREACH TO GET OUT THE VOTE & PARTICIPATE IN THE CENSUS |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CAREBAG INC<br>7548 US HWY 1 SUITE 262<br>PORT ST LUCIE, FL 34952   | 81-5073954     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN ST. LUCIE COUNTY     |
| CATHOLIC CHARITIES<br>DIOCESE OF PALM BEACH INC<br>9995 N MILITARY TRAIL<br>PALM BEACH GARDENS, FL<br>33410 | 59-2470479     | 501(C)(3)                            | 10,000                          |  |  |   | HURRICANE DORIAN RELIEF AND ASSISTANCE    |



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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                          |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| CATHOLIC CHARITIES<br>DIOCESE OF PALM BEACH INC<br>9995 N MILITARY TRAIL<br>PALM BEACH GARDENS, FL<br>33410 | 59-2470479     | 501(C)(3)                            | 20,000                          |  |  |   | COVID-19 RECOVERY IN<br>MARTIN COUNTY                              |
| CATHOLIC CHARITIES OF THE<br>ARCHDIOCESE OF MIAMI INC<br>1505 NE 26TH STREET<br>WILTON MANORS, FL 33305     | 59-1279497     | 501(C)(3)                            | 10,000                          |  |  |   | DISASTER RELIEF<br>SERVICES-HURRICANE<br>DORIAN BAHAMIAN<br>RELIEF |

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

| <b>(a)</b> Name and address of organization or government                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CATHOLIC VOLUNTEERS IN FLORIDA INC<br>PO BOX 536476<br>ORLANDO, FL 32853 | 59-3087902     | 501(C)(3)                            | 50,000                          |  |  |   | LINCOLN PARK VOLUNTEER PROJECT            |
| CATHOLIC VOLUNTEERS IN FLORIDA INC<br>PO BOX 536476<br>ORLANDO, FL 32853 | 59-3087902     | 501(C)(3)                            | 40,000                          |  |  |   | PATHWAYS TO SUCCESS PROJECT (OVERTOWN)    |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CITY OF FORT PIERCE<br>100 NORTH US HWY 1<br>FORT PIERCE, FL 34950  | 59-6000322     | FORT PIERCE                          | 25,000                          |  |  |   | COVID-19 COMMUNITY-BASED TESTING          |
| COMMUNITY HEALTH CENTER<br>OF WEST PALM BEACH INC<br>2100 WEST 45TH STREET<br>SUITE A8<br>WEST PALM BEACH, FL 33407 | 26-3611337     | 501(C)(3)                            | 10,000                          |  |  |   | CENSUS 2020 & CHC EVERYONE COUNTS         |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| CORNERSTONE CHRISTIAN CENTER OF HOMESTEAD FL<br>DBA BRIDGE TO HOPE<br>10844 SW 188TH STREET<br>CUTLER BAY, FL 33157 | 59-2245357     | 501(C)(3)                            | 10,000                          |  |  |   | YOU MATTER - GET COUNTED                  |
| CROS MINISTRIES<br>3677 23RD AVE SOUTH B-101<br>LAKE WORTH, FL 33461  | 59-1802917     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |

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

| <b>(a)</b> Name and address of organization or government           | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                           |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DADE COUNTY STREET RESPONSE<br>340 NW 23RD PLACE<br>MIAMI, FL 33125 | 84-1958579     | 501(C)(3)                            | 10,000                          |  |  |   | HOMELESS DISASTER RESPONSE  |
| DELTA TORCH FOUNDATION INC<br>PO BOX 311885<br>TAMPA, FL 336803885  | 61-1510897     | 501(C)(3)                            | 10,000                          |  |  |   | SIGNS AND WONDERS A VISUAL AND HANDS-ON PATHWAY TO A COMPLETE COUNT |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| DIRECT ACTION AND RESEARCH TRAINING (DART CENTER)<br>PO BOX 382036<br>MIAMI, FL 33238              | 59-2244743     | 501(C)(3)                            | 40,000                          |  |  |   | REDUCING EXCESSIVE ARRESTS IN FLORIDA     |
| EAST HILLSBOROUGH COUNTY DISTRICT ST VINCENT DE PAUL SOCIETY<br>1311 3RD ST NE<br>RUSKIN, FL 33570 | 26-3349060     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING SUPPORT                 |

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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| EL SOL JUPITER'S NEIGHBORHOOD RESOURCE CENTER<br>106 MILITARY TRAIL<br>JUPITER, FL 33458 | 01-0870672     | 501(C)(3)                            | 14,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |
| ENTERPRISING LATINAS INC<br>5128 SR 674<br>WIMAUMA, FL 33598                             | 27-1247381     | 501(C)(3)                            | 4,980                           |  |  |   | CGI RETREAT JAN 2020, FOOD & BEVERAGE     |

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

| <b>(a)</b> Name and address of organization or government    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance     |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ENTERPRISING LATINAS INC<br>5128 SR 674<br>WIMAUMA, FL 33598 | 27-1247381     | 501(C)(3)                            | 2,000                           |  |  |   | WIMAUMA MEALS FOR FIRST RESPONDERS INITIATIVE |
| ENTERPRISING LATINAS INC<br>5128 SR 674<br>WIMAUMA, FL 33598 | 27-1247381     | 501(C)(3)                            | 125,000                         |  |  |   | WIMAUMA NOW                                   |



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

| <b>(a)</b> Name and address of organization or government             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ENTERPRISING LATINAS INC<br>5128 SR 674<br>WIMAUMA, FL 33598          | 27-1247381     | 501(C)(3)                            | 125,000                         |  |  |   | WIMAUMA CONNECTS                          |
| EQUALITY FLORIDA INSTITUTE<br>PO BOX 13184<br>ST PETERSBURG, FL 33733 | 59-3435235     | 501(C)(3)                            | 40,000                          |  |  |   | GENERAL OPERATING SUPPORT                 |

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

| <b>(a)</b> Name and address of organization or government                   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ESPERANZA COMMUNITY CENTER<br>3600 BROADWAY 20<br>WEST PALM BEACH, FL 33407 | 83-3986715     | 501(C)(3)                            | 10,000                          |  |  |   | OUTREACH FOR THE 2020 CENSUS              |
| ESPERANZA COMMUNITY CENTER<br>3600 BROADWAY 20<br>WEST PALM BEACH, FL 33407 | 83-3986715     | 501(C)(3)                            | 9,000                           |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |

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

| <b>(a)</b> Name and address of organization or government                                | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance        |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FAITH AND ACTION FOR STRENGTH TOGETHER (FAST)<br>PO BOX 10421<br>ST PETERSBURG, FL 33733 | 20-2058779     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING SUPPORT                        |
| FAMILY HEALTHCARE FOUNDATION<br>16002 BURNHAM WAY<br>TAMPA, FL 33647                     | 59-3517416     | 501(C)(3)                            | 10,000                          |  |  |   | US CENSUS 2020 SERVING HARD TO COUNT COMMUNITIES |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FARMWORKER COORDINATING COUNCIL OF PALM BEACH COUNTY INC<br>1123 CRESTWOOD BLVD<br>LAKE WORTH, FL 33460 | 59-1830267     | 501(C)(3)                            | 15,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |
| FEED THE HUNGRY PANTRY OF PALM BEACH COUNTY<br>8306 155TH PLACE NORTH<br>PALM BEACH GARDENS, FL 33418   | 59-0766989     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                          |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FEEDING AMERICA TAMPA BAY<br>DBA FEEDING TAMPA BAY<br>4702 TRANSPORT DRIVE<br>BUILDING 6<br>TAMPA, FL 33605 | 59-2116576     | 501(C)(3)                            | 5,000                           |  |  |   | HEALTHY TAKE HOME MEALS  |
| FLORIDA ASSOCIATION FOR<br>COMMUNITY ACTION<br>5508 N50TH ST SUITE 30<br>TAMPA, FL 33610                    | 59-2929791     | 501(C)(3)                            | 10,000                          |  |  |   | EVERYONE COUNTS IN<br>PALM BEACH/TODOS<br>CUENTAN EN PALM<br>BEACH |

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

| <b>(a)</b> Name and address of organization or government                               | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA COMMUNITY HEALTH CENTERS INC<br>5827 CORPORATE WAY<br>WEST PALM BEACH, FL 33407 | 59-1671640     | 501(C)(3)                            | 20,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |
| FLORIDA FILM HOUSE<br>570 NW 26TH STREET<br>MIAMI, FL 33127                             | 82-2399488     | 501(C)(3)                            | 5,000                           |  |  |   | URBAN FILM FESTIVAL                       |

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

| <b>(a)</b> Name and address of organization or government                          | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA INSTITUTE FOR COMMUNITY STUDIES<br>PO BOX 16745<br>TAMPA, FL 33687         | 59-3712006     | 501(C)(3)                            | 10,000                          |  |  |   | YOUCOUNT/TU CUENTAS!                      |
| FLORIDA NONPROFIT ALLIANCE<br>40 EAST ADAMS ST SUITE 229<br>JACKSONVILLE, FL 32202 | 46-1185150     | 501(C)(3)                            | 30,000                          |  |  |   | OPERATIONAL SUPPORT                       |

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FLORIDA PHILANTHROPIC NETWORK INC<br>12157 W LINEBAUGH AVE<br>SUITE 384<br>TAMPA, FL 33626 | 20-1328734     | 501(C)(3)                            | 10,000                          |  |  |   | 2020 MEMBERSHIP DUES & OPERATIONAL SUPPORT |
| FLORIDA PHILANTHROPIC NETWORK INC<br>12157 W LINEBAUGH AVE<br>SUITE 384<br>TAMPA, FL 33626 | 20-1328734     | 501(C)(3)                            | 50,000                          |  |  |   | PROJECT FLORIDA COUNTS!                    |



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

| <b>(a)</b> Name and address of organization or government                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FLORIDA POLICY INSTITUTE<br>1001 N ORANGE AVE<br>ORLANDO, FL 32801             | 47-2759708     | 501(C)(3)                            | 34,000                          |  |  |   | SAFETY NET ADVOCACY COALITION             |
| FORT PIERCE POLICE DEPARTMENT<br>920 S US HIGHWAY ONE<br>FORT PIERCE, FL 34954 | 59-6000322     | FORT PIERCE                          | 25,000                          |  |  |   | COVID-19 RECOVERY IN ST. LUCIE COUNTY     |

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

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRANCISCAN ACTION NETWORK<br>PO BOX 29106<br>WASHINGTON, DC 20017 | 26-2015539     | 501(C)(3)                            | 5,000                           |  |  |   | GENERAL OPERATING SUPPORT                 |
| FRANCISCAN CENTER<br>3010 N PERRY AVENUE<br>TAMPA, FL 336035345   | 59-1356360     | 501(C)(3)                            | 10,000                          |  |  |   | SPREADING THE WORD<br>2020                |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| FRANCISCAN MISSION<br>SERVICE OF NORTH AMERICA<br>415 MICHIGAN AVE NE STE<br>104<br>WASHINGTON, DC 20017 | 41-2231503     | 501(C)(3)                            | 10,000                          |  |  |   | BUILDING CAPACITY<br>FOR FRANCISCAN<br>EDUCATION IN JAMAICA |
| FRANCISCAN MISSION<br>SERVICE OF NORTH AMERICA<br>415 MICHIGAN AVE NE STE<br>104<br>WASHINGTON, DC 20017 | 41-2231503     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING<br>SUPPORT                                |

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

| <b>(a)</b> Name and address of organization or government                                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance      |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| FRONT PORCH COMMUNITY DEVELOPMENT ASSOCIATION INC<br>PO BOX 531241<br>ST PETERSBURG, FL 33747 | 59-3606615     | 501(C)(3)                            | 10,000                          |  |  |   | YOUTH MAKING IMPACTS (YMI) CENSUS 2020 PROJECT |
| GERARD PLACE HOUSING DEVELOPMENT FUND COMPANY INC<br>2515 BAILEY AVENUE<br>BUFFALO, NY 14215  | 16-1562738     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING SUPPORT                      |

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

| <b>(a)</b> Name and address of organization or government         | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| GLADES INITIATIVE INC<br>141 SE AVENUE C<br>BELLE GLADE, FL 33430 | 01-0733180     | 501(C)(3)                            | 10,000                          |  |  |   | THE GLADES INITIATIVE 2020 CENSUS AND VOTER REGISTRATION |
| GLADES INITIATIVE INC<br>141 SE AVENUE C<br>BELLE GLADE, FL 33430 | 01-0733180     | 501(C)(3)                            | 15,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY                   |

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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GLOBAL HEALTH MINISTRY<br>3805 WEST CHESTER PIKE<br>SUITE 100<br>NEWTOWN SQUARE, PA 19073 | 42-1253527     | 501(C)(3)                            | 10,000                          |  |  |   | PLANNING FOR THE NEXT 30 YEARS            |
| GRACE EDUCATION CENTER<br>712 N 7TH STREET<br>FORT PIERCE, FL 34950                       | 47-4073406     | 501(C)(3)                            | 16,160                          |  |  |   | GRACE EDUCATIONAL SUMMER CAMP             |

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

| <b>(a)</b> Name and address of organization or government       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| GRACE WAY VILLAGE<br>1780 HARTMAN ROAD<br>FORT PIERCE, FL 34947 | 27-0890615     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN ST. LUCIE COUNTY     |
| GUATEMALAN MAYA CENTER<br>430 N G ST<br>LAKE WORTH, FL 33460    | 65-0355018     | 501(C)(3)                            | 10,000                          |  |  |   | EVERY MAYA COUNTS                         |

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

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HANDS TOGETHER FOR HAITIANS INC<br>12415 INDIAN ROAD<br>NORTH PALM BEACH, FL<br>33408 | 20-2512245     | 501(C)(3)                            | 5,700                           |  |  |   | 2020 CENSUS HAITIAN PROJECT               |
| HANDS TOGETHER FOR HAITIANS INC<br>12415 INDIAN ROAD<br>NORTH PALM BEACH, FL<br>33408 | 20-2512245     | 501(C)(3)                            | 12,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |



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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HEALTH COUNCIL OF SOUTHEAST FLORIDA<br>600 SANDTREE DR SUITE 101<br>PALM BEACH GARDENS, FL<br>33403 | 59-2242689     | 501(C)(3)                            | 10,000                          |  |  |   | HCSEF - 2020 CENSUS MATTERS!              |
| HILLSBOROUGH COUNTY COUNCIL PTAP TSA<br>PO BOX 273324<br>TAMPA, FL 33618                            | 23-7101305     | 501(C)(3)                            | 10,000                          |  |  |   | HILLSBOROUGH KIDS COUNT!                  |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| HILLSBOROUGH COUNTY<br>OFFICE OF NEIGHBORHOOD<br>RELATIONS<br>601 E KENNEDY BLVD 28TH FL<br>TAMPA, FL 33602 | 58-2554149     | 501(C)(3)                            | 2,000                           |  |  |   | ANNUAL<br>NEIGHBORHOODS<br>CONFERENCE     |
| HILLSBOROUGH<br>ORGANIZATION FOR<br>PROGRESS AND EQUALITY<br>5103 N CENTRAL AVE<br>TAMPA, FL 33603          | 59-2914463     | 501(C)(3)                            | 10,000                          |  |  |   | HOPE FOR DEMOCRACY                        |

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

| <b>(a)</b> Name and address of organization or government                                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| HISPANIC SERVICES COUNCIL<br>INC<br>7825 N DALE MABRY HWY<br>SUITE 102<br>TAMPA, FL 33614 | 59-3198934     | 501(C)(3)                            | 1,000                           |  |  |   | 7TH ANNUAL 'OUR VOICES OUR FUTURE' NETWORKING BREAKFAST  |
| HISPANIC SERVICES COUNCIL<br>INC<br>7825 N DALE MABRY HWY<br>SUITE 102<br>TAMPA, FL 33614 | 59-3198934     | 501(C)(3)                            | 10,000                          |  |  |   | EL CENSO CUENTA PARA TODOS! (THE CENSUS COUNTS FOR ALL!) |

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

| <b>(a)</b> Name and address of organization or government       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance           |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| IN THE IMAGE OF CHRIST<br>PO BOX 12397<br>FORT PIERCE, FL 34979 | 65-1104332     | 501(C)(3)                            | 10,000                          |  |  |   | FAITH CENSUS<br>AWARENESS PROJECT                   |
| IN THE IMAGE OF CHRIST<br>PO BOX 12397<br>FORT PIERCE, FL 34979 | 65-1104332     | 501(C)(3)                            | 21,771                          |  |  |   | YOUTH 4 CHANGE<br>SUMMER<br>BROADCASTING<br>PROGRAM |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| INTERCULTURAL ADVOCACY INSTITUTE INC<br>612 FRANKLIN ST<br>CLEARWATER, FL 33756              | 27-1230728     | 501(C)(3)                            | 10,000                          |  |  |   | 2020 CENSUS & VOTER INFORMATION & EDUCATION CAMPAIGN FOR THE UNDERCOUNTED |
| INTERDENOMINATIONAL MINISTERIAL ALLIANCE<br>2900 1ST AVENUE SOUTH<br>ST PETERSBURG, FL 33712 | 57-1138270     | 501(C)(3)                            | 8,000                           |  |  |   | YOUR VOTE IS VALUABLE - YOUR COUNT IS CRITICAL!                           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| JESUS HOUSE OF HOPE DBA<br>HOUSE OF HOPE<br>2484 SE BONITA ST<br>STUART, FL 34997                       | 59-2422998     | 501(C)(3)                            | 40,000                          |  |  |   | COVID-19 RECOVERY IN MARTIN COUNTY        |
| LAKE OKEECHOBEE RURAL<br>HEALTH NETWORK<br>600 SANDTREE DR SUITE 101<br>PALM BEACH GARDENS, FL<br>33403 | 65-0661240     | 501(C)(3)                            | 10,000                          |  |  |   | RURAL COUNTS IN SOUTHEAST FLORIDA         |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                           |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEAGUE OF WOMEN OF HILLSBOROUGH COUNTY<br>POST OFFICE BOX 1801<br>TAMPA, FL 336011801        | 59-6178302     | 501(C)(3)                            | 10,000                          |  |  |   | HILLSBOROUGH KIDS COUNT! PART II                                    |
| LEGAL SERVICES OF GREATER MIAMI INC<br>4343 W FLAGLER STREET<br>SUITE 100<br>MIAMI, FL 33134 | 59-1227481     | 501(C)(3)                            | 10,000                          |  |  |   | NON-PROFIT/SMALL BUSINESS COVID-19 EMERGENCY LEGAL RESPONSE PROJECT |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                   |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LEGAL SERVICES OF GREATER MIAMI INC<br>4343 W FLAGLER STREET<br>SUITE 100<br>MIAMI, FL 33134 | 59-1227481     | 501(C)(3)                            | 100,000                         |  |  |   | OVERTOWN COMMON GOOD INITIATIVE<br>UNITING COMMUNITY VOICES |
| LIGHT OF THE WORLD CHARITIES INC<br>1300 EAST 10TH STREET<br>SUITE B<br>STUART, FL 34996     | 65-0920003     | 501(C)(3)                            | 5,000                           |  |  |   | LITTLE LIGHTS DENTISTRY                                     |



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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| LONG BEACH ISLAND COMMUNITY CENTER INC<br>4700 LONG BEACH BLVD<br>LONG BEACH TOWNSHIP, NJ<br>08008 | 22-2003458     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING SUPPORT                 |
| MUSTARD SEED MINISTRIES OF FORT PIERCE INC<br>3130 S US HWY 1<br>FORT PIERCE, FL 34982             | 65-0017366     | 501(C)(3)                            | 10,000                          |  |  |   | 2020 CENSUS - BE COURAGEOUS BE COUNTED    |

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

| <b>(a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| MUSTARD SEED MINISTRIES OF FORT PIERCE INC<br>3130 S US HWY 1<br>FORT PIERCE, FL 34982 | 65-0017366     | 501(C)(3)                            | 15,000                          |  |  |   | COVID-19 RECOVERY IN ST. LUCIE COUNTY     |
| MYCLINIC INC<br>411 W INDIANTOWN RD<br>JUPITER, FL 33458                               | 80-0653642     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance      |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| NATIONAL COMMITTEE FOR RESPONSIVE PHILANTHROPY<br>1900 L STREET NW SUITE 825<br>WASHINGTON, DC 20036  | 52-1072749     | 501(C)(3)                            | 5,000                           |  |  |   | GENERAL OPERATING SUPPORT                      |
| NEIGHBORHOOD DEVELOPMENT CENTER<br>663 UNIVERSITY AVENUE<br>WEST SUITE<br>200<br>SAINT PAUL, MN 55104 | 41-1738791     | 501(C)(3)                            | 65,000                          |  |  |   | ENTREPRENEURIAL INITIATIVE FOR THE COMMON GOOD |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NEIGHBORHOOD DEVELOPMENT CENTER<br>663 UNIVERSITY AVENUE<br>WEST SUITE<br>200<br>SAINT PAUL, MN 55104 | 41-1738791     | 501(C)(3)                            | 2,606                           |  |  |   | CGI OPERATING: NDC<br>CONVENING EXPENSES  |
| NEIGHBORHOOD DEVELOPMENT CENTER<br>663 UNIVERSITY AVENUE<br>WEST SUITE<br>200<br>SAINT PAUL, MN 55104 | 41-1738791     | 501(C)(3)                            | 5,000                           |  |  |   | BFW CONVENING                             |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                 |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NONPROFIT CENTER OF NORTHEAST FLORIDA INC<br>40 E ADAMS STREET SUITE 100<br>JACKSONVILLE, FL 32202 | 59-3700428     | 501(C)(3)                            | 40,000                          |  |  |   | LINCOLN PARK CAPACITY BUILDING PROJECT - CONTINUING SUPPORT AND EDUCATION |
| NONPROFIT LEADERSHIP CENTER OF TAMPA BAY INC<br>1408 N WESTSHORE BLVD SUITE 140<br>TAMPA, FL 33607 | 59-3671047     | 501(C)(3)                            | 30,000                          |  |  |   | GENERAL OPERATING SUPPORT WITH A COVID-19 LENS AND PINELLAS INITIATIVE    |

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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                       |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| NONPROFITS FIRST INC<br>1818 SOUTH AUSTRALIAN AVE<br>SUITE 450<br>450<br>WEST PALM BEACH, FL 33409 | 26-3189428     | 501(C)(3)                            | 20,000                          |  |  |   | OPERATING GRANT FOR CAPACITY BUILDING                           |
| OUR LADY OF LOURDES<br>HEALTH FOUNDATION<br>1600 HADDON AVENUE<br>CAMDEN, NJ 08103                 | 22-2351960     | 501(C)(3)                            | 10,000                          |  |  |   | THE BRIDGE: TEEN LEADERSHIP PILGRIMAGE YEAR DISCOVERING FRANCIS |

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

| <b>(a)</b> Name and address of organization or government                             | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| OVERTOWN CHILDREN AND YOUTH COALITION<br>1951 NW 7TH AVE SUITE 600<br>MIAMI, FL 33136 | 47-2336342     | 501(C)(3)                            | 5,000                           |  |  |   | A DAY OF AWARENESS:<br>BUILDING A<br>FRAMEWORK FOR<br>SOCIAL AND<br>EMOTIONAL LEARNING |
| OVERTOWN CHILDREN AND YOUTH COALITION<br>1951 NW 7TH AVE SUITE 600<br>MIAMI, FL 33136 | 47-2336342     | 501(C)(3)                            | 100,000                         |  |  |   | PROFESSIONAL<br>DEVELOPMENT<br>BUSINESS PLATFORM<br>(PDBM)                             |

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

| <b>(a)</b> Name and address of organization or government                                    | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance  |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| OVERTOWN YOUTH CENTER<br>450 NW 14TH STREET<br>MIAMI, FL 33136                               | 65-1048896     | 501(C)(3)                            | 10,000                          |  |  |   | OVERTOWN YOUTH CENTER (OYC) CENSUS 2020 COMMUNITY OUTREACH PROJECT                       |
| PHROZEN PHARAOH FOUNDATION<br>5475 NW ST JAMES DRIVE<br>SUITE 353<br>PORT ST LUCIE, FL 34983 | 83-2314301     | 501(C)(3)                            | 10,000                          |  |  |   | YOU COUNT- THE PHROZEN PHARAOH FOUNDATION CENSUS COUNT AND VOTER REGISTRATION INITIATIVE |



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

| <b>(a)</b> Name and address of organization or government  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| PINELLAS COMMUNITY FOUNDATION<br>17755 US HIGHWAY 19 NORTH<br>SUITE 150<br>150<br>CLEARWATER, FL 33764 | 23-7113194     | 501(C)(3)                            | 225,000                         |  |  |   | TAMPA BAY RESILIENCY FUND                 |
| POSITIVE SPIN<br>5118 N 56TH STREET SUITE<br>224<br>TAMPA, FL 33610                                    | 80-0167391     | 501(C)(3)                            | 50,000                          |  |  |   | COVID-19 CRISIS                           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                  |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| POWERNET OF DAYTON - DBA<br>POWERNET OF TAMPA<br>1907 E HILLSBOROUGH AVE<br>TAMPA, FL 33610         | 35-2242913     | 501(C)(3)                            | 10,000                          |  |  |   | THE 20/20 CENSUS UPDATE AND COMMUNITY EMPOWERMENT CAMPAIGN |
| ROUNDTABLE OF ST LUCIE COUNTY INC<br>546 NW UNIVERSITY BLVD<br>SUITE 204<br>PORT ST LUCIE, FL 34986 | 20-5375835     | ST LUCIE COUNTY                      | 5,000                           |  |  |   | SUMMER CAMP PROGRAM  |

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

| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SAINT ALPHONSUS REGIONAL MEDICAL CENTER<br>1055 N CURTIS RD<br>BOISE, ID 83706                  | 82-0200895     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING SUPPORT                 |
| SARAH'S KITCHEN OF THE TREASURE COAST INC<br>295 NW PRIMA VISTA BLVD<br>PORT ST LUCIE, FL 34983 | 46-2301740     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN ST. LUCIE COUNTY     |

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

| <b>(a)</b> Name and address of organization or government                                  | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SCHOOL SISTERS OF NOTRE DAME EDUCATIONAL CENTER<br>8704-88TH AVENUE<br>WOODHAVEN, NY 11421 | 65-1217975     | 501(C)(3)                            | 7,500                           |  |  |   | GENERAL OPERATING SUPPORT                 |
| SOL RELIEF<br>107 8TH AVE SE<br>ST PETERSBURG, FL 33701                                    | 82-3283018     | 501(C)(3)                            | 5,000                           |  |  |   | HURRICANE DORIAN RELIEF                   |

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

| <b>(a)</b> Name and address of organization or government                                      | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SOUTHEASTERN COUNCIL OF FOUNDATIONS INC<br>100 PEACHTREE ST NW SUITE 2080<br>ATLANTA, GA 30303 | 56-0995114     | 501(C)(3)                            | 3,850                           |  |  |   | 2020 MEMBERSHIP                           |
| ST ANASTASIA CATHOLIC SCHOOL<br>401 SOUTH 33RD STREET<br>FORT PIERCE, FL 34947                 | 65-0090414     | 501(C)(3)                            | 1,500                           |  |  |   | BUILDING ON FAITH GALA                    |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                  |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| ST ANN CHURCH<br>310 NORTH OLIVE AVENUE<br>WEST PALM BEACH, FL 33401                              | 51-0503043     | 501(C)(3)                            | 10,000                          |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY                     |
| ST BONAVENTURE UNIVERSITY - THE WARMING HOUSE<br>3261 WEST STATE ROAD<br>ST BONAVENTURE, NY 14778 | 16-0743150     | 501(C)(3)                            | 5,000                           |  |  |   | THE WARMING HOUSE - FRANCISCAN HEARTS BEGIN IN THE KITCHEN |

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

| <b>(a)</b> Name and address of organization or government | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance       |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST LUCIE COUNTY<br>1306 AVENUE M<br>FORT PIERCE, FL 34950 | 59-6000835     | ST LUCIE COUNTY                      | 6,720                           |  |  |   | LINCOLN PARK<br>COMMUNITY CENTER<br>SUMMER CAMP |
| ST LUCIE COUNTY<br>1306 AVENUE M<br>FORT PIERCE, FL 34950 | 59-6000835     | ST LUCIE COUNTY                      | 120,000                         |  |  |   | SUMMER OF SUCCESS<br>2020                       |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ST MARK EDUCATIONAL CENTER<br>921 ORANGE AVENUE<br>FORT PIERCE, FL 34950                               | 65-0440395     | 501(C)(3)                            | 5,000                           |  |  |   | COVID-19 RECOVERY IN ST. LUCIE COUNTY             |
| STRUGGLE FOR MIAMI'S AFFORDABLE AND SUSTAINABLE HOUSING<br>2103 CORAL WAY 2ND FLOOR<br>MIAMI, FL 33145 | 81-0878478     | 501(C)(3)                            | 15,000                          |  |  |   | HOUSING AND COVID 19 EDUCATION AND POWER BUILDING |



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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| STUDENT ACES<br>7750 ARBOR CREST WAY<br>WEST PALM BEACH, FL 33412                                 | 46-3081102     | 501(C)(3)                            | 10,000                          |  |  |   | STUDENT ACES CENSUS INITIATIVE IN "THE GLADES" |
| STUDENT PUBLIC INTEREST RESEARCH GROUPS<br>294 WASHINGTON STREET<br>SUITE 500<br>BOSTON, MA 02108 | 26-2486476     | 501(C)(3)                            | 10,000                          |  |  |   | EXPANDING STUDENT ENGAGEMENT IN FLORIDA        |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| SUNDARI FOUNDATION INC<br>DBA LOTUS HOUSE WOMEN'S SHELTER<br>217 NW 15TH STREET<br>MIAMI, FL 33136 | 81-0652266     | 501(C)(3)                            | 10,000                          |  |  |   | OVERTOWN RESIDENTS COVID RESOURCE SUPPORT PROJECT             |
| TAMPA BAY NETWORK TO END HUNGER<br>4532 W KENNEDY BLVD STE 252<br>TAMPA, FL 33609                  | 36-4758155     | 501(C)(3)                            | 50,000                          |  |  |   | BUILDING ORGANIZATIONAL CAPACITY FOR FINANCIAL SUSTAINABILITY |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE CHILDREN'S HEALING INSTITUTE<br>2161 PALM BEACH LAKES BLVD SUITE 212<br>WEST PALM BEACH, FL 33409 | 65-0071524     | 501(C)(3)                            | 8,000                           |  |  |   | COVID-19 RECOVERY IN PALM BEACH COUNTY    |
| THE DEUCES LIVE INC<br>833 22ND STREET SOUTH<br>ST PETERSBURG, FL 33712                               | 45-0701090     | 501(C)(3)                            | 10,000                          |  |  |   | 2020 CENSUS COUNT BLOCK PARTY SERIES      |

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|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE DWELLING PLACE OF NY INC<br>409 W 40TH ST<br>NEW YORK, NY 10018    | 13-3135424     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING SUPPORT                 |
| THE FLORIDA DREAM CENTER<br>4017 56TH AVE N<br>ST PETERSBURG, FL 33714 | 46-0663472     | 501(C)(3)                            | 10,000                          |  |  |   | 2020 CENSUS UNDERCOUNT APPROACH           |

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| THE KIND MOUSE PRODUCTIONS INC<br>1801 16TH ST N STE B<br>ST PETERSBURG, FL 33704 | 45-2455492     | 501(C)(3)                            | 10,000                          |  |  |   | FEEDING HUNGRY SOULS                      |
| THE MIAMI FOUNDATION<br>40 NW 3RD STREET SUITE 305<br>MIAMI, FL 33128             | 65-0350357     | 501(C)(3)                            | 60,000                          |  |  |   | MIAMI-DADE COUNTS 2020                    |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| THE MIAMI FOUNDATION<br>40 NW 3RD STREET SUITE 305<br>MIAMI, FL 33128       | 65-0350357     | 501(C)(3)                            | 160,000                         |  |  |   | COMMUNITY RECOVERY FUND  |
| THE UNIQUE UMBRELLA EFFECT INC<br>709 PADDINGTON PLACE<br>BRANDON, FL 33510 | 47-4149528     | 501(C)(3)                            | 10,000                          |  |  |   | THE 2020 CENSUS AND VOTER REGISTRATION OUTREACH EMPOWERMENT CAMPAIGN |

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

| <b>(a)</b> Name and address of organization or government                                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED AGAINST POVERTY INC- ST LUCIE COUNTY<br>2050 40TH AVENUE SUITE 9<br>VERO BEACH, FL 32960 | 11-3697936     | 501(C)(3)                            | 500                             |  |  |   | HAND UP LUNCHEON                          |
| UNITED AGAINST POVERTY INC- ST LUCIE COUNTY<br>2050 40TH AVENUE SUITE 9<br>VERO BEACH, FL 32960 | 11-3697936     | 501(C)(3)                            | 20,000                          |  |  |   | COVID-19 RECOVERY IN ST.LUCIE COUNTY      |

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

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|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED INTERFAITH ACTION OF SOUTHEASTERN MASSACHUSETTS INC<br>228 NORTH MAIN STREET<br>FALL RIVER, MA 02720 | 31-1585685     | 501(C)(3)                            | 10,000                          |  |  |   | GENERAL OPERATING SUPPORT                 |
| UNITED WAY OF MIAMI-DADE<br>3250 SW 3RD AVE<br>MIAMI, FL 33129  | 59-0830840     | 501(C)(3)                            | 5,000                           |  |  |   | YOUTH INSTITUTE                           |



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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY OF MIAMI-DADE<br>3250 SW 3RD AVE<br>MIAMI, FL 33129                | 59-0830840     | 501(C)(3)                            | 50,000                          |  |  |   | MIAMI PANDEMIC RESPONSE FUND              |
| UNITED WAY OF ST LUCIE COUNTY<br>4800 S US HIGHWAY 1<br>FORT PIERCE, FL 34982 | 59-6212157     | 501(C)(3)                            | 5,000                           |  |  |   | LEARNING TO LEAD                          |

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

| <b>(a)</b> Name and address of organization or government                     | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                                     |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| UNITED WAY SUNCOAST<br>5201 WEST KENNEDY BLVD<br>SUITE 600<br>TAMPA, FL 33609 | 59-3725701     | 501(C)(3)                            | 70,000                          |  |  |   | WIMAUMA FAMILY SUPPORT AND RESOURCE CENTER PLANNING                           |
| VENTURE CAFE MIA INC<br>1951 NW 7TH AVE SUITE 600<br>MIAMI, FL 33136          | 81-4117606     | 501(C)(3)                            | 143                             |  |  |   | CGI OPERATING: BLUESTOCKING COMMUNICATIONS - COMMUNICATIONS ROOM RENTAL FOR 4 |

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

| <b>(a)</b> Name and address of organization or government            | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                  |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|--|
| VENTURE CAFE MIA INC<br>1951 NW 7TH AVE SUITE 600<br>MIAMI, FL 33136 | 81-4117606     | 501(C)(3)                            | 252,000                         |  |  |   | OVERTOWN<br>ENTREPRENEURSHIP &<br>INNOVATION<br>INITIATIVE |
| VITA NOVA INC<br>2724 N AUSTRALIAN AVE<br>WEST PALM BEACH, FL 33407  | 65-0298299     | 501(C)(3)                            | 13,000                          |  |  |   | COVID-19 RECOVERY IN<br>PALM BEACH COUNTY                  |

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

| <b>(a)</b> Name and address of organization or government                 | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VOLUNTEERS IN MEDICINE CLINIC<br>417 SE BALBOA AVENUE<br>STUART, FL 34994 | 65-1115793     | 501(C)(3)                            | 11,500                          |  |  |   | COVID-19 RECOVERY IN MARTIN COUNTY        |
| WECOUNT INC<br>PO BOX 344116<br>FLORIDA CITY, FL 33034                    | 56-2638368     | 501(C)(3)                            | 35,000                          |  |  |   | COVID-19 RECOVERY COLLABORATIVE           |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                 |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| WILLA CARSON HEALTH AND WELLNESS CENTER<br>1108 N MARTIN LUTHER KING JR AVE<br>CLEARWATER, FL 33755 | 65-0743078     | 501(C)(3)                            | 5,550                           |  |  |   | WILLA CARSON HEALTH CENTER COMMUNITY OUTREACH 2020 CENSUS |
| YWCA OF GREATER MIAMI-DADE INC<br>351 NW 5TH STREET<br>MIAMI, FL 33128                              | 59-0624450     | 501(C)(3)                            | 10,000                          |  |  |   | "YWE COUNT" CENSUS 2020 PROGRAM                           |

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

| <b>(a)</b> Name and address of organization or government                       | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| TRINITY HEALTH<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152                     | 35-1443425     | 501(C)(3)                            | 1,000,000                       |  |  |   | GENERAL FUND                              |
| FRANCISCAN SISTERS OF ALLEGANY NY<br>115 EAST MAIN STREET<br>ALLEGANY, NY 14703 | 16-0822517     | 501(C)(3)                            | 1,000,000                       |  |  |   | GENERAL FUND                              |

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

| <b>(a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section if applicable | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of non-cash assistance | <b>(h)</b> Purpose of grant or assistance                           |
|---|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| ROUNDTABLE OF ST LUCIE COUNTY INC<br>546 NW UNIVERSITY BLVD<br>SUITE 204<br>PORT ST LUCIE, FL 34986 | 20-5375835     | ST LUCIE COUNTY                      | 3,500                           |  |  |   | LINCOLN PARK<br>ADVISORY COMMITTEE<br>STRATEGIC PLANNING<br>PROCESS |

**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2019**  
**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ALLEGANY FRANCISCAN MINISTRIES INC

Employer identification number  
58-1492325

**Part I Questions Regarding Compensation**

|  | Yes  | No   |  |  |   |  |   |  |  |  |
|--|--|--|--|--|---|--|---|--|--|--|
| <p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table> | <input type="checkbox"/> First-class or charter travel                   | <input type="checkbox"/> Housing allowance or residence for personal use | <input type="checkbox"/> Travel for companions               | <input type="checkbox"/> Payments for business use of personal residence | <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   | <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |
| <input type="checkbox"/> First-class or charter travel   | <input type="checkbox"/> Housing allowance or residence for personal use |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Travel for companions   | <input type="checkbox"/> Payments for business use of personal residence |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Tax idemnification and gross-up payments  | <input type="checkbox"/> Health or social club dues or initiation fees   |  |  |  |   |  |   |  |  |  |
| <input type="checkbox"/> Discretionary spending account  | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |  |  |  |   |  |   |  |  |  |
| <p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>   | <b>1b</b>  |  |  |  |   |  |   |  |  |  |
| <p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>   | <b>2</b>   |  |  |  |   |  |   |  |  |  |
| <p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>   | <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 |   |  |  |  |
| <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 |  |  |  |   |  |   |  |  |  |
| <p><b>4</b> 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:</p> <p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>   | <b>4a</b>  | No   |  |  |   |  |   |  |  |  |
|  | <b>4b</b>  | No   |  |  |   |  |   |  |  |  |
|  | <b>4c</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>   | <b>5a</b>  | No   |  |  |   |  |   |  |  |  |
|  | <b>5b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>6</b> 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:</p> <p><b>a</b> The organization? . . . . .</p> <p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>  | <b>6a</b>  | No   |  |  |   |  |   |  |  |  |
|  | <b>6b</b>  | No   |  |  |   |  |   |  |  |  |
| <p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III . . . . .</p>  | <b>7</b>   | No   |  |  |   |  |   |  |  |  |
| <p><b>8</b> 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 . . . . .</p>  | <b>8</b>   | No   |  |  |   |  |   |  |  |  |
| <p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>   | <b>9</b>   |  |  |  |   |  |   |  |  |  |





**Part III Supplemental Information**

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

| Return Reference | Explanation   |
|------------------|---|
| 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)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public Inspection**

Department of the Treasury

Name of the organization

ALLEGANY FRANCISCAN MINISTRIES INC

Employer identification number

58-1492325

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| 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. |

# 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| 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. |

# 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| 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 OF CERTAIN LIMITS, AND MODIFICATIONS TO GOVERNING DOCUMENTS. |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| 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. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                | <b>Explanation</b>   |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>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 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.</p> |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>   |
|---------------------------------------|--|
| FORM 990, PART VI, SECTION B, LINE 15 | <p>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 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.</p> |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                        | <b>Explanation</b>  |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION C,<br>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. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>   |
|-----------------------------------|--|
| FORM 990,<br>PART XII,<br>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. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>              | <b>Explanation</b>   |
|--------------------------------------|--|
| FORM 990,<br>PART VII,<br>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)

## Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

# 2019

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

See Additional Data Table

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |
|   |                         |  |                            |   |                                  |  |    |

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

See Additional Data Table

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

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

See Additional Data Table

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

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

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

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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? |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .               |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   |     | No |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  |     | No |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   |     | No |
| <b>f</b> Dividends from related organization(s) . . . . .  |     | No |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .   | Yes |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .   |     | No |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  |     | No |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | No |

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

| (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>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                                    |
|                                     |                               |                        |  |
|                                     |                               |                        |  |
|                                     |                               |                        |  |



**Part VII**    **Supplemental Information**

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

| <b>Return Reference</b> | <b>Explanation</b> |
|-------------------------|--------------------|
|                         |                    |



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 58-1492325  
**Name:** ALLEGANY FRANCISCAN MINISTRIES INC

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

| (a)<br>Name, address, and EIN of related organization                      | (b)<br>Primary activity                            | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|--|--|----------------------------|---|---|---|----|
|  |  |  |                            |   |   | Yes   | No |
| 245 STATE ST SE<br>GRAND RAPIDS, MI 49503<br>27-2491974                    | HEALTH CARE SERVICES                               | MI   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH-MICHIGAN                   | Yes   |    |
| 33920 US HIGHWAY 19 NORTH SUITE 269<br>PALM HARBOR, FL 34684<br>58-1492325 | GRANT MAKING                                       | FL   | 501(C)(3)                  | LINE 12A, I   | TRINITY HEALTH CORPORATION                |   | No |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1450170                    | HEALTH CARE SERVICES                               | CT   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF NEW ENGLAND CORP INC    | Yes   |    |
| 255 NORTH WELCH AVENUE<br>PRIMGHAR, IA 51245<br>42-1500277                 | HEALTH CARE AND HOSPITAL SERVICES                  | IA   | 501(C)(3)                  | LINE 3  | MERCY HEALTH SERVICES-IOWA CORP           | Yes   |    |
| 255 NORTH WELCH AVENUE<br>PRIMGHAR, IA 51245<br>26-2973307                 | FOUNDATION   | IA   | 501(C)(3)                  | LINE 12A, I   | BAUM HARMON MERCY HOSPITAL                | Yes   |    |
| 2212 BURDETT AVE<br>TROY, NY 12180<br>14-1651563                           | TITLE HOLDING COMPANY                              | NY   | 501(C)(2)                  | N/A   | LTC (EDDY) INC                            | Yes   |    |
| 905 WATSON STREET<br>PITTSBURGH, PA 15219<br>25-1436685                    | HOMELESS SHELTER                                   | PA   | 501(C)(3)                  | LINE 7  | PITTSBURGH MERCY HEALTH SYSTEM INC        | Yes   |    |
| 40 AUTUMN DRIVE<br>SLINGERLANDS, NY 12159<br>14-1717028                    | SENIOR LIVING COMMUNITY                            | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                            | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-2182395                    | HEALTH CARE SERVICES                               | MA   | 501(C)(3)                  | LINE 10   | THE MERCY HOSPITAL INC                    | Yes   |    |
| 421 WEST COLUMBIA STREET<br>COHOES, NY 12047<br>14-1701597                 | LONG TERM CARE                                     | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                            | Yes   |    |
| 5315 ELLIOTT DR 102<br>YPSILANTI, MI 48197<br>38-2507173                   | HEALTH CARE SERVICES                               | MI   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH-MICHIGAN                   | Yes   |    |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152                                  | GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM | VT   | 501(C)(3)                  | LINE 1  | N/A                                       |   | No |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>34-2032340                 | HEALTH CARE AND HOSPITAL SERVICES                  | OH   | 501(C)(3)                  | LINE 3  | MOUNT CARMEL HEALTH SYSTEM                | Yes   |    |
| 250 MERCY DRIVE<br>DUBUQUE, IA 52001<br>26-2227941                         | FOUNDATION   | IA   | 501(C)(3)                  | LINE 12A, I   | MERCY HEALTH SERVICES-IOWA CORP           | Yes   |    |
| 1111 3RD STREET SW<br>DYERSVILLE, IA 52040<br>20-5383271                   | FOUNDATION   | IA   | 501(C)(3)                  | LINE 12A, I   | MERCY HEALTH SERVICES-IOWA CORP           | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-2515999      | HEALTH CARE SERVICES                               | PA   | 501(C)(3)                  | LINE 3  | MERCY PHYSICIAN NETWORK                   | Yes   |    |
| 433 RIVER ST SUITE 3000<br>TROY, NY 12180<br>14-1818568                    | HOME HEALTH SERVICES                               | NY   | 501(C)(3)                  | LINE 3  | LTC (EDDY) INC                            | Yes   |    |
| 333 BUTTERNUT DRIVE<br>DEWITT, NY 13214<br>46-1051881                      | PACE PROGRAM                                       | NY   | 501(C)(3)                  | LINE 12B, II  | ST JOSEPH'S HEALTH INC                    | Yes   |    |
| 10 BLACKSMITH DRIVE<br>MALTA, NY 12020<br>14-1795732                       | HOME HEALTH SERVICES                               | NY   | 501(C)(3)                  | LINE 10   | HOME AIDE SERVICE OF EASTERN NEW YORK INC | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-2501711                    | LONG TERM CARE                                     | MA   | 501(C)(3)                  | LINE 3  | THE MERCY HOSPITAL INC                    | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                   |  |                            |   |  |   |    |
|--|-----------------------------------|--|----------------------------|---|--|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity           | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity       | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                   |  |                            |   |  | Yes   | No |
| PO BOX 2500<br>WILMINGTON, DE 19805<br>22-3008680                                  | LONG TERM CARE (INACTIVE)         | DE   | 501(C)(3)                  | LINE 10   | ST FRANCIS HOSPITAL INC                | Yes   |    |
| 1200 EARHART RD<br>ANN ARBOR, MI 48105<br>20-8072723                               | FOUNDATION                        | MI   | 501(C)(3)                  | LINE 12A, I   | GLACIER HILLS INC                      | Yes   |    |
| 1200 EARHART RD<br>ANN ARBOR, MI 48105<br>38-1891500                               | SENIOR LIVING COMMUNITY           | MI   | 501(C)(3)                  | LINE 10   | TRINITY CONTINUING CARE SERVICES       | Yes   |    |
| 1 GLEN EDDY DRIVE<br>NISKAYUNA, NY 12309<br>14-1794150                             | SENIOR LIVING COMMUNITY           | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                         | Yes   |    |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>42-1253527                            | HEALTH CARE SERVICES              | MI   | 501(C)(3)                  | LINE 12A, I   | TRINITY HEALTH CORPORATION             | Yes   |    |
| 5401 LAKE OCONEE PARKWAY<br>GREENSBORO, GA 30642<br>26-1720984                     | HEALTH CARE AND HOSPITAL SERVICES | GA   | 501(C)(3)                  | LINE 3  | ST MARY'S HEALTH CARE SYSTEM INC       | Yes   |    |
| 701 W NORTH AVE<br>MELROSE PARK, IL 60160<br>36-3332852                            | HEALTH CARE AND HOSPITAL SERVICES | IL   | 501(C)(3)                  | LINE 3  | LOYOLA UNIVERSITY HEALTH SYSTEM        | Yes   |    |
| 701 WEST NORTH AVENUE<br>MELROSE PARK, IL 60160<br>74-3260011                      | FOUNDATION                        | IL   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A                                    |   | No |
| 701 W NORTH AVE<br>MELROSE PARK, IL 60160<br>36-2379649                            | HEALTH CARE AND HOSPITAL SERVICES | IL   | 501(C)(3)                  | LINE 3  | LOYOLA UNIVERSITY HEALTH SYSTEM        | Yes   |    |
| 30 COMMUNITY WAY<br>EAST GREENBUSH, NY 12061<br>80-0102840                         | SENIOR LIVING COMMUNITY           | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                         | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>83-0416893                            | MANAGEMENT                        | CT   | 501(C)(3)                  | LINE 12A, I   | N/A                                    |   | No |
| 2920 TIBBITS AVE<br>TROY, NY 12180<br>14-1725101                                   | LONG TERM CARE                    | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                         | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48152<br>52-1945054                            | LONG TERM CARE                    | MD   | 501(C)(3)                  | LINE 10   | TRINITY CONTINUING CARE SERVICES       | Yes   |    |
| 1500 FOREST GLEN ROAD<br>SILVER SPRING, MD 20910<br>20-8428450                     | FOUNDATION                        | MD   | 501(C)(3)                  | LINE 7  | HOLY CROSS HEALTH INC                  | Yes   |    |
| 1500 FOREST GLEN ROAD<br>SILVER SPRING, MD 20910<br>52-0738041                     | HEALTH CARE AND HOSPITAL SERVICES | MD   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH CORPORATION             | Yes   |    |
| 4725 NORTH FEDERAL HIGHWAY<br>FT LAUDERDALE, FL 33308<br>59-0791028                | HEALTH CARE AND HOSPITAL SERVICES | FL   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH CORPORATION             | Yes   |    |
| 4725 NORTH FEDERAL HIGHWAY<br>FT LAUDERDALE, FL 33308<br>46-5421068                | HEALTH CARE SERVICES              | FL   | 501(C)(3)                  | LINE 10   | HOLY CROSS HOSPITAL INC                | Yes   |    |
| 4725 NORTH FEDERAL HIGHWAY<br>FT LAUDERDALE, FL 33308<br>81-2531495                | HEALTH CARE SERVICES              | FL   | 501(C)(3)                  | LINE 10   | HOLY CROSS HOSPITAL INC                | Yes   |    |
| 4725 NORTH FEDERAL HIGHWAY<br>FT LAUDERDALE, FL 33308<br>83-2256461                | HEALTH CARE SERVICES              | FL   | 501(C)(3)                  | LINE 10   | HOLY CROSS HOSPITAL INC                | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>81-0723591                            | HOME HEALTH SERVICES              | CT   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |  |   |    |
|--|---|--|----------------------------|---|--|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity       | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |  | Yes   | No |
| 433 RIVER ST SUITE 3000<br>TROY, NY 12180<br>14-1514867                            | HOME HEALTH SERVICES                      | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                         | Yes   |    |
| 232 SECOND STREET SE<br>MASON CITY, IA 50401<br>42-1173708                         | HOSPICE SERVICES                          | IA   | 501(C)(3)                  | LINE 10   | MERCY HEALTH SERVICES-IOWA CORP        | Yes   |    |
| 4300 HAMILTON BLVD<br>SIOUX CITY, IA 51104<br>38-3320710                           | HOSPICE SERVICES                          | IA   | 501(C)(3)                  | LINE 12A, I   | N/A                                    |   | No |
| 24 FRANK LLOYD WRIGHT DR LOBBY J<br>ANN ARBOR, MI 48106<br>38-3316559              | HEALTH CARE SERVICES                      | MI   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH-MICHIGAN                | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>47-5676956                            | HEALTH CARE AND HOSPITAL SERVICES         | CT   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes   |    |
| 1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>23-2519529                   | HEALTH CARE SERVICES (INACTIVE)           | PA   | 501(C)(3)                  | LINE 10   | ST MARY MEDICAL CENTER                 | Yes   |    |
| 1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>23-2571699                   | HEALTH CARE SERVICES                      | PA   | 501(C)(3)                  | LINE 10   | ST MARY MEDICAL CENTER                 | Yes   |    |
| 2475 MCCLELLAN AVENUE<br>PENNSAUKEN, NJ 08109<br>26-1854750                        | PACE PROGRAM                              | NJ   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH PACE                    | Yes   |    |
| 7TH AND CLAYTON STREETS<br>WILMINGTON, DE 19805<br>45-2569214                      | PACE PROGRAM                              | DE   | 501(C)(3)                  | LINE 10   | ST FRANCIS HOSPITAL INC                | Yes   |    |
| 7500 K JOHNSON BOULEVARD<br>BORDENTOWN, NJ 08505<br>22-2797282                     | PACE PROGRAM                              | NJ   | 501(C)(3)                  | LINE 10   | ST FRANCIS MEDICAL CENTER TRENTON NJ   | Yes   |    |
| 4900 RAEFORD ROAD<br>FAYETTEVILLE, NC 28304<br>27-2159847                          | PACE PROGRAM                              | NC   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH PACE                    | Yes   |    |
| 1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>26-2976184                   | PACE PROGRAM                              | PA   | 501(C)(3)                  | LINE 10   | ST MARY MEDICAL CENTER                 | Yes   |    |
| 905 W NORTH AVE<br>MELROSE PARK, IL 60160<br>47-4147171                            | TRANSPORTATION SERVICES                   | IL   | 501(C)(3)                  | LINE 10   | LOYOLA UNIVERSITY MEDICAL CENTER       | Yes   |    |
| 2160 SOUTH FIRST AVENUE<br>MAYWOOD, IL 60153<br>36-3342448                         | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | IL   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH CORPORATION             | Yes   |    |
| 2160 SOUTH FIRST AVENUE<br>MAYWOOD, IL 60153<br>36-4015560                         | HEALTH CARE AND HOSPITAL SERVICES         | IL   | 501(C)(3)                  | LINE 3  | LOYOLA UNIVERSITY HEALTH SYSTEM        | Yes   |    |
| 2212 BURDETT AVE<br>TROY, NY 12180<br>22-2564710                                   | MANAGEMENT SERVICES FOR LONG TERM CARE    | NY   | 501(C)(3)                  | LINE 12B, II  | ST PETER'S HEALTH PARTNERS             | Yes   |    |
| 801 5TH STREET<br>SIOUX CITY, IA 51101<br>38-3320705                               | HOME HEALTH SERVICES (INACTIVE)           | IA   | 501(C)(3)                  | LINE 12A, I   | MERCY HEALTH SERVICES-IOWA CORP        | Yes   |    |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>91-1940902                            | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | PA   | 501(C)(3)                  | LINE 12A, I   | TRINITY HEALTH CORPORATION             | Yes   |    |
| 275 STEELE ROAD<br>WEST HARTFORD, CT 06117<br>06-1058086                           | SENIOR LIVING COMMUNITY                   | CT   | 501(C)(3)                  | LINE 10   | MERCY COMMUNITY HEALTH INC             | Yes   |    |
| 3333 FIFTH AVENUE<br>PITTSBURGH, PA 15213<br>94-3436142                            | GRANT MAKING                              | PA   | 501(C)(3)                  | LINE 12B, II  | PITTSBURGH MERCY HEALTH SYSTEM INC     | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |   |     | Section 512 (b)(13) controlled entity? |  |
|--|---|--|----------------------------|---|---|-----|--|--|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g) |  |  |
|  |   |  |                            |   |   | Yes | No                                     |  |
| 600 NORTHERN BLVD<br>ALBANY, NY 12204<br>14-1338457                                | HEALTH CARE AND HOSPITAL SERVICES         | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HEALTH PARTNERS                | Yes |  |  |
| 424 DECATUR STREET<br>ATLANTA, GA 30312<br>58-1448522                              | FOUNDATION                                | GA   | 501(C)(3)                  | LINE 7  | SAINT JOSEPH'S HEALTH SYSTEM INC          | Yes |  |  |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-1352191              | HEALTH CARE AND HOSPITAL SERVICES         | PA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes |  |  |
| 2021 ALBANY AVENUE<br>WEST HARTFORD, CT 06117<br>06-1492707                        | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | CT   | 501(C)(3)                  | LINE 12B, II  | TRINITY CONTINUING CARE SERVICES          | Yes |  |  |
| 1001 BALTIMORE PIKE SUITE 310<br>SPRINGFIELD, PA 19064<br>23-2325059               | HOME HEALTH SERVICES                      | PA   | 501(C)(3)                  | LINE 10   | MERCY HOME HEALTH SERVICES                | Yes |  |  |
| 2525 SOUTH MICHIGAN AVENUE<br>CHICAGO, IL 60616<br>36-3227350                      | FOUNDATION                                | IL   | 501(C)(3)                  | LINE 7  | MERCY HEALTH SYSTEM OF CHICAGO            | Yes |  |  |
| 888 TERRACE STREET<br>MUSKEGON, MI 49440<br>38-3321856                             | HOME HEALTH SERVICES                      | MI   | 501(C)(3)                  | LINE 10   | TRINITY HOME HEALTH SERVICES              | Yes |  |  |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-2829864              | FOUNDATION                                | PA   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes |  |  |
| 1449 NW 128TH ST BLDG 5<br>CLIVE, IA 50325<br>42-1478417                           | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | DE   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A                                       |     | No                                     |  |
| 1500 E SHERMAN BLVD<br>MUSKEGON, MI 49444<br>38-2589966                            | HEALTH CARE AND HOSPITAL SERVICES         | MI   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH-MICHIGAN                   | Yes |  |  |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>22-2483605              | MEDICAID MANAGED CARE PLAN                | PA   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes |  |  |
| 1000 4TH STREET SW<br>MASON CITY, IA 50401<br>31-1373080                           | HEALTH CARE AND HOSPITAL SERVICES         | DE   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH CORPORATION                | Yes |  |  |
| 2525 SOUTH MICHIGAN AVENUE<br>CHICAGO, IL 60616<br>36-3163327                      | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | IL   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH CORPORATION                | Yes |  |  |
| 1410 N 4TH ST<br>CLINTON, IA 52732<br>42-1316126                                   | FOUNDATION                                | IA   | 501(C)(3)                  | LINE 7  | MERCY MEDICAL CENTER - CLINTON INC        |     | No                                     |  |
| 1001 BALTIMORE PIKE SUITE 310<br>SPRINGFIELD, PA 19064<br>23-1352099               | HOME HEALTH SERVICES                      | PA   | 501(C)(3)                  | LINE 10   | MERCY HOME HEALTH SERVICES                | Yes |  |  |
| 1001 BALTIMORE PIKE SUITE 310<br>SPRINGFIELD, PA 19064<br>23-2325058               | MANAGEMENT SERVICES FOR HOME HEALTH       | PA   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes |  |  |
| 2525 SOUTH MICHIGAN AVENUE<br>CHICAGO, IL 60616<br>36-2170152                      | HEALTH CARE AND HOSPITAL SERVICES         | IL   | 501(C)(3)                  | LINE 3  | MERCY HEALTH SYSTEM OF CHICAGO            | Yes |  |  |
| 318 RIVER RIDGE DR NW SUITE 100<br>WALKER, MI 49544<br>20-3357131                  | FOUNDATION                                | MI   | 501(C)(3)                  | LINE 12A, I   | TRINITY HEALTH-MICHIGAN                   | Yes |  |  |
| 1200 REEDSDALE STREET<br>PITTSBURGH, PA 15233<br>25-1604115                        | COMMUNITY OUTREACH                        | PA   | 501(C)(3)                  | LINE 10   | PITTSBURGH MERCY HEALTH SYSTEM INC        | Yes |  |  |
| PO BOX 7957<br>MOBILE, AL 36670<br>27-3163002                                      | PACE PROGRAM                              | AL   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH PACE                       | Yes |  |  |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |   |   |    |
|--|---|--|----------------------------|---|---|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                                 | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |   | Yes   | No |
| 200 HILLSIDE CIRCLE<br>WEST SPRINGFIELD, MA 01089<br>45-3086711                    | PACE PROGRAM  | MA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH PACE                       | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-2627944              | HEALTH CARE SERVICES                                    | PA   | 501(C)(3)                  | LINE 3  | MERCY PHYSICIAN NETWORK                   | Yes   |    |
| 1410 NORTH 4TH ST<br>CLINTON, IA 52732<br>42-1336618                               | HEALTH CARE AND HOSPITAL SERVICES                       | DE   | 501(C)(3)                  | LINE 3  | MERCY HEALTH SERVICES-IOWA CORP           | Yes   |    |
| 801 5TH STREET<br>SIOUX CITY, IA 51102<br>14-1880022                               | FOUNDATION  | IA   | 501(C)(3)                  | LINE 7  | MERCY HEALTH SERVICES-IOWA CORP           | Yes   |    |
| 1000 4TH STREET SW<br>MASON CITY, IA 50401<br>42-1229151                           | FOUNDATION  | IA   | 501(C)(3)                  | LINE 7  | MERCY HEALTH SERVICES-IOWA CORP           | Yes   |    |
| PO BOX 7957<br>MOBILE, AL 36670<br>63-6002215                                      | PACE PROGRAM  | AL   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH CORPORATION                | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>45-4884805                            | HEALTH CARE SERVICES                                    | MA   | 501(C)(3)                  | LINE 3  | THE MERCY HOSPITAL INC                    | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>46-1187365              | MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS | PA   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes   |    |
| 424 DECATUR STREET<br>ATLANTA, GA 30312<br>58-1366508                              | COMMUNITY OUTREACH                                      | GA   | 501(C)(3)                  | LINE 7  | SAINT JOSEPH'S HEALTH SYSTEM INC          | Yes   |    |
| 424 DECATUR STREET<br>ATLANTA, GA 30312<br>27-2046353                              | TITLE HOLDING COMPANY                                   | GA   | 501(C)(3)                  | LINE 12B, II  | SAINT JOSEPH'S HEALTH SYSTEM INC          | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>38-2719605                            | LONG TERM CARE  | MI   | 501(C)(3)                  | LINE 10   | TRINITY CONTINUING CARE SERVICES          | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>26-4033168                            | HEALTH CARE SERVICES                                    | MA   | 501(C)(3)                  | LINE 3  | THE MERCY HOSPITAL INC                    | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-1396763              | HEALTH CARE AND HOSPITAL SERVICES                       | PA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes   |    |
| 37595 SEVEN MILE ROAD<br>LIVONIA, MI 48152<br>38-3181557                           | BUILDING MANAGEMENT SERVICES                            | DE   | 501(C)(3)                  | LINE 12A, I   | N/A                                       |   | No |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>31-1308555                         | COLLEGE OF NURSING                                      | OH   | 501(C)(3)                  | LINE 2  | MOUNT CARMEL HEALTH SYSTEM                | Yes   |    |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>25-1912781                         | HEALTH INSURANCE  | OH   | 501(C)(4)                  | N/A   | MOUNT CARMEL HEALTH SYSTEM                | Yes   |    |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>83-1422704                         | MEDICARE HMO  | ID   | 501(C)(4)                  | N/A   | MOUNT CARMEL HEALTH PLAN INC              | Yes   |    |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>83-3278543                         | MEDICARE HMO  | NY   | 501(C)(4)                  | N/A   | MOUNT CARMEL HEALTH PLAN INC              | Yes   |    |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>31-1471229                         | MEDICARE HMO  | OH   | 501(C)(4)                  | N/A   | MOUNT CARMEL HEALTH SYSTEM                | Yes   |    |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>31-1439334                         | HEALTH CARE AND HOSPITAL SERVICES                       | OH   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH CORPORATION                | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |   |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity          | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |   | Yes   | No |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>31-1113966                         | FOUNDATION                                | OH   | 501(C)(3)                  | LINE 12A, I   | MOUNT CARMEL HEALTH SYSTEM                | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>22-2584082                            | FOUNDATION                                | CT   | 501(C)(3)                  | LINE 12C, III-FI                                    | N/A                                       |   | No |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1422973                            | HEALTH CARE AND HOSPITAL SERVICES         | CT   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF NEW ENGLAND CORP INC    | Yes   |    |
| 7 HIGHTOWER STREET<br>WATERVILLE, ME 04901<br>01-0274998                           | LONG TERM CARE                            | ME   | 501(C)(3)                  | LINE 3  | MERCY COMMUNITY HEALTH INC                | Yes   |    |
| 565 W WESTERN AVENUE<br>MUSKEGON, MI 49440<br>91-1932918                           | COMMUNITY OUTREACH                        | MI   | 501(C)(3)                  | LINE 7  | MERCY HEALTH PARTNERS                     | Yes   |    |
| 2701 HOLME AVENUE<br>PHILADELPHIA, PA 19152<br>23-2300951                          | FOUNDATION                                | PA   | 501(C)(3)                  | LINE 12A, I   | NAZARETH HOSPITAL                         | Yes   |    |
| 2601 HOLME AVENUE<br>PHILADELPHIA, PA 19152<br>23-2794121                          | HEALTH CARE AND HOSPITAL SERVICES         | PA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>20-3261266              | HEALTH CARE SERVICES                      | PA   | 501(C)(3)                  | LINE 3  | MERCY PHYSICIAN NETWORK                   | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-2497355              | HEALTH CARE SERVICES (INACTIVE)           | PA   | 501(C)(3)                  | LINE 3  | MERCY PHYSICIAN NETWORK                   | Yes   |    |
| 601 EAST 2ND STREET<br>OAKLAND, NE 68045<br>20-8072234                             | HEALTH CARE AND HOSPITAL SERVICES         | NE   | 501(C)(3)                  | LINE 3  | MERCY HEALTH SERVICES-IOWA CORP           | Yes   |    |
| 601 E 2ND STREET<br>OAKLAND, NE 68045<br>31-1678345                                | FOUNDATION                                | NE   | 501(C)(3)                  | LINE 12A, I   | OAKLAND MERCY HOSPITAL                    | Yes   |    |
| 6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>31-1654603                         | COOPERATIVE HEALTH CARE DELIVERY SYSTEM   | OH   | 501(C)(3)                  | LINE 12A, I   | N/A                                       |   | No |
| 2 MERCYCARE LANE<br>GUILDERLAND, NY 12084<br>14-1743506                            | LONG TERM CARE                            | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HOSPITAL                       | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>45-4208896                            | HEALTH CARE SERVICES                      | MA   | 501(C)(3)                  | LINE 3  | THE MERCY HOSPITAL INC                    | Yes   |    |
| 3333 5TH AVENUE<br>PITTSBURGH, PA 15213<br>25-1464211                              | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | PA   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH CORPORATION                | Yes   |    |
| 2058 S STATE STREET<br>ANN ARBOR, MI 48104<br>20-2020239                           | HEALTH CARE SERVICES                      | MI   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH-MICHIGAN                   | Yes   |    |
| 965 FORK STREET<br>MUSKEGON, MI 49442<br>38-2638284                                | HEALTH CARE SERVICES                      | MI   | 501(C)(3)                  | LINE 10   | MERCY HEALTH PARTNERS                     | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>81-1807730                            | HEALTH CARE SERVICES                      | MA   | 501(C)(3)                  | LINE 3  | THE MERCY HOSPITAL INC                    | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>27-1763712                            | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | NY   | 501(C)(3)                  | LINE 12A, I   | ST JOSEPH'S HOSPITAL HEALTH CENTER        | Yes   |    |
| 1303 EAST HERNDON AVE<br>FRESNO, CA 93720<br>94-1437713                            | HEALTH CARE AND HOSPITAL SERVICES         | CA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH CORPORATION                | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |   |  |                            |   |  |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                   | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                           | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |   |  |                            |   |  | Yes   | No |
| 1303 EAST HERNDON AVE<br>FRESNO, CA 93720<br>94-2839324                            | HEALTH CARE SERVICES                      | CA   | 501(C)(3)                  | LINE 12A, I   | SAINT AGNES MEDICAL CENTER                                 | Yes   |    |
| 1055 NORTH CURTIS RD<br>BOISE, ID 83706<br>94-3028978                              | HEALTH CARE SYSTEM SUPPORT                | ID   | 501(C)(3)                  | LINE 12A, I   | SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC                | Yes   |    |
| 3325 POCAHONTAS ROAD<br>BAKER CITY, OR 97814<br>94-3164869                         | FOUNDATION                                | OR   | 501(C)(3)                  | LINE 7  | SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY                | Yes   |    |
| 351 SW 9TH STREET<br>ONTARIO, OR 97914<br>20-2683560                               | FOUNDATION                                | OR   | 501(C)(3)                  | LINE 7  | SAINT ALPHONSUS MEDICAL CENTER-ONTARIO                     | Yes   |    |
| 1055 N CURTIS ROAD<br>BOISE, ID 83706<br>27-1929502                                | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | ID   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH CORPORATION                                 | Yes   |    |
| 351 SW 9TH STREET<br>ONTARIO, OR 97914<br>94-3059469                               | VOLUNTEER SERVICE AUXILIARY               | OR   | 501(C)(3)                  | LINE 10   | SAINT ALPHONSUS MEDICAL CENTER-ONTARIO                     | Yes   |    |
| 3325 POCAHONTAS ROAD<br>BAKER CITY, OR 97814<br>27-1790052                         | HEALTH CARE AND HOSPITAL SERVICES         | OR   | 501(C)(3)                  | LINE 3  | SAINT ALPHONSUS HEALTH SYSTEM INC                          | Yes   |    |
| 4300 E FLAMINGO AVENUE<br>NAMPA, ID 83687<br>26-1737256                            | FOUNDATION                                | ID   | 501(C)(3)                  | LINE 7  | SAINT ALPHONSUS MEDICAL CENTER-NAMPA                       | Yes   |    |
| 4300 E FLAMINGO AVENUE<br>NAMPA, ID 83687<br>82-0200896                            | HEALTH CARE AND HOSPITAL SERVICES         | ID   | 501(C)(3)                  | LINE 3  | SAINT ALPHONSUS HEALTH SYSTEM INC                          | Yes   |    |
| 351 SW 9TH STREET<br>ONTARIO, OR 97914<br>27-1789847                               | HEALTH CARE AND HOSPITAL SERVICES         | OR   | 501(C)(3)                  | LINE 3  | SAINT ALPHONSUS HEALTH SYSTEM INC                          | Yes   |    |
| 1055 NORTH CURTIS RD<br>BOISE, ID 83706<br>82-0200895                              | HEALTH CARE AND HOSPITAL SERVICES         | ID   | 501(C)(3)                  | LINE 3  | SAINT ALPHONSUS HEALTH SYSTEM INC                          | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>45-1994612                            | HEALTH CARE SERVICES                      | CT   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH OF NEW ENGLAND PNO INC                      | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-0646813                            | HEALTH CARE AND HOSPITAL SERVICES         | CT   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF NEW ENGLAND CORP INC                     | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1008255                            | FOUNDATION                                | CT   | 501(C)(3)                  | LINE 7  | SAINT FRANCIS HOSPITAL AND MEDICAL CENTER                  | Yes   |    |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>47-3129127                            | PACE PROGRAM                              | IN   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH PACE  | Yes   |    |
| PO BOX 670<br>PLYMOUTH, IN 46563<br>35-1142669                                     | HEALTH CARE AND HOSPITAL SERVICES         | IN   | 501(C)(3)                  | LINE 3  | SAINT JOSEPH REGIONAL MEDICAL CENTER INC                   | Yes   |    |
| 5215 HOLY CROSS PARKWAY<br>MISHAWAKA, IN 46545<br>35-0868157                       | HEALTH CARE AND HOSPITAL SERVICES         | IN   | 501(C)(3)                  | LINE 3  | SAINT JOSEPH REGIONAL MEDICAL CENTER INC                   | Yes   |    |
| 1915 LAKE AVENUE<br>PLYMOUTH, IN 46563<br>35-6043563                               | VOLUNTEER SERVICE AUXILIARY               | IN   | 501(C)(3)                  | LINE 12A, I   | SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC | Yes   |    |
| 5215 HOLY CROSS PARKWAY<br>MISHAWAKA, IN 46545<br>35-1568821                       | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | IN   | 501(C)(3)                  | LINE 12C, III-FI                                    | TRINITY HEALTH CORPORATION                                 | Yes   |    |
| 424 DECATUR STREET<br>ATLANTA, GA 30312<br>58-1744848                              | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | GA   | 501(C)(3)                  | LINE 12C, III-FI                                    | TRINITY HEALTH CORPORATION                                 | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |  |  |                            |   |  |   |    |
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| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity                              | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity               | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |  |  |                            |   |  | Yes   | No |
| 424 DECATUR STREET<br>ATLANTA, GA 30312<br>58-1752700                              | HEALTH CARE SERVICES                                 | GA   | 501(C)(3)                  | LINE 7  | SAINT JOSEPH'S HEALTH SYSTEM INC               | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>31-1040468                            | SENIOR LIVING COMMUNITY                              | IN   | 501(C)(3)                  | LINE 10   | TRINITY CONTINUING CARE SERVICES - INDIANA INC | Yes   |    |
| 1430 MONROE NW STE 120<br>GRAND RAPIDS, MI 49505<br>38-3320700                     | HOME HEALTH SERVICES                                 | MI   | 501(C)(3)                  | LINE 10   | TRINITY HOME HEALTH SERVICES                   | Yes   |    |
| 200 JEFFERSON ST SE<br>GRAND RAPIDS, MI 49503<br>38-1779602                        | FOUNDATION   | MI   | 501(C)(3)                  | LINE 7  | TRINITY HEALTH-MICHIGAN                        | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>22-2528400                            | FOUNDATION   | CT   | 501(C)(3)                  | LINE 7  | SAINT MARY'S HOSPITAL INC                      | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-0646844                            | HEALTH CARE AND HOSPITAL SERVICES                    | CT   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF NEW ENGLAND CORP INC         | Yes   |    |
| 2215 BURDETT AVE<br>TROY, NY 12180<br>14-1710225                                   | CHILD CARE SERVICES                                  | NY   | 501(C)(3)                  | LINE 10   | ST PETER'S HEALTH PARTNERS                     | Yes   |    |
| 2215 BURDETT AVE<br>TROY, NY 12180<br>14-1338544                                   | HEALTH CARE AND HOSPITAL SERVICES                    | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HEALTH PARTNERS                     | Yes   |    |
| 1938 CURRY ROAD<br>SCHENECTADY, NY 12303<br>14-1708754                             | PACE PROGRAM   | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                                 | Yes   |    |
| ONE ABELE BLVD<br>CLIFTON PARK, NY 12065<br>14-1756230                             | LONG TERM CARE                                       | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                                 | Yes   |    |
| PO BOX 3349<br>SIOUX CITY, IA 51102<br>42-1185707                                  | MEDICAL TRANSPORTATION SERVICES                      | IA   | 501(C)(3)                  | LINE 12A, I   | N/A  |   | No |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>22-2541103                            | LONG TERM CARE                                       | MA   | 501(C)(3)                  | LINE 3  | THE MERCY HOSPITAL INC                         | Yes   |    |
| 424 DECATUR STREET<br>ATLANTA, GA 30312<br>47-2299757                              | HEALTH CARE SYSTEM SUPPORT                           | GA   | 501(C)(3)                  | LINE 12B, II  | SAINT JOSEPH'S HEALTH SYSTEM INC               | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-2840137              | PACE PROGRAM   | PA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF THE MID-ATLANTIC REGION      | Yes   |    |
| PO BOX 2500<br>WILMINGTON, DE 19805<br>51-0374158                                  | FOUNDATION   | DE   | 501(C)(3)                  | LINE 12A, I   | ST FRANCIS HOSPITAL INC                        | Yes   |    |
| PO BOX 2500<br>WILMINGTON, DE 19805<br>51-0064326                                  | HEALTH CARE AND HOSPITAL SERVICES                    | DE   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF THE MID-ATLANTIC REGION      | Yes   |    |
| 601 HAMILTON AVENUE<br>TRENTON, NJ 08629<br>83-2199054                             | HEALTH CARE SERVICES                                 | NJ   | 501(C)(3)                  | LINE 3  | ST FRANCIS MEDICAL CENTER TRENTON NJ           | Yes   |    |
| 601 HAMILTON AVENUE<br>TRENTON, NJ 08629<br>52-1025476                             | FOUNDATION   | NJ   | 501(C)(3)                  | LINE 7  | ST FRANCIS MEDICAL CENTER TRENTON NJ           | Yes   |    |
| 601 HAMILTON AVENUE<br>TRENTON, NJ 08629<br>22-3431049                             | HEALTH CARE AND HOSPITAL SERVICES                    | NJ   | 501(C)(3)                  | LINE 3  | MAXIS HEALTH SYSTEM                            | Yes   |    |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>22-3127184                            | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE) | NY   | 501(C)(3)                  | LINE 12A, I   | TRINITY HEALTH CORPORATION                     | Yes   |    |



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|  |   |  |                            |   |   | Yes   | No |
| 775 S MAIN ST<br>CHELSEA, MI 48118<br>82-4757260                                   | HEALTH CARE AND HOSPITAL SERVICES         | MI   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH-MICHIGAN                   | Yes   |    |
| 100 GOSSMAN DRIVE<br>SOUTHERN PINES, NC 28387<br>56-0694200                        | LONG TERM CARE                            | NC   | 501(C)(3)                  | LINE 3  | TRINITY CONTINUING CARE SERVICES          | Yes   |    |
| 206 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>20-2497520                            | COLLEGE OF NURSING                        | NY   | 501(C)(3)                  | LINE 2  | ST JOSEPH'S HOSPITAL HEALTH CENTER        | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>23-7219294                            | BUILDING MANAGEMENT SERVICES              | NY   | 501(C)(3)                  | LINE 12B, II  | ST JOSEPH'S HEALTH INC                    | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>47-4754987                            | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | NY   | 501(C)(3)                  | LINE 12C, III-FI                                    | TRINITY HEALTH CORPORATION                | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>15-0532254                            | HEALTH CARE AND HOSPITAL SERVICES         | NY   | 501(C)(3)                  | LINE 3  | ST JOSEPH'S HEALTH INC                    | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>22-2149775                            | FOUNDATION                                | NY   | 501(C)(3)                  | LINE 12B, II  | ST JOSEPH'S HEALTH INC                    | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>27-3899821                            | HEALTH CARE SERVICES                      | NY   | 501(C)(3)                  | LINE 12A, I   | ST JOSEPH'S HOSPITAL HEALTH CENTER        | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>16-1516863                            | HEALTH CARE SERVICES                      | NY   | 501(C)(3)                  | LINE 12A, I   | ST JOSEPH'S HOSPITAL HEALTH CENTER        | Yes   |    |
| 1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>46-1827502                   | TITLE HOLDING COMPANY                     | PA   | 501(C)(2)                  | N/A   | ST MARY MEDICAL CENTER                    | Yes   |    |
| 1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>46-5354512                   | HEALTH CARE SERVICES                      | PA   | 501(C)(3)                  | LINE 10   | ST MARY MEDICAL CENTER                    | Yes   |    |
| 2021 ALBANY AVENUE<br>WEST HARTFORD, CT 06117<br>06-0646843                        | LONG TERM CARE                            | CT   | 501(C)(3)                  | LINE 3  | MERCY COMMUNITY HEALTH INC                | Yes   |    |
| 1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>23-1913910                   | HEALTH CARE AND HOSPITAL SERVICES         | PA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF THE MID-ATLANTIC REGION | Yes   |    |
| 1230 BAXTER STREET<br>ATHENS, GA 30606<br>58-2544232                               | FOUNDATION                                | GA   | 501(C)(3)                  | LINE 12A, I   | ST MARY'S HEALTH CARE SYSTEM INC          | Yes   |    |
| 1230 BAXTER STREET<br>ATHENS, GA 30606<br>81-1660088                               | FOUNDATION                                | GA   | 501(C)(3)                  | LINE 12A, I   | ST MARY'S HEALTH CARE SYSTEM INC          | Yes   |    |
| 1230 BAXTER STREET<br>ATHENS, GA 30606<br>58-0566223                               | HEALTH CARE AND HOSPITAL SERVICES         | GA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH CORPORATION                | Yes   |    |
| 1230 BAXTER STREET<br>ATHENS, GA 30606<br>02-0576648                               | SENIOR LIVING COMMUNITY                   | GA   | 501(C)(3)                  | LINE 3  | ST MARY'S HEALTH CARE SYSTEM INC          | Yes   |    |
| 1230 BAXTER STREET<br>ATHENS, GA 30606<br>26-1858563                               | HEALTH CARE SERVICES                      | GA   | 501(C)(3)                  | LINE 3  | ST MARY'S HEALTH CARE SYSTEM INC          | Yes   |    |
| 367 CLEAR CREEK PARKWAY<br>LAVONIA, GA 30553<br>47-3752176                         | HEALTH CARE AND HOSPITAL SERVICES         | GA   | 501(C)(3)                  | LINE 3  | ST MARY'S HEALTH CARE SYSTEM INC          | Yes   |    |
| 315 SOUTH MANNING BLVD<br>ALBANY, NY 12208<br>45-3570715                           | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT | NY   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH CORPORATION                | Yes   |    |

| Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations |                                   |  |                            |   |   |   |    |
|--|-----------------------------------|--|----------------------------|---|---|---|----|
| (a)<br>Name, address, and EIN of related organization                              | (b)<br>Primary activity           | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                  | (g)<br>Section 512 (b)(13) controlled entity? |    |
|  |                                   |  |                            |   |   | Yes   | No |
| 315 SOUTH MANNING BLVD<br>ALBANY, NY 12208<br>46-1177336                           | HEALTH CARE SERVICES              | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HEALTH PARTNERS                        | Yes   |    |
| 315 SOUTH MANNING BLVD<br>ALBANY, NY 12208<br>14-1348692                           | HEALTH CARE AND HOSPITAL SERVICES | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HEALTH PARTNERS                        | Yes   |    |
| 310 SOUTH MANNING BLVD<br>ALBANY, NY 12208<br>22-2262982                           | FOUNDATION                        | NY   | 501(C)(3)                  | LINE 7  | ST PETER'S HEALTH PARTNERS                        | Yes   |    |
| 1270 BELMONT AVENUE<br>SCHENECTADY, NY 12308<br>14-1338386                         | HEALTH CARE AND HOSPITAL SERVICES | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HEALTH PARTNERS                        | Yes   |    |
| 1270 BELMONT AVE<br>SCHENECTADY, NY 12308<br>22-2505127                            | FOUNDATION                        | NY   | 501(C)(3)                  | LINE 7  | SUNNYVIEW HOSPITAL AND REHABILITATION CENTER      | Yes   |    |
| 301 PROSPECT AVENUE<br>SYRACUSE, NY 13203<br>20-3018640                            | VOLUNTEER SERVICE AUXILIARY       | NY   | 501(C)(3)                  | LINE 10   | ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC | Yes   |    |
| 2215 BURDETT AVE<br>TROY, NY 12180<br>27-2153849                                   | HEALTH CARE SERVICES              | NY   | 501(C)(3)                  | LINE 3  | SAMARITAN HOSPITAL                                | Yes   |    |
| 445 NEW KARNER RD<br>ALBANY, NY 12205<br>22-2692940                                | FOUNDATION                        | NY   | 501(C)(3)                  | LINE 7  | THE COMMUNITY HOSPICE INC                         | Yes   |    |
| 445 NEW KARNER RD<br>ALBANY, NY 12205<br>14-1608921                                | HOSPICE SERVICES                  | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HEALTH PARTNERS                        | Yes   |    |
| 707 EAST CEDAR STREET STE 175<br>SOUTH BEND, IN 46617<br>35-1654543                | FOUNDATION                        | IN   | 501(C)(3)                  | LINE 7  | SAINT JOSEPH REGIONAL MEDICAL CENTER INC          | Yes   |    |
| 2256 BURDETT AVE<br>TROY, NY 12180<br>22-2570478                                   | LONG TERM CARE                    | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                                    | Yes   |    |
| 421 WEST COLUMBIA ST<br>COHOES, NY 12047<br>14-1793885                             | LONG TERM CARE                    | NY   | 501(C)(3)                  | LINE 10   | LTC (EDDY) INC                                    | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-3398280                            | HEALTH CARE AND HOSPITAL SERVICES | MA   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF NEW ENGLAND CORP INC            | Yes   |    |
| 310 SOUTH MANNING BLVD<br>ALBANY, NY 12208<br>22-2743478                           | FOUNDATION                        | NY   | 501(C)(3)                  | LINE 7  | ST PETER'S HEALTH PARTNERS                        | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-0660403                            | VOLUNTEER SERVICE AUXILIARY       | CT   | 501(C)(3)                  | LINE 12B, II  | N/A   |   | No |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>38-3320699                            | HOSPICE SERVICES (INACTIVE)       | MI   | 501(C)(3)                  | LINE 10   | TRINITY HOME HEALTH SERVICES                      | Yes   |    |
| 309 GRAND RIVER<br>PORT HURON, MI 48060<br>38-2485700                              | HEALTH CARE SERVICES              | MI   | 501(C)(3)                  | LINE 12A, I   | N/A   |   | No |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>38-2559656                            | LONG TERM CARE                    | MI   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH CORPORATION                        | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>93-0907047                            | LONG TERM CARE                    | IN   | 501(C)(3)                  | LINE 10   | TRINITY CONTINUING CARE SERVICES                  | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>82-4005577                            | LONG TERM CARE                    | MI   | 501(C)(3)                  | LINE 10   | TRINITY CONTINUING CARE SERVICES                  | Yes   |    |

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

| (a)<br>Name, address, and EIN of related organization                 | (b)<br>Primary activity                    | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity       | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|--|--|----------------------------|---|--|---|----|
|   |  |  |                            |   |  | Yes   | No |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>38-2113393               | HEALTH CARE AND HOSPITAL SERVICES          | MI   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH CORPORATION             | Yes   |    |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>35-1443425               | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT  | IN   | 501(C)(3)                  | LINE 12B, II  | CATHOLIC HEALTH MINISTRIES             | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>47-5244984               | PACE PROGRAM                               | PA   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH PACE                    | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1491191               | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT  | CT   | 501(C)(3)                  | LINE 12C, III-FI                                    | TRINITY HEALTH CORPORATION             | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>83-3546613               | HEALTH CARE SERVICES                       | CT   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes   |    |
| 114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1450168               | HEALTH CARE SERVICES                       | CT   | 501(C)(3)                  | LINE 3  | TRINITY HEALTH OF NEW ENGLAND CORP INC | Yes   |    |
| ONE WEST ELM STREET SUITE 100<br>CONSHOHOCKEN, PA 19428<br>23-2212638 | HEALTH CARE SYSTEM MANAGEMENT AND SUPPORT  | PA   | 501(C)(3)                  | LINE 12C, III-FI                                    | TRINITY HEALTH CORPORATION             | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>47-3073124               | PACE PROGRAM                               | MI   | 501(C)(3)                  | LINE 12B, II  | TRINITY HEALTH CORPORATION             | Yes   |    |
| 20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>20-8151733               | RETIREE MEDICAL AND RETIREE LIFE INSURANCE | MI   | 501(C)(9)                  | N/A   | TRINITY HEALTH CORPORATION             | Yes   |    |
| PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>38-2621935               | MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM | MI   | 501(C)(3)                  | LINE 10   | TRINITY HEALTH CORPORATION             | Yes   |    |
| 301 HACKETT BLVD<br>ALBANY, NY 12208<br>14-1438749                    | LONG TERM CARE                             | NY   | 501(C)(3)                  | LINE 3  | ST PETER'S HOSPITAL                    | Yes   |    |









| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust    |                              |   |                                     |  |                                 |   |                                |  |    |
|--|------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity      | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                              |   |                                     |  |                                 |   |                                | Yes  | No |
| CALIFORNIA HEALTHCARE MANAGEMENT PARTNERS INC<br>1303 E HERNDON AVE<br>FRESNO, CA 93720<br>82-0961647        | MANAGEMENT SERVICES          | CA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| CATHERINE HORAN BUILDING CORPORATION<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-2938160              | BUILDING MANAGEMENT          | MA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| CENTRAL VALLEY HEALTH PLAN INC<br>1303 E HERNDON AVE<br>FRESNO, CA 93720<br>61-1846844                       | HEALTH INSURANCE             | CA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| DIVERSIFIED COMMUNITY SERVICES INC<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-3128890                | MEDICAL SERVICES             | MA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FHS SERVICES INC<br>333 BUTTERNUT DRIVE SUITE 100<br>DEWITT, NY 13214<br>27-2995699                          | MEDICAL SERVICES             | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FRANCISCAN ASSOCIATES INC<br>333 BUTTERNUT DRIVE SUITE 100<br>DEWITT, NY 13214<br>20-2991688                 | MEDICAL SERVICES             | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FRANCISCAN HEALTH SUPPORT INC<br>333 BUTTERNUT DRIVE SUITE 100<br>DEWITT, NY 13214<br>16-1236354             | MEDICAL SERVICES             | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FRANCISCAN MANAGEMENT SERVICES INC<br>333 BUTTERNUT DRIVE SUITE 100<br>DEWITT, NY 13214<br>16-1351193        | MANAGEMENT SERVICES          | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| FRANKLIN MEDICAL GROUP PC<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1470493                         | PHYSICIAN OFFICE             | CT  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| GOTTLIEB MANAGEMENT SERVICES INC<br>701 W NORTH AVE<br>MELROSE PARK, IL 60160<br>36-3330529                  | MANAGEMENT SERVICES          | IL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| HACKLEY HEALTH VENTURES INC<br>1820 44TH STREET SE<br>KENTWOOD, MI 49508<br>38-2589959                       | OTHER MEDICAL SERVICES       | MI  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| HACKLEY PROFESSIONAL PHARMACY INC<br>1820 44TH STREET SE<br>KENTWOOD, MI 49508<br>38-2447870                 | PHARMACY                     | MI  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| HEALTH CARE MANAGEMENT ADMINISTRATORS INC<br>333 BUTTERNUT DRIVE SUITE 100<br>DEWITT, NY 13214<br>16-1450960 | HEALTH CARE MANAGEMENT       | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| HURON ARBOR CORPORATION<br>5301 EAST HURON RIVER DR<br>ANN ARBOR, MI 48106<br>38-2475644                     | PROVIDES OFFICE RENTAL SPACE | MI  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| IHA AFFILIATION CORPORATION<br>24 FRANK LLOYD WRIGHT DR LOBBY J<br>ANN ARBOR, MI 48106<br>38-3188895         | MEDICAL MANAGEMENT           | MI  | N/A                                 | C  |                                 |   |                                | Yes  |    |



| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust |   |   |                                     |  |                                 |   |                                |  |    |
|---|---|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity                 | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|   |   |   |                                     |  |                                 |   |                                | Yes  | No |
| LANGHORNE SERVICES II INC<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>26-3795549             | GENERAL PARTNER OF<br>LMOB PARTNERS, II | PA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| LANGHORNE SERVICES INC<br>1201 LANGHORNE-NEWTOWN ROAD<br>LANGHORNE, PA 19047<br>23-2625981                | GENERAL PARTNER OF<br>LMOB PARTNERS     | PA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MACNEAL HEALTH PROVIDERS INC<br>750 PASQUINELLI DRIVE SUITE 216<br>WESTMONT, IL 60059<br>36-3361297       | MEDICAL SERVICES                        | IL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MARYLAND CARE GROUP INC<br>1500 FOREST GLEN RD<br>SILVER SPRING, MD 20910<br>52-1815313                   | HEALTH CARE HOLDING                     | MD  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MCMC EASTWICK INC<br>C/O MHS ONE WEST ELM STREET STE 100<br>CONSHOHOCKEN, PA 19428<br>23-2184261          | MEDICAL OFFICE<br>BUILDINGS             | PA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MEDNOW INC<br>4300 E FLAMINGO AVE<br>NAMPA, ID 83687<br>82-0389927  | MEDICAL SERVICES                        | ID  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MERCY INPATIENT MEDICAL ASSOCIATES INC<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-3029929         | MEDICAL SERVICES                        | MA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MERCY MEDICAL SERVICES<br>801 5TH STREET<br>SIOUX CITY, IA 51101<br>42-1283849                            | PRIMARY CARE<br>PHYSICIANS              | IA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MERCY SERVICES CORPORATION<br>2525 SOUTH MICHIGAN AVENUE<br>CHICAGO, IL 60616<br>36-3227348               | DORMANT                                 | IL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| MOUNT CARMEL HEALTH PROVIDERS INC<br>6150 EAST BROAD STREET<br>COLUMBUS, OH 43213<br>31-1382442           | MEDICAL SERVICES                        | OH  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| NURSING NETWORK INC<br>4725 NORTH FEDERAL HIGHWAY<br>FORT LAUDERDALE, FL 33308<br>59-1145192              | MEDICAL SERVICES                        | FL  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| PROVIDENCE HOMECARE INC<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-3317426                        | HEALTH CARE SERVICES                    | MA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SAINT ALPHONSUS HEALTH ALLIANCE INC<br>1055 NORTH CURTIS ROAD<br>BOISE, ID 83706<br>82-0524649            | ACCOUNTABLE CARE<br>ORGANIZATION        | ID  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SAINT ALPHONSUS PHYSICIANS PA<br>1055 NORTH CURTIS ROAD<br>BOISE, ID 83706<br>33-1078261                  | HEALTH CARE SERVICES<br>(INACTIVE)      | ID  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SAINT FRANCIS BEHAVIORAL HEALTH GROUP<br>PC<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1384686    | MEDICAL SERVICES                        | CT  | N/A                                 | C  |                                 |   |                                | Yes  |    |

| Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust      |                                   |   |                                     |  |                                 |   |                                |  |    |
|--|-----------------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
| (a)<br>Name, address, and EIN of<br>related organization   | (b)<br>Primary activity           | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|  |                                   |   |                                     |  |                                 |   |                                | Yes  | No |
| SAINT FRANCIS CARE MEDICAL GROUP PC<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>06-1432373                 | MEDICAL SERVICES                  | CT  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SAMARITAN MEDICAL OFFICE BUILDING INC<br>2212 BURDETT AVENUE<br>TROY, NY 12180<br>14-1607244                   | REAL ESTATE                       | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SJM PROPERTIES INC<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>16-1294991                                  | PROPERTY HOLDINGS                 | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SJPE PRACTICE MANAGEMENT SERVICES INC<br>301 PROSPECT AVE<br>SYRACUSE, NY 13203<br>45-4164964                  | MANAGEMENT SERVICES               | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SJRC HOLDINGS INC<br>5215 HOLY CROSS PARKWAY<br>MISHAWAKA, IN 46545<br>47-4763735                              | PROPERTY HOLDINGS                 | IN  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| ST ELIZABETH HEALTH SUPPORT SERVICES<br>INC<br>333 BUTTERNUT DRIVE SUITE 100<br>DEWITT, NY 13214<br>16-1540486 | MEDICAL SERVICES                  | NY  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| SYSTEM COORDINATED SERVICES INC<br>114 WOODLAND STREET<br>HARTFORD, CT 06105<br>04-2938161                     | LAB SERVICES                      | MA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| THRE SERVICES LLC<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>45-2603654                                   | REAL ESTATE<br>BROKERAGE SERVICES | MI  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| TRINITY ASSURANCE LTD<br>PO BOX 1159 GRAND CAYMAN<br>GRAND CAYMAN<br>CJ 98-0453602                             | SELF-INSURANCE                    | CJ  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| TRINITY HEALTH ACO INC<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>47-3794666                              | ACCOUNTABLE CARE<br>ORGANIZATION  | DE  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| TRINITY HEALTH EMPLOYEE BENEFIT TRUST<br>20555 VICTOR PARKWAY<br>LIVONIA, MI 48152<br>38-3410377               | GRANTOR TRUST                     | MI  | N/A                                 | T  |                                 |   |                                | Yes  |    |
| TRINITY SENIOR SERVICES MANAGEMENT INC<br>PO BOX 9184<br>FARMINGTON HILLS, MI 48333<br>37-1572595              | SENIOR SERVICES                   | PA  | N/A                                 | C  |                                 |   |                                | Yes  |    |
| WORKPLACE HEALTH OF GRAND HAVEN INC<br>1820 44TH STREET SE<br>KENTWOOD, MI 49508<br>38-3112035                 | OCCUPATIONAL HEALTH               | MI  | N/A                                 | C  |                                 |   |                                | Yes  |    |