

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2017
Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Unity Properties, Inc.		D Employer identification number 52-1857768
	Doing business as		E Telephone number (410) 362-3000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 814,015.
	26 N. Fulton Avenue		
City or town, state or province, country, and ZIP or foreign postal code Baltimore, MD 21223-1624		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
F Name and address of principal officer Samuel L. Ross, MD		H(c) Group exemption number 0928	

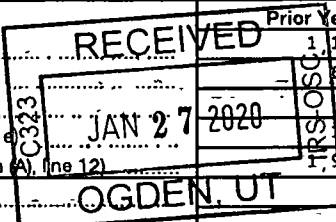
I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **N/A**

K Form of organization: Corporation Trust Association Other **L** Year of formation: **1993** **M** State of legal domicile: **MD**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities To foster and provide affordable housing and related services to low and moderate income persons.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	8
	6 Total number of volunteers (estimate if necessary)	6	7
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,147,285.	Current Year 561,312.
	9 Program service revenue (Part VIII, line 2g)	563,106.	238,381.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,424.	14,322.
	12 Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,759,815.	814,015.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	636,301.	686,381.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	203,640.	362,658.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	839,941.	1,049,039.
19 Revenue less expenses. Subtract line 18 from line 12	1,119,874.	<235,024.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 4,955,583.	End of Year 4,649,412.
	21 Total liabilities (Part X, line 26)	1,219,026.	1,309,823.
	22 Net assets or fund balances. Subtract line 21 from line 20	3,736,557.	3,339,589.



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: *Michael A. Brozic* Date: **1/17/2020**
Type or print name and title: **Michael A. Brozic, CFO-BHS**

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN		Phone no.	

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

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Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission

The mission is to bring compassion to health care and to be good help to those in need, especially those who are poor and dying. As a system of caregivers, we commit ourselves to help bring people and communities to health and wholeness.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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 X

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 \$ 933,269. including grants of \$) (Revenue \$ 238,381.)

The Housing and Neighborhood Revitalization Program supports initiatives designed to sustain strong, stable, and thriving neighborhoods around Bon Secours Baltimore Health System. Under this program, Bon Secours has developed and now owns five senior housing buildings and four developments of scattered site family rental housing. Unity Properties, Inc works with neighborhood residents as well as government and community partners to create strong communities where people want to live, work and play. We create and maintain clean strong neighborhoods by renovating existing homes, some vacant, into low-to moderate income housing for sale to first time buyers, offer home improvement funds to home owners, connect with seniors through outreach services so that they may comfortably age in place; and

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 933,269.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, W-2G, Form W-3, foreign accounts, and charitable contributions.

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

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

X

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (8), 1b (7), 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 None
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available Check all that apply
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 VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	65,000.			
	e Government grants (contributions)	1e	315,675.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	180,637.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		561,312.			
	Program Service Revenue	2 a Property Mgmt/Dev. Fee	Business Code 900099	137,974.	137,974.	
b JV Income		900099	100,407.	100,407.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			238,381.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)					
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	14,322.			
		(ii) Personal	0.			
		c Rental income or (loss)	14,322.			
	d Net rental income or (loss)		14,322.		14,322.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less direct expenses	b			
		c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19	a				
		b Less direct expenses	b			
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a	a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		814,015.	238,381.	0.	14,322.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	187,332.	168,599.	18,733.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	365,395.	328,856.	36,539.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,053.	4,548.	505.	
9 Other employee benefits	114,571.	103,114.	11,457.	
10 Payroll taxes	14,030.	12,627.	1,403.	
11 Fees for services (non-employees)				
a Management				
b Legal	4,786.		4,786.	
c Accounting	7,289.		7,289.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	144,777.	130,300.	14,477.	
12 Advertising and promotion	879.	791.	88.	
13 Office expenses	97,184.	87,466.	9,718.	
14 Information technology				
15 Royalties				
16 Occupancy	26,066.	23,459.	2,607.	
17 Travel	14,256.	12,830.	1,426.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	50,523.	45,471.	5,052.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Professional Consulting	14,800.	13,320.	1,480.	
b Membership Dues	2,098.	1,888.	210.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,049,039.	933,269.	115,770.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	1,359,868.	2	895,563.
	3 Pledges and grants receivable, net	227,212.	3	329,238.
	4 Accounts receivable, net	503,232.	4	609,863.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	3,698,790.		
	10b Less accumulated depreciation	985,642.		
		2,763,671.	10c	2,713,148.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	101,600.	13	101,600.
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,955,583.	16	4,649,412.	
Liabilities	17 Accounts payable and accrued expenses	29,284.	17	108,613.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	101,500.	24	101,500.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,088,242.	25	1,099,710.
	26 Total liabilities. Add lines 17 through 25	1,219,026.	26	1,309,823.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,139,551.	27	3,314,446.
	28 Temporarily restricted net assets	597,006.	28	25,143.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	3,736,557.	33	3,339,589.	
34 Total liabilities and net assets/fund balances	4,955,583.	34	4,649,412.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	814,015.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,049,039.
3	Revenue less expenses. Subtract line 2 from line 1	3	<235,024.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,736,557.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<161,944.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,339,589.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
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	X	

Form 990 (2017)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	305,182.	307,035.	177,764.	1,147,286.	561,312.	2,498,579.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	305,182.	307,035.	177,764.	1,147,286.	561,312.	2,498,579.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						373,776.
6 Public support. Subtract line 5 from line 4						2,124,803.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	305,182.	307,035.	177,764.	1,147,286.	561,312.	2,498,579.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			3,298.	16,752.	14,322.	34,372.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)			643.			643.
11 Total support. Add lines 7 through 10						2,533,594.
12 Gross receipts from related activities, etc (see instructions)					12	2,269,774.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	83.87	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	83.05	%
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Unity Properties, Inc.

Employer identification number
52-1857768

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 ▶ \$ _____

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

Schedule D (Form 990) 2017

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

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

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

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

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

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

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

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

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

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		327,850.		327,850.
b Buildings		1,986,042.	977,642.	1,008,400.
c Leasehold improvements				
d Equipment		8,000.	8,000.	0.
e Other		1,376,898.		1,376,898.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,713,148.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to Affiliates	1,099,710.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 1,099,710.

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.

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

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

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

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

Part XIII Supplemental Information.

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

Part X, Line 2:

Schedule D, Part X, Line 2 requires that the organization provide the text

of the footnote to the organization's financial statements that reports

the organization's liability for uncertain tax positions under ASC 740.

ASC 740 addresses the accounting for uncertainty in income taxes

recognized in an entity's financial statements and prescribes a threshold

of more-likely-than-not for recognition and derecognition of tax positions

taken or expected to be taken in a tax return. The adoption of ASC 740 by

Bon Secours Mercy Health, Inc. on September 1, 2007 did not have a

material impact on BSMH's consolidated financial statements. As the

organization does not conduct a separate audit of its financial

statements, below is the related statement from the Bon Secours Mercy

Part XIII Supplemental Information *(continued)*

Health, Inc. consolidated audited financial statements:

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

Accounting for uncertainty in income taxes, ASC Topic 740-10 prescribes a comprehensive model for how an organization should measure, recognize, present, and disclose in its financial statements uncertain tax positions that an organization has taken or expects to take on a tax return. The System is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The System believes it is no longer subject to income tax examinations for years prior to 2013. As of August 31, 2018 and 2017, the System has no uncertain tax positions.

The System's taxable subsidiaries had approximately \$97,815 and \$106,393 of net operating loss carryforwards as of August 31, 2018 and 2017, respectively, which expire in varying periods through 2037 and are available to offset future taxable income. The System accounts for income

Part XIII Supplemental Information (continued)

taxes under the asset and liability method. Under this method, deferred tax assets and liabilities are recognized for the estimated future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to be in effect during the year in which those temporary differences are expected to be recovered or settled. The effect on deferred tax assets and liabilities of a change in tax rates is recognized in income in the period that includes the enactment date.

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

On December 22, 2017, the President signed into law H.R. 1, originally known as the Tax Cuts and Jobs Act. The Act significantly revises the U.S. corporate income tax by, lowering the statutory corporate tax rate from 35% to 21% and eliminating certain deductions. The new law also includes several provisions that result in substantial changes to the tax treatment of tax-exempt organizations and their donors. The System has reviewed these provisions and the potential impact and concluded the enactment of H.R. 1 will not have a material effect on the operations of the organization.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization

Unity Properties, Inc.

Employer identification number

52-1857768

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2017

Part III Supplemental Information

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

Part I, Line 3:

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

Compensation Committee

Independent Compensation Consultant

Written Employment Contract

Compensation Survey or Study

Approval by the Board or Compensation Committee

Part I, Line 7:

The organization provides annual incentive compensation for listed

individuals. The organization's Board of Trustees establishes objective

thresholds which must be achieved for incentives to be awarded. The Board

also establishes threshold, target and maximum levels for incentive awards.

Within these established parameters, the Board determines the CEO's

incentive award and incentive awards for other listed individuals are

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.

determined by the listed individual's supervisor and disclosed to the

Board. The Board may authorize modified incentive awards when appropriate

in its judgment.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public
Inspection

Name of the organization

Unity Properties, Inc.

Employer identification number

52-1857768

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

coordinate a homebuyers club turning renters into home owners.

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

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

Health System, which in turn is the sole member of Bon Secours of Maryland

Foundation, Inc., which in turn is the sole member of Unity Properties,

Inc.

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

The governing body of Unity Properties, Inc. is appointed by its member Bon

Secours of Maryland Foundation, Inc., and subject to approval by Bon

Secours Mercy Health, Inc.

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

Certain authorities of Unity Properties, Inc are reserved to its member or

to Bon Secours Mercy Health, Inc:

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

The Form 990 is prepared by BSMH's tax department and reviewed by

management. Upon review, the Form 990 is then forwarded to the local

system's independent Audit and Compliance Committee for review and

approval. Once the Form 990 is reviewed by all applicable parties a copy

of the final version is provided to all members of the governing body prior

to filing.

Name of the organization Unity Properties, Inc.	Employer identification number 52-1857768
--	--

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

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

Form 990, Part VI, Section B, Line 15b:

The compensation committee of the board of Bon Secours Mercy Health, Inc. (BSMH) engages in a comprehensive process for the oversight and management of remuneration for executive employees and disqualified parties of the BSMH. The compensation committee consists of a group of independent board members and engages independent external compensation consultant to ensure they receive appropriate analysis of market and follow the practices necessary to obtain full compliance with the IRS' rebuttable presumption of reasonableness. The committee establishes and maintains a compensation

Name of the organization Unity Properties, Inc.	Employer identification number 52-1857768
--	--

philosophy; reviews pay practices against local, regional and national healthcare organizations and approves all remunerative decisions for this group of individuals. The committee reviews and receives assurances that all levels of pay within the organization are reasonable based on performance and validates incentives are met. These decisions are documented in the BSMH board of directors' and compensation committee minutes.

Compensation Process Other Officers/ Key Employees: For those key employees and highest paid employees that are not reviewed by the BSMH compensation committee, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. In the review, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same title. During the review and approval of the compensation, documentation of the decision was recorded in human resources.

Form 990, Part VI, Section C, Line 19:

The filing organization provides any documents open to public inspection upon request.

Form 990, Part VII

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

Name of the organization Unity Properties, Inc.	Employer identification number 52-1857768
--	--

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

Purchased Services:

Program service expenses	83,622.
Management and general expenses	9,291.
Fundraising expenses	0.
Total expenses	92,913.

Nonop Purchased Services:

Program service expenses	46,678.
Management and general expenses	5,186.
Fundraising expenses	0.
Total expenses	51,864.

Total Other Fees on Form 990, Part IX, line 11g, Col A 144,777.

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

Change in NCI - Chesapeake Housing LLC Net Assets	-100,407.
Investment in Subsidiary	-61,537.
Total to Form 990, Part XI, Line 9	-161,944.

Amended Return

This return has been amended to include a copy of the section
168(h)(6)(F)(ii) election filed by Bon Secours New Shiloh II, LLC (EIN:
82-0631206).

SCHEDULE R (Form 990)
Department of the Treasury Internal Revenue Service
Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: Unity Properties, Inc.
Employer identification number: 52-1857768

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Chesapeake Housing, LLC - 52-1857768 26 N. Fulton Avenue Baltimore, MD 21223-1624	Low Income Housing	Maryland	100,407.	101,500.	Unity Properties, Inc.
Bon Secours Gibbons Apartments, LLC - 47-2311230, 26 N. Fulton Ave., Baltimore, MD 21223	Low Income Housing	Maryland	0.	0.	Unity Properties, Inc.

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Bon Secours Mercy Health, Inc. - 52-1301088 1701 Mercy Health Place Cincinnati, OH 45237	Healthcare system parent	Ohio	501(c)(3)	Line 12c, III-FI	Bon Secours, Inc.		X
Bon Secours New York Health System, Inc. - 91-2135196, 2975 Independence Avenue, Bronx, NY 10463	Local System Parent Org.	New York	501(c)(3)	Line 12a, I	Bon Secours Mercy Health, Inc.		X
Bon Secours Kentucky Health System, Inc. - 61-1356024, St. Christopher Dr., Ashland, KY 41101	Local System Parent Org.	Kentucky	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Baltimore Health Corporation - 80-0728893, 2000 West Baltimore Street, Baltimore, MD 21223	Local System Parent Org.	Maryland	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Bon Secours St. Francis Health System, Inc. - 58-2504528, 1 St. Francis Drive, Greenville, SC 29601	Local System Parent Org.	South Carolina	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Hampton Roads Health System - 52-1538513, 7007 Harbour View Blvd., Portsmouth, VA 23435	Local System Parent Org.	Virginia	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Richmond Health System - 52-1988421, 8580 Magellan Parkway, Richmond, VA 23227	Local System Parent Org.	Virginia	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
Bon Secours Baltimore Health System Foundation, Inc. - 38-3843816, 26 North Fulton Avenue, Baltimore, MD 21223	Grant Making Foundation	Maryland	501(c)(3)	Line 12c, III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours)		X
The Bon Secours of Maryland Foundation, Inc. - 52-1732800, 26 North Fulton Avenue, Baltimore, MD 21223	Grant Making Foundation	Maryland	501(c)(3)	Line 12c, III-FI	Bon Secours Baltimore Health Corporation (dba Bon Secours)		X
Mary Immaculate Foundation - 31-1644734 7007 Harbour View Blvd. Suffolk, VA 23435	Fundraising	Virginia	501(c)(3)	Line 12c, III-FI	Mary Immaculate Hospital		X
Bon Secours DePaul Health Foundation - 54-1843876, 7007 Harbour View Blvd., Suffolk, VA 23435	Fundraising	Virginia	501(c)(3)	Line 7	Bon Secours DePaul Medical Center		X
Bon Secours Maryview Foundation - 52-1694731 7007 Harbour View Blvd. Suffolk, VA 23435	Fundraising	Virginia	501(c)(3)	Line 7	Bon Secours Hampton Roads Health System		X
Our Lady of Bellefonte Hospital, Inc. - 61-1356023, 1000 St. Christopher Dr., Ashland, KY 41101	Health Care	Kentucky	501(c)(3)	Line 3	Bon Secours Kentucky Health System		X
Bon Secours Hospital Baltimore, Inc. - 52-0591555, 2000 West Baltimore Street, Baltimore, MD 21223	Health Care	Maryland	501(c)(3)	Line 3	Bon Secours Baltimore Health Corporation (dba Bon Secours St.)		X
St. Francis Hospital, Inc. - 58-2504530 One St. Francis Drive Greenville, SC 29601	Health Care	South Carolina	501(c)(3)	Line 3	Francis Health System, Inc.		X
Mary Immaculate Hospital, Inc. - 54-0548200 7007 Harbour View Blvd. Suffolk, VA 23435	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Mercy Health, Inc.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Bon Secours - DePaul Medical Center, Inc. - 54-1820093, 7007 Harbour View Blvd., Suffolk, VA 23435	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System		X
Maryview Hospital - 54-0506463 7007 Harbour View Blvd. Portsmouth, VA 23707	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Hampton Roads Health System		X
Bon Secours - Memorial Regional Medical Center, Inc. - 54-1744931, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours - St. Mary's Hospital of Richmond, Inc. - 54-0793767, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours - Richmond Community Hospital - 54-0647482, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours - St. Francis Medical Center, Inc. - 31-1716973, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours Kentucky Health System Foundation, Inc. - 61-1381952, St. Christopher Dr., Ashland, KY 41101	Grant Making Foundation	Kentucky	501(c)(3)	Line 7	Bon Secours Kentucky Health System		X
Bon Secours Baltimore Development, Inc. - 76-0785344, 26 North Fulton Avenue, Baltimore, MD 21223	Community Housing	Maryland	501(c)(3)	Line 7	Unity Properties, Inc.		X
Unity Properties, Inc. - 52-1857768 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	Maryland	501(c)(3)	Line 7	Bon Secours of Maryland Foundation		X
Bon Secours - St. Francis Health System Foundation, Inc. - 26-0012031, One St. Francis Drive, Greenville, SC 29601	Grant Making Foundation	South Carolina	501(c)(3)	Line 7	St Francis Hospital, Inc.		X
Bon Secours Richmond Health Care Foundation - 54-1201346, 8580 Magellan Parkway, Richmond, VA 23227	Grant Making Foundation	Virginia	501(c)(3)	Line 7	Bon Secours Richmond, LLC Maria Manor Nursing Care Center		X
Bon Secours St. Petersburg Home Care Services, Inc. - 13-4334363, 10300 Fourth Street North, St. Petersburg, FL 33716	Home Care Services	Florida	501(c)(3)	Line 10			X

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
Rappahanock General Hospital Foundation - 54-1210450, 101 Harris Road, Kilmarnock, VA 22482	Supporting Organization	Virginia	501(c)(3)	Line 7	Bon Secours Richmond Health System		X
Chesapeake Medical Group - 54-1857174 101 Harris Road Kilmarnock, VA 22482	Healthcare Services	Virginia	501(c)(3)	Line 10	Bon Secours Richmond Health System		X
Chesapeake Hospital Corporation - 23-7424835 101 Harris Road Kilmarnock, VA 22482	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours Richmond Health System		X
Bon Secours New Jersey Health System, Inc. - 22-2754781, 1505 Marriottsville Road, Marriottsville, MD 27104	Local System Parent Org.	New Jersey	501(c)(3)	Line 12c, III-FI	Bon Secours Mercy Health, Inc.		X
St. Mary Hospital, Inc. - 22-1487324 308 Willow Hoboken, NJ 07030	Health Care	New Jersey	501(c)(3)	Line 3	Bon Secours New Jersey Health System, Inc.		X
Mercy Health Services - 25-1585441 1505 Marriottsville Road Marriottsville, MD 27104	Local System Parent Org.	Pennsylvania	501(c)(3)		Bon Secours Mercy Health, Inc.		X
Pennsylvania Health Choice Plan 1505 Marriottsville Road Marriottsville, MD 27104	Health Care	Pennsylvania	501(c)(3)		Mercy Health Services		X
Liberty Medical Center - 52-1466304 1505 Marriottsville Road Marriottsville, MD 27104	Health Care	Maryland	501(c)(3)	Line 3	Bon Secours Baltimore Health Corporation (dba Bon Secours Richmond Health System		X
Bon Secours - Stuart Circle Hospital, Inc. - 54-1740128, 8580 Magellan Parkway, Richmond, VA 23227	Health Care	Virginia	501(c)(3)	Line 3	Bon Secours St. Francis Health System, Inc		X
Post Office Plaza Owners Association, Inc. 1703 Laurel Street Columbia, SC 29201	Health Care	South Carolina	501(c)(3)				X

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
Bon Secours Apartments III LP - 52-2134444, 1800 West Baltimore St., Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours Smallwood Summit LP - 52-2280175, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours Chesapeake Apartments LP - 20-0107034, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours Shiloh LP - 20-3965243, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours New Shiloh II Limited Partnership - 82-0655142, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours Wayland LP - 27-0468688, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours Gibbons Apartments, LP - 47-2322323, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Upstate Surgery Center, LLC - 56-2186977, One St. Francis Drive, Greenville, SC 29601	Ambulatory Surgery Center	SC	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Province Place of DePaul, LLC - 54-1950880, 6403 Granby Street, Norfolk, VA 23505	Assisted Living Facilities	VA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under Sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
Province Place of Maryview, LLC - 54-1842697, One Bon Secours Way, Portsmouth, VA 23703	Assisted Living	VA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Broad/64 Imaging, LLC - 20-5886018, 8580 Magellan Parkway, Richmond, VA 23227	Imaging Services	VA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Richmond Radiation Oncology Center I, LLC - 20-8444551, 8580 Magellan Parkway, Richmond, VA 23227	Radiation Oncology Services	VA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
RI, L.P. - 54-1708835 8580 Magellan Parkway Richmond, VA 23227	Imaging Services	VA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours Benet House, LP - 36-4765400, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Bon Secours Benet House, LLC - 46-3055312, 26 North Fulton Ave, Baltimore, MD 21223	Low Income Housing	MD	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Southeastern Health Partners, LLC - 81-3264385, One St. Francis Drive, Greenville, SC 29601	Coordinated Care	SC	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Harbour View MOB 2, LLC - 82-2484997, 5818 Harbour View Blvd, Suite A1, Suffolk, VA 23435	Real Estate	VA	N/A	N/A	N/A	N/A			N/A	N/A	N/A
Memorial Ambulatory Surgery Center, LLC - 59-3813233, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Surgery Center	VA	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
Bon Secours Wayland LLC - 27-0468561 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	MD	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours New Shiloh II, LLC - 82-0631206 26 North Fulton Avenue Baltimore, MD 21223	Low Income Housing	MD	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours New York Housing Development Fund Corporation - 47-2224316, 2975 Independence Avenue, Bronx, NY 10463	Low Income Housing	NY	N/A	C CORP	N/A	N/A	N/A		X
Maryview Building Corporation - 54-1306612 3636 High Street Portsmouth, VA 23707	Administrative	VA	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours-Virginia Healthsource, Inc. - 54-1417686, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Healthcare Services	VA	N/A	C CORP	N/A	N/A	N/A		X
Chesterfield Community Healthcare Center, Inc - 54-1812738, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Healthcare Services	VA	N/A	C CORP	N/A	N/A	N/A		X
Richmond Radiation Oncology Center, Inc. - 54-1570244, 8580 Magellan Parkway, Richmond, VA 23227	Ambulatory Healthcare Services	VA	N/A	C CORP	N/A	N/A	N/A		X
RHS Management Corp. - 54-1313425 8580 Magellan Parkway Richmond, VA 23227	Independent Living Facility	VA	N/A	C CORP	N/A	N/A	N/A		X
Richmond MRI, Inc. - 54-1568452 8580 Magellan Parkway Richmond, VA 23227	Medical Services	VA	N/A	C CORP	N/A	N/A	N/A		X
Good Help Connections, LLC - 47-2345223 8990 Old Annapolis Road Columbia, MD 21045	IT Consulting	MD	N/A	C CORP	N/A	N/A	N/A		X
Optimum Health Network, Inc. - 57-0973524 One St. Francis Drive Greenville, SC 29601	Healthcare Services	SC	N/A	C CORP	N/A	N/A	N/A		X
Bon Secours Assurance Company, Ltd. - 98-0152147, P.O. Box 69, CAYMAN ISLANDS KY1-1102	Offshore Captive Management	Cayman Islands	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

- a** Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part VII Supplemental Information.

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

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Bon Secours Baltimore Health System Foundation, Inc.

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S

Name of Related Organization:

The Bon Secours of Maryland Foundation, Inc.

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S

Name of Related Organization:

Bon Secours Hospital Baltimore, Inc.

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S

Name of Related Organization:

Liberty Medical Center

Direct Controlling Entity: Bon Secours Baltimore Health Corporation (dba

Bon Secours Baltimore Health S