

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- B Check if applicable
Address change
Name change
Initial return
Final
Return/terminated
Amended return
Application pending

C Name of organization: CABRINI OF WESTCHESTER
Doing business as: ST CABRINI NURSING HOME
Number and street (or P O box if mail is not delivered to street address): 115 BROADWAY
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: DOBBS FERRY, NY 10522

D Employer identification number: 23-7063399
E Telephone number: (914) 693-6800
G Gross receipts \$ 46,192,953

F Name and address of principal officer: PATRICIA KRASNAUSKY, 115 BROADWAY, DOBBS FERRY, NY 10522

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status: 501(c)(3)
J Website: CABRINI-ELDERCARE.ORG

K Form of organization: Corporation
L Year of formation: 1967
M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

Table with 2 columns: Description, Amount. Rows 2-7b: 2 Check this box, 3 Number of voting members (13), 4 Number of independent voting members (13), 5 Total number of individuals employed (562), 6 Total number of volunteers (81), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-19: 8 Contributions and grants (634,626 / 440,410), 9 Program service revenue (46,791,228 / 44,470,126), 10 Investment income (101,034 / 11,640), 11 Other revenue (896,585 / 1,200,370), 12 Total revenue (48,423,473 / 46,122,546), 13 Grants and similar amounts paid (0 / 0), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (29,081,049 / 29,771,277), 16a Professional fundraising fees (0 / 0), 17 Other expenses (17,384,697 / 19,168,235), 18 Total expenses (46,465,746 / 48,939,512), 19 Revenue less expenses (1,957,727 / -2,816,966).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (70,149,007 / 63,945,941), 21 Total liabilities (53,978,404 / 50,538,085), 22 Net assets or fund balances (16,170,603 / 13,407,856).

Part II Signature Block

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

Sign Here: Signature of officer (*****), Date (2017-11-15), Preparer (DAVID ARDITTI CFO), Type or print name and title.

Paid Preparer Use Only: Print/Type preparer's name (GARRETT M HIGGINS), Preparer's signature (GARRETT M HIGGINS), Date (2017-11-14), Check self-employed, PTIN (P00543209), Firm's name (PKF O'CONNOR DAVIES LLP), Firm's EIN (27-1728945), Firm's address (500 MAMARONECK AVENUE, HARRISON, NY 105281633), Phone no (914) 381-8900.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

CABRINI OF WESTCHESTER (CW), WITH A FOCUS ON ELDERCARE AND OUTREACH TO THE COMMUNITY, IS COMMITTED, IN THE TRADITION OF MOTHER CABRINI, TO BRING GOD'S LOVE TO THE WORLD THROUGH PERSONALIZED, COMPASSIONATE AND QUALITY SERVICE WITH AN EMPHASIS ON JUSTICE AND RESPECT FOR ALL SPONSORED BY THE MISSIONARY SISTERS OF THE SACRED HEART OF JESUS, CW IS COMPRISED OF ST CABRINI NURSING HOME, ST CABRINI LONG TERM HOME HEALTH CARE PROGRAM, MONSIGNOR TERENCE ATTRIDGE ADULT DAY HEALTH PROGRAM AND CABRINI IMMIGRANT SERVICES IN KEEPING WITH THE LEGACY OF MOTHER CABRINI, EACH OF THE PROGRAMS AND SERVICES OFFERED BY CW ARE FOCUSED ON MEETING THE NEEDS OF SOCIETY'S MOST VULNERABLE AND UNDERSERVED THE GROWING POPULATION OF FRAIL ELDBERS AND OUR VAST IMMIGRANT POPULATION

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 38,695,727 including grants of \$) (Revenue \$ 41,884,339)
See Additional Data

4b (Code) (Expenses \$ 2,699,166 including grants of \$) (Revenue \$ 899,925)
See Additional Data

4c (Code) (Expenses \$ 1,258,722 including grants of \$) (Revenue \$ 1,685,862)
See Additional Data






















(Code) (Expenses \$ 186,008 including grants of \$) (Revenue \$)

CABRINI IMMIGRANT SERVICES' (CIS) STOREFRONT LOCATION IN DOBBS FERRY, NY SERVES THE IMMIGRANT COMMUNITIES IN THE "RIVERTOWNS AND OUTLYING AREAS OF WESTCHESTER COUNTY, NEW YORK CIS PROVIDES INSTRUCTION IN ENGLISH TO ADULTS, ASSISTANCE WITH US CITIZENSHIP TEST PREPARATION, LEGAL REFERRALS AND ASSISTANCE WITH IMMIGRATION AND DOCUMENTATION, JOB REFERRALS AND SKILLS TRAINING, ACCESS TO HEALTHCARE, EDUCATION, BENEFIT ASSISTANCE AND SOCIAL SERVICES IT ALSO OFFERS AN AFTERSCHOOL HOMEWORK PROGRAM FOR CHILDREN IN GRADES 1-6 WHO ATTEND THE LOCAL ELEMENTARY SCHOOLS SINCE ITS FOUNDING IN 1999, CIS HAS SERVED IMMIGRANTS FROM OVER 114 COUNTRIES DEMOGRAPHICALLY, THROUGHOUT WESTCHESTER COUNTY, IMMIGRANTS COMPRISE THE LARGEST COMPONENT OF POPULATION CHANGE OVER THE PAST DECADE IN OUR CURRENT TIMES, WE ARE UNSURE AS TO WHAT TYPE OF POPULATION TREND WE WILL SEE IN THE FUTURE IN 2016, WITH A FTE STAFF OF 1 375 EMPLOYEES AND AN AVERAGE OF 32 MONTHLY ADULT VOLUNTEERS, CIS SERVICED APPROXIMATELY 1400 INDIVIDUALS 56 INDIVIDUALS RECEIVED TUTORING IN ENGLISH, 55 CHILDREN WERE SUPPORTED ACADEMICALLY DURING THE SCHOOL YEAR AND SUMMER SUPPORT PROGRAMS, OVER 250 INDIVIDUALS RECEIVED INFORMATION, ASSISTANCE AND REFERRALS OVER THE PHONE AND IN PERSON FOR IMMIGRATION ISSUES, SOCIAL SERVICES, HEALTHCARE REFERRALS, JOB ASSISTANCE AND BENEFITS HELP 2,500 CONTACTS, REQUESTS AND INQUIRIES WERE RESPONDED TO DURING THE COURSE OF 2016 EDUCATIONAL SERVICES ARE THE CORNERSTONE OF OFFERINGS TRADITIONALLY PROVIDED BY CIS, INCLUDING ENGLISH TO ADULTS, CITIZENSHIP TEST PREPARATION AND ASSISTANCE WITH HIGHER EDUCATION CIS CONTINUES ITS 100% SUCCESS RATE IN PREPARING CLIENTS FOR CITIZENSHIP, HAVING WELCOMED 3 NEW CITIZENS SEVERAL ADULT STUDENTS WERE ASSISTED WITH COLLEGE APPLICATIONS AND COURSEWORK IN 2016, THE PARTNERSHIP BETWEEN CIS AND SPRING COMMUNITY PARTNERS CONTINUED TO ADVANCE THE MISSION TO INCREASE ACCESS AND AVAILABILITY OF RESOURCES AND OPPORTUNITIES TO FAMILIES AND CHILDREN IN NEED 26 FAMILIES RECEIVED MONTHLY FAMILY-TO-FAMILY FOOD CARDS TO THE LOCAL SUPERMARKET ALSO, 36 CIS STUDENTS WERE ENROLLED IN THE AFTERSCHOOL HOMEWORK PROGRAM SPRING COMMUNITY PARTNERS SUPPORTED THIS PROGRAM BY SUPPLYING SNACKS AND JUICES CIS CONTINUED TO COLLABORATE WITH THE FOLLOWING LOCAL AGENCIES AND ORGANIZATION TO HELP ASSIST AND MEET THE NEEDS OF THEIR CLIENTS SPRING COMMUNITY PARTNERS (FAMILY-TO-FAMILY FOOD CARDS), NEW YORK IMMIGRATION COALITION, MY SISTERS PLACE-SHELTER FOR DOMESTIC VIOLENCE VICTIMS, PACE LAW SCHOOL, WHITE PLAINS, NY, RSHM LIFE CENTER, LATINO U, WHITE PLAINS, NY, WORLD VISION, BRONX, NY AMONG OTHERS WE CONTINUE OUR COLLABORATION WITH WALGREENS PHARMACY, DOBBS FERRY, NY THE PHARMACIST FROM WALGREENS GAVE FLU SHOTS TO MANY OF OUR CLIENTS AND ALSO PERIODICALLY HAS BLOOD PRESSURE CHECKS CIS ALSO WORKS WITH MANY OF THE LOCAL SCHOOLS OUR STUDENTS IN THE AFTERSCHOOL HOMEWORK PROGRAM ATTEND SPRINGHURST ELEMENTARY SCHOOL IN DOBBS FERRY AND THE CONCORD ROAD ELEMENTARY SCHOOL IN ARDSLEY, NY OUR HIGH SCHOOL VOLUNTEER TUTORS ATTEND DOBBS FERRY HIGH SCHOOL AND THE MASTERS SCHOOL IN DOBBS FERRY, NY WE HAVE SOCIAL WORK INTERNS WHO ATTEND IONA COLLEGE, NEW ROCHELLE, NY AND A HUMAN RELATIONS INTERN WHO ATTENDS WESTCHESTER COMMUNITY COLLEGE IN VALHALLA, NY IN ADDITION, GRADUATE STUDENTS FROM MERCY COLLEGE'S LITERACY AND MULTILINGUAL STUDIES PROGRAM WORK WITH SOME OF OUR YOUNGER STUDENTS DURING THE SUMMER THE DIRECTOR OF CIS IS A MEMBER OF A 'FORUM ON IMMIGRATION ' IT IS PRESENTED BY THE LEGAL AID SOCIETY OF WESTCHESTER COUNTY, THE CARVER CENTER, THE WESTCHESTER BLACK BAR ASSOCIATION AND THE REGIONAL IMMIGRATION ASSISTANCE CENTER THIS GROUP GIVES PRESENTATIONS THROUGHOUT WESTCHESTER COUNTY TO HELP INFORM IMMIGRANTS OF THEIR RIGHTS AND VARIOUS PROGRAMS THAT MAY BE AVAILABLE TO THEM IN 2016 CIS RECEIVED \$27,923 IN GRANTS AND CONTRIBUTIONS

4d Other program services (Describe in Schedule O)
(Expenses \$ 186,008 including grants of \$) (Revenue \$)

4e Total program service expenses 42,839,623

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)? If "Yes," complete Schedule A 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 		No
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? If "Yes," complete Schedule C, Part II 	Yes	
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? If "Yes," complete Schedule C, Part III 		No
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? If "Yes," complete Schedule D, Part I 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 		No
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? If "Yes," complete Schedule D, Part IV 	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
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? If "Yes," complete Schedule D, Part VI 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 		No
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? If "Yes," complete Schedule D, Part VIII 		No
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? If "Yes," complete Schedule D, Part IX 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	Yes	
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)? If "Yes," complete Schedule D, Part X 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
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? If "Yes," complete Schedule F, Parts II and IV		No
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? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions) 		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 		No

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>		No
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>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		No
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>	Yes	
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>	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
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?		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
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>		No
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>		No
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>		No
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>		No
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>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
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>	Yes	
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
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>		No
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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
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>		No
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>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (13); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (Yes)

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [] Own website, [] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAVID ARDITTI 115 BROADWAY DOBBS FERRY, NY 10522 (914) 693-6800

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DR RALPH LUCARIELLO CHAIRMAN	0 60	X		X				0	0	0
(2) JAMES MIGLIORE VICE CHAIRMAN	0 50	X		X				0	0	0
(3) JAMES BUTLER TREASURER	0 60	X		X				0	0	0
(4) SR CATHERINE GARRY MSC SECRETARY	0 40	X		X				0	0	0
(5) SR ARLENE VAN DUSEN MSC BOARD MEMBER	0 40	X						0	0	0
(6) DONALD AMORUSO BOARD MEMBER	0 60	X						0	0	0
(7) SYMRA BRANDON BOARD MEMBER	0 50	X						0	0	0
(8) JOAN MOONEY BOARD MEMBER	0 30	X						0	0	0
(9) PETER DICAPUA BOARD MEMBER	0 40	X						0	0	0
(10) FRANK A CORVINO BOARD MEMBER	0 30	X						0	0	0
(11) RICHARD CELIBERTI BOARD MEMBER	0 50	X						0	0	0
(12) CARMINE GIULIANO BOARD MEMBER	0 30	X						0	0	0
(13) DONATO SETTENNI BOARD MEMBER	0 40	X						0	0	0
(14) PATRICIA KRASNAUSKY PRESIDENT AND CEO	36 90			X				302,186	0	36,801
(15) DAVID ARDITTI VICE PRESIDENT, CFO	35 40			X				221,211	0	63,038
(16) SUSAN STRANGIO ASSISTANT SECRETARY	37 20			X				53,978	0	34,417
(17) BONITA BURKE VP OPERATIONS/ADMIN	37 50					X		180,981	0	43,381

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	225,347			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	215,063			
	g Noncash contributions included in lines 1a-1f \$ _____ 2,430					
	h Total. Add lines 1a-1f		440,410			
Program Service Revenue		Business Code				
	2a MEDICAID REVENUE	623000	32,482,391	32,482,391		
	b MEDICARE REVENUE	623000	8,561,699	8,561,699		
	c PRIVATE FEES	623000	3,029,641	3,029,641		
	d OTHER PATIENT REVENUE	623000	396,395	396,395		
	e _____					
	f All other program service revenue					
g Total. Add lines 2a-2f		44,470,126				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,126		7,126	
	4 Income from investment of tax-exempt bond proceeds		4,514		4,514	
	5 Royalties					
	6a Gross rents	(i) Real				
		27,809	(ii) Personal			
		b Less rental expenses	0			
		c Rental income or (loss)	27,809			
	d Net rental income or (loss)		27,809		27,809	
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other		2,430		
		b Less cost or other basis and sales expenses		2,430		
		c Gain or (loss)		0		
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 225,347 of contributions reported on line 1c) See Part IV, line 18	a		36,125		
		b Less direct expenses	b	67,977		
c Net income or (loss) from fundraising events			-31,852		-31,852	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities					
10a 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					
11a CARE SERVICES REIMBURSEMENT	900099	831,606		831,606		
b REBATES	900099	214,059		214,059		
c MANAGEMENT FEE	900099	85,617		85,617		
d All other revenue		73,131		73,131		
e Total. Add lines 11a-11d		1,204,413				
12 Total revenue. See Instructions		46,122,546	44,470,126	0	1,212,010	

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, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	711,631		711,631	
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	20,238,067	19,229,068	1,008,999	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,778,984	1,675,723	103,261	
9 Other employee benefits	4,563,006	4,304,895	258,111	
10 Payroll taxes	2,479,589	2,292,680	186,909	
11 Fees for services (non-employees)				
a Management				
b Legal	36,021	371	35,650	
c Accounting	55,000		55,000	
d Lobbying	4,493		4,493	
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 Schedule O)	2,369,805	1,878,606	491,199	
12 Advertising and promotion	22,804	14,531	8,273	
13 Office expenses	1,974,115	1,833,654	140,461	
14 Information technology				
15 Royalties				
16 Occupancy	3,621,880	3,523,083	98,797	
17 Travel	35,060	29,866	5,194	
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	3,957,957	3,896,668	61,289	
23 Insurance	251,969	2,349	249,620	
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 LOAN FORGIVENESS	2,651,635		2,651,635	
b NYS CASH RECEIPTS ASSES	2,430,040	2,430,040		
c MEDICATIONS	682,462	682,462		
d MEDICAL SUPPLIES	528,593	528,593		
e All other expenses	546,401	517,034	29,367	
25 Total functional expenses. Add lines 1 through 24e	48,939,512	42,839,623	6,099,889	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	683,152	1	1,451,768
	2 Savings and temporary cash investments	878,758	2	1,159,940
	3 Pledges and grants receivable, net	55,495	3	45,475
	4 Accounts receivable, net	4,080,457	4	4,427,209
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	64,179	8	87,332
	9 Prepaid expenses and deferred charges	1,664,369	9	1,202,128
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	88,445,091		
	b Less accumulated depreciation	51,628,204		
		39,428,137	10c	36,816,887
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	56,113	12	60,332
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	23,238,347	15	18,694,870	
16 Total assets. Add lines 1 through 15 (must equal line 34)	70,149,007	16	63,945,941	
Liabilities	17 Accounts payable and accrued expenses	4,233,297	17	4,265,761
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	46,405,912	20	43,491,906
	21 Escrow or custodial account liability Complete Part IV of Schedule D	181,703	21	109,311
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	3,157,492	25	2,671,107
	26 Total liabilities. Add lines 17 through 25	53,978,404	26	50,538,085
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	16,131,351	27	13,360,801
	28 Temporarily restricted net assets	39,252	28	47,055
	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	16,170,603	33	13,407,856	
34 Total liabilities and net assets/fund balances	70,149,007	34	63,945,941	

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	46,122,546
2	Total expenses (must equal Part IX, column (A), line 25)	2	48,939,512
3	Revenue less expenses Subtract line 2 from line 1	3	-2,816,966
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	16,170,603
5	Net unrealized gains (losses) on investments	5	54,219
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,407,856

Part XII Financial Statements and Reporting

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

		Yes	No
<p>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</p>			
<p>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</p>	2a		No
<p>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</p>	2b	Yes	
<p>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</p>	2c	Yes	
<p>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?</p>	3a	Yes	
<p>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</p>	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 23-7063399

Name: CABRINI OF WESTCHESTER

Form 990 (2016)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR DESCRIPTION ON THE SKILLED NURSING PROGRAM CABRINI OF WESTCHESTER HAS A LONG TRADITION OF PROVIDING COMPASSIONATE CARE FOR THE ELDERLY, CHRONICALLY ILL AND DISABLED THROUGH ITS SKILLED NURSING, SUB-ACUTE/SHORT TERM REHABILITATION AND RESPITE CARE PROGRAMS AND CONTINUOUSLY ADAPTS TO THE CHANGING NEEDS OF THE COMMUNITY. CABRINI OF WESTCHESTER, LOCATED IN DOBBS FERRY, NY, IS A NOT-FOR-PROFIT 304 BED, SKILLED NURSING FACILITY ESTABLISHED IN 1973 UNDER THE SPONSORSHIP OF THE MISSIONARY SISTERS OF THE SACRED HEART OF JESUS. ON THE LEADING EDGE OF ELDER CARE, IT IS KNOWN FOR ITS STELLAR HEALTH CARE COMBINED WITH A CONTEMPORARY, COMPASSIONATE AND SPIRITUAL ENVIRONMENT. THE PREMIER ELDER CARE FACILITY EMBRACES A "PERSON CENTERED" APPROACH TO CARE IN WHICH PEOPLE, NOT ROUTINES ARE THE PRIORITY. ST. CABRINI NURSING HOME'S COMMITMENT TO THIS PHILOSOPHY IS EVIDENT IN THE HOME-LIKE ATMOSPHERE THAT RESULTED FROM A \$55 MILLION MODERNIZATION PROJECT (COMPLETED IN 2010) THAT EXPANDED AND RENOVATED THE FACILITY TO ADD THE SPACE AND DETAILS REQUIRED TO PROVIDE ENHANCED PRIVACY, DIGNITY AND RESPECT FOR EACH PATIENT AND RESIDENT. THIS RENOVATION PUT CABRINI ON THE MAP AS A MODEL FOR FIRST-RATE NURSING HOMES AND HAS BEEN NAMED ONE OF THE TOP NURSING HOMES IN NEW YORK STATE BY U.S. NEWS AND WORLD REPORT. TODAY, ST. CABRINI NURSING HOME IS A CONTEMPORARY AND SPACIOUS HOME THAT EXUDES A WARM AND WELCOMING ATMOSPHERE AND OFFERS ALL OF THE AMENITIES AND COMFORTS OF HOME. THE LOBBY WITH ITS DECORATIVE DETAILS IS BOTH IMPRESSIVE AND INVITING AS IT LEADS TO "MAIN STREET," STROLLING DOWN MAIN STREET, INDIVIDUALS MAY BROWSE IN THE GIFT SHOP WHICH OFFERS THE LATEST FASHION TRENDS, UNIQUE GIFTS, CARDS, TOILETRIES AND SUNDRIES, PERUSE THE ART GALLERY, ENJOY A SNACK IN THE BUSTLING CAFE OR GET PAMPERED IN THE BEAUTY PARLOR. THE FOCAL POINT OF MAIN STREET IS THE TRANQUIL CHAPEL FEATURING CUSTOM STAINED GLASS WINDOWS AND MODERN CHRISTIAN ICONOGRAPHY. MASS IS OFFERED EVERY MORNING IN THE CHAPEL AND IT SERVES AS THE SPIRITUAL HOME FOR PATIENTS, RESIDENTS, VISITORS AND STAFF. SERVICES MAY ALSO BE VIEWED IN-ROOM VIA TELEVISION. THE REHABILITATION GYM FEATURES STATE-OF-THE-ART EQUIPMENT AND IS ALSO CENTRALLY LOCATED ON MAIN STREET. THE AREA IS IMMERSIVE IN NATURAL SUNLIGHT AND FACES THE HOME'S FRONT LAWN AND KOI POND. THE EXPANSIVE REHABILITATION AREA OFFERS DESIGNATED AREAS FOR PHYSICAL THERAPY, OCCUPATIONAL THERAPY, AS WELL AS AUDIOLOGY AND SPEECH THERAPY. ADJACENT TO THE GYM AND AVIARY IS THE HOME'S DESIGNATED SHORT TERM REHABILITATION UNIT, A HAVEN TO ALL THOSE WHO COME THROUGH THE HOME'S DOORS FOR A SHORT-TERM REHABILITATIVE STAY WITH THE GOAL OF RETURNING HOME QUICKLY AND FUNCTIONING AT THEIR OPTIMAL LEVEL. NEXT TO THE REHABILITATION GYM IS THE PULMONARY REHABILITATION DEPARTMENT. THIS PROGRAM WAS ADDED TO CABRINI'S MENU OF SERVICES IN 2014 TO HELP PATIENTS WITH PULMONARY ILLNESSES ACHIEVE MAXIMUM LUNG FUNCTION AND HELP REDUCE RE-HOSPITALIZATIONS. THE RESIDENTIAL AREAS OF THE HOME CONSIST OF 14 NEIGHBORHOODS THAT PROMOTE A FEELING OF COMMUNITY AND INDEPENDENCE. WITHIN THE NEIGHBORHOODS, COUNTRY KITCHENS SERVE HOME COOKED MEALS IN A RESTAURANT STYLE MANNER. LOUNGES PROVIDE ADDITIONAL AREAS FOR TAKING PART IN GROUP ACTIVITIES OR RELAXING WITH FRIENDS AND FAMILY. SEPARATE MULTI-PURPOSE ROOMS ARE PERFECT FOR SPECIAL EVENTS SUCH AS PARTIES AND FAMILY GATHERINGS. SEVEN BALCONIES WITH BREATHTAKING VIEWS OF THE HUDSON RIVER PROVIDE PATIENTS, RESIDENTS AND VISITORS WITH WONDERFUL OUTDOOR AREAS TO SOCIALIZE AND ENJOY THE SERENE PARK LIKE SETTING AS A RESULT OF THE RENOVATION, THERE ARE 134 PRIVATE ROOMS AND THE DOUBLE ROOMS ARE SPACIOUS AND COMFORTABLE. EACH ROOM BOASTS ON-LINE ACCESSIBILITY, INDIVIDUAL CLIMATE CONTROLS, AND ALL ROOMS HAVE PERSONAL TOILETRY CABINETS IN THE PRIVATE AND SPACIOUS BATHROOMS. MANY ROOMS ALSO OFFER IMPRESSIVE VIEWS OF THE HUDSON RIVER AND ALL FEATURE WARM, CONTEMPORARY STYLE FURNISHINGS AND DECOR. IN 2016, CABRINI OF WESTCHESTER PROVIDED 109,212 DAYS OF SKILLED NURSING SERVICES TO 743 ELDERLY, 274 OF WHICH RETURNED HOME TO THE COMMUNITY AFTER COMPLETING SUB-ACUTE/SHORT TERM REHABILITATION TREATMENT. CABRINI'S SUB-ACUTE/SHORT TERM REHABILITATION PROGRAM AND PULMONARY REHABILITATION PROGRAM CONTINUES TO BE A FOCAL POINT FOR THE HOME, ENABLING US TO USE OUR EXPERTISE TO PROMOTE INDEPENDENCE AND A RAPID RETURN TO HOME FOR INDIVIDUALS FOLLOWING A BROAD RANGE OF SURGICAL PROCEDURES, STROKE, AMPUTATION, INJURIES AND CHRONIC ILLNESS. THE PROGRAM OFFERS STATE-OF-THE-ART REHABILITATION AND CLINICALLY COMPLEX CARE IN A NURTURING, SPIRITUAL ENVIRONMENT. CUSTOM CARE PLANS ARE DEVELOPED BY A MULTIDISCIPLINARY TEAM INCLUDING THE HOME'S MEDICAL DIRECTOR, BOARD CERTIFIED INTERNISTS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH THERAPISTS, REGISTERED RESPIRATORY THERAPIST, SOCIAL WORKERS AS WELL AS A COMPLETE ROSTER OF PROFESSIONAL NURSING STAFF. THE ACCOMPLISHED STAFF OF EXPERTS ADMINISTERS A FULL SPECTRUM OF SERVICES INCLUDING PHYSICAL AND OCCUPATIONAL THERAPY, PULMONARY AND RESPIRATORY THERAPY, SPEECH AND LANGUAGE THERAPY, SWALLOWING THERAPY, NUTRITION SERVICES, PSYCHOLOGICAL/SOCIAL WORK SUPPORT, ORTHOPEDIC AND PHYSIATRY CLINICS, AND ORTHOTIC AND PROSTHETIC SERVICES. CABRINI OF WESTCHESTER IS ALSO PROUD TO CONTINUE TO MEET THE NEEDS OF THE AGING RELIGIOUS MEN AND WOMEN. MANY RELIGIOUS CONGREGATIONS HAVE BEEN CONCERNED WITH MEETING THE GROWING NEEDS OF THEIR FRAIL ELDER MEMBERS. IN MORE RECENT YEARS, THE HOME REALIZED A SIGNIFICANT INCREASE IN THE NUMBER OF RELIGIOUS AND PRIESTS IN NEED OF BOTH SHORT TERM REHABILITATION AND LONG TERM CARE. IN RESPONSE TO THIS GROWING NEED, AN INTER-CONGREGATIONAL NEIGHBORHOOD HAS BEEN DEVOTED TO MEMBERS OF RELIGIOUS ORDERS. TO THIS END, THE RENOVATION OF THE HOME HAS TRULY ENABLED US TO LIVE OUR MISSION AS BEARERS OF GOD'S LOVE REACHING OUT IN COMPASSION, RESPECT, DIGNITY AND EXCELLENCE BY MEETING THE LONG TERM NEEDS OF SPECIAL POPULATIONS. IN 2016, 42 MEN AND WOMEN RELIGIOUS REPRESENTING 21 DIFFERENT RELIGIOUS COMMUNITIES HAVE COME TO CALL CABRINI OF WESTCHESTER "HOME." CABRINI OF WESTCHESTER STRIVES TO CONTINUE TO MEET THE CHANGING NEEDS OF ELDERLY AND THE COMMUNITY BY EMBRACING THE ONGOING ADVANCES IN MEDICINE, TECHNOLOGY AND HEALTHCARE REFORM IN ORDER TO BEST ADDRESS EACH INDIVIDUAL'S NEEDS. THE HOME TAKES GREAT PRIDE IN PROVIDING A STATE-OF-THE-ART FACILITY, EXCELLENT CARE, COMPASSIONATE STAFF AND A MYRIAD OF THERAPEUTIC ACTIVITIES TO ALL THOSE IN NEED - ALL IN THE TRADITION OF MOTHER CABRINI.

Form 990, Part III, Line 4b:

SEE SCHEDULE O FOR DESCRIPTION ON LONG TERM HOME CARE PROGRAM LONG TERM HOME CARE - CABRINI OF WESTCHESTER HAS BEEN PROVIDING COMPREHENSIVE, COORDINATED HOME HEALTH CARE AND SERVICES TO INDIVIDUALS IN THE COMFORT OF THEIR HOME SINCE 1984 WITH SERVICES AVAILABLE IN WESTCHESTER, THE BRONX, BROOKLYN, QUEENS AND NEW YORK COUNTIES, CABRINI OF WESTCHESTER OFFERS TWO PROGRAMS THE LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP) AND THE CERTIFIED HOME HEALTH AGENCY(CHHA) THAT BRINGS HIGH QUALITY, COMPASSIONATE HEALTH CARE RIGHT TO THE PATIENT'S HOME CABRINI OF WESTCHESTER'S LTHHCP OPENED IN 1984 AND MADE IT POSSIBLE FOR THOUSANDS OF ELDERS, DISABLED AND/OR CHRONICALLY ILL MEDICAID PATIENTS TO AVOID NURSING HOME PLACEMENT BY PROVIDING A RANGE OF HEALTH AND SUPPORT SERVICES AT HOME THE PRIMARY GOALS OF THE PROGRAM ARE TO (1) PREVENT OR DELAY PARTICIPANTS NURSING HOME PLACEMENT, (2) ENABLE NURSING HOME RESIDENTS TO SAFELY RETURN TO THE COMMUNITY BY PROVIDING MEDICAID-FUNDED SERVICES AND SUPPORTS, AND (3) PREVENT OR REDUCE COSTS ASSOCIATED WITH UNNECESSARY HOSPITALIZATION THROUGH COORDINATED ACCESS TO CASE MANAGEMENT, COMPREHENSIVE SERVICES, AND ONGOING MONITORING OF PARTICIPANTS' HEALTH STATUS THE PROGRAM PROVIDES THE SERVICES AND SKILLED LEVEL OF CARE FOUND IN NURSING HOMES HENCE, THE PROGRAM IS OFTEN REFERRED TO AS A "NURSING HOME WITHOUT WALLS " OFFERING PATIENTS AN ALTERNATIVE TO NURSING HOME PLACEMENT, THE PROGRAM PROVIDES PATIENTS WITH COMPREHENSIVE AND COORDINATED HOME HEALTH CARE SERVICES THESE INDIVIDUALS MUST HAVE CARE COSTS WHICH ARE LESS THAN THE NURSING HOME COST IN THE COUNTY IN WHICH THEY RESIDE AN INDIVIDUALIZED PLAN OF CARE IS DEVELOPED BY THE NURSE COORDINATOR AMONG THE PATIENT CARE AND SUPPORT SERVICES OFFERED THROUGH THE LTHHCP ARE THE FOLLOWING SKILLED NURSING, PHYSICAL AND OCCUPATIONAL THERAPY, SPEECH LANGUAGE PATHOLOGY, AUDIOLOGY, MEDICAL SOCIAL WORKER, HOUSEKEEPER, HOMEMAKER, HOME HEALTH AIDES, PERSONAL CARE WORKERS, NUTRITIONAL COUNSELING, RESPIRATORY THERAPY, LABORATORY TESTING, MEDICAL TRANSPORTATION, DURABLE MEDICAL EQUIPMENT AND SUPPLIES, TELEHEALTH MONITORING, PERSONAL EMERGENCY RESPONSE SYSTEM IN OCTOBER OF 2012, NEW YORK STATE MANDATED ENROLLMENT OF MEDICAID ELIGIBLE RECIPIENTS AGED 21 AND OVER, IN NEED OF COMMUNITY BASED LONG TERM CARE SERVICES FOR MORE THAN 120 DAYS INTO A MANAGED LONG TERM CARE PLAN (MLTCP) THE LAST CW LTHHCP PATIENT WAS DISCHARGED ON JULY 31, 2016 IN 2016, CABRINI'S LTHHCP PROVIDED HOME HEALTH SERVICES TO A TOTAL OF 185 PATIENTS IN THE COUNTIES OF BROOKLYN, QUEENS AND WESTCHESTER IN ADDITION TO THE LTHHCP, ON DECEMBER 12, 2013, CABRINI OF WESTCHESTER RECEIVED AUTHORIZATION TO OPERATE AS A CERTIFIED HOME HEALTH AGENCY (CHHA) CERTIFIED HOME HEALTH AGENCIES (CHHAS) PROVIDE PART-TIME, INTERMITTENT HEALTH CARE AND SUPPORT SERVICES TO INDIVIDUALS WHO NEED INTERMEDIATE AND SKILLED HEALTH CARE OPERATING AS CABRINI CERTIFIED HOME HEALTH AGENCY THE PROGRAM OFFERS A BROAD ARRAY OF HOME HEALTH SERVICES TO ASSIST INDIVIDUALS OF EVERY AGE IN THE COMFORT AND FAMILIARITY OF THEIR OWN HOMES THE CHHA IS ABLE TO CARE FOR PEOPLE OF ALL AGES-FROM INFANTS TO SENIORS-24 HOURS A DAY, 7 DAYS A WEEK CHHAS CAN ALSO PROVIDE LONG-TERM NURSING AND HOME HEALTH AIDE SERVICES, CAN HELP PATIENTS DETERMINE THE LEVEL OF SERVICES THEY NEED, AND CAN EITHER PROVIDE OR ARRANGE FOR OTHER SERVICES INCLUDING PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY, MEDICAL SUPPLIES AND EQUIPMENT, AND SOCIAL WORK AND NUTRITION SERVICES IN 2016, CABRINI CERTIFIED HOME HEALTH AGENCY PROVIDED HOME HEALTH SERVICES TO A TOTAL OF 832 PATIENTS IN THE COUNTIES OF NEW YORK, BRONX AND WESTCHESTER CABRINI CERTIFIED HOME HEALTH AGENCY IS PROUD TO BE PART OF THE CONTINUUM OF CARE PROVIDED BY CABRINI OF WESTCHESTER AND TO BRING ITS' HIGH QUALITY, COMPASSIONATE CARE INTO THE HOMES OF ALL IT SERVES

Form 990, Part III, Line 4c:

SEE SCHEDULE O FOR DESCRIPTION ON ADULT DAY HEALTH PROGRAM THE GOAL OF THE MONSIGNOR TERENCE ATTRIDGE ADULT DAY HEALTH CENTER (ADHC) IS TO HELP ADULTS WITH SPECIAL MEDICAL NEEDS REMAIN IN THE COMMUNITY BY PROVIDING A HEALTH SUPPORTIVE DAYTIME ENVIRONMENT THAT PROMOTES PHYSICAL, MENTAL AND EMOTIONAL WELL-BEING CABRINI OF WESTCHETER'S ADHC PROGRAM SERVES INDIVIDUALS WITH CHRONIC ILLNESSES, DISABILITIES, COGNITIVE IMPAIRMENTS AND SPECIAL NEEDS THAT REQUIRE ASSESSMENT AND MONITORING ON A REGULAR BASIS, AS WELL AS THE FRAIL ELDERLY, ARE ELIGIBLE TO ATTEND THE PROGRAM THE PROGRAM PROVIDES TRANSPORTATION TO ALL REGISTRANTS AS WELL AS THE FOLLOWING ON-SITE SERVICES 6 DAYS A WEEK MEDICAL CARE, PRIMARY CARE, NURSING CARE, SOCIAL WORK SUPPORT, MEDICATION MANAGEMENT, PODIATRY, REHABILITATIVE SERVICES (PHYSICAL, OCCUPATIONAL AND SPEECH/LANGUAGE THERAPY) AS WELL AS DIETARY SUPERVISION/MEALS THE PROGRAM ALSO OFFERS EXTENSIVE THERAPEUTIC RECREATION ACTIVITIES SUCH AS ART THERAPY, PET VISITS, HORTICULTURAL THERAPY, EXERCISE AND WELLNESS PROGRAMS, MUSIC AND ENTERTAINMENT, SPECIAL SEASONAL AND HOLIDAY EVENTS, DISCUSSION GROUPS, CRAFTS, MOVIES AND COMMUNITY TRIPS OTHER SPECIALIZED PROGRAMS PROVIDED ARE PERSONAL HYGIENE AND GROOMING INCLUDING BEAUTY SALON AND BARBER SHOP SERVICES RELIGIOUS AND SPIRITUAL PROGRAMS ARE ALSO OFFERED IN 2016, THE ADHC SERVICED SIXTY- SIX REGISTRANTS AND PROVIDED 10,503 VISITS THE PROGRAM CONTINUES TO MAINTAIN ITS AFFILIATION WITH LOCAL COLLEGES TO ENABLE STUDENTS TO COMPLETE INTERNSHIPS AND FIELD PLACEMENT PRACTICUMS THE SCHOOLS INCLUDE MERCY COLLEGE (SOCIAL WORK, OCCUPATIONAL THERAPY AND MENTAL HEALTH COUNSEL), FORDHAM UNIVERSITY (SOCIAL WORK), WESTCHESTER COMMUNITY COLLEGE (SOCIAL WORK), NEW YORK UNIVERSITY GRADUATE SCHOOL OF SOCIAL WORK AND LEHMAN COLLEGE (SOCIAL WORK) STUDENT INTERNS ARE SUPERVISED BY THE PROGRAM DIRECTOR AND THE SOCIAL WORKER APPROXIMATELY 15 STUDENTS BENEFIT FROM THIS SERVICE ON AN ANNUAL BASIS THE CABRINI SOCIAL ADULT DAY PROGRAM CONTINUES TO SERVE THE COMMUNITY INDIVIDUALS 55 YEARS AND OLDER, WHO ARE MEMORY AND/OR PHYSICALLY IMPAIRED AND SOCIALLY ISOLATED THE PROGRAM IS OPEN MONDAY THROUGH FRIDAY AND PROVIDES A VARIETY OF SERVICES INCLUDING THERAPEUTIC RECREATION, PERSONAL CARE/ASSISTANCE, CASE MANAGEMENT, NUTRITIONAL MEALS, RESPITE FOR CAREGIVERS, CAREGIVER SUPPORT GROUPS AS NEEDED, TRANSPORTATION, ON-SITE PODIATRY, PSYCHOLOGICAL AND HAIRDRESSING SERVICES FOURTEEN INDIVIDUALS PARTICIPATED IN THE PROGRAM IN 2016 AND 576 VISITS WERE PROVIDED

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CABRINI OF WESTCHESTER

Employer identification number

23-7063399

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

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

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

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

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2015 Schedule A, Part II, line 14	15	
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b	33 1/3% support test—2015. 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—2016. 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—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	271,444	279,176	778,534	634,626	440,410	2,404,190
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	45,058,376	45,818,003	43,250,339	46,791,228	44,470,126	225,388,072
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	45,329,820	46,097,179	44,028,873	47,425,854	44,910,536	227,792,262
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	19,650	36,905	55,655	36,380	51,650	200,240
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						0
c	Add lines 7a and 7b	19,650	36,905	55,655	36,380	51,650	200,240
8	Public support. (Subtract line 7c from line 6.)						227,592,022

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6	45,329,820	46,097,179	44,028,873	47,425,854	44,910,536	227,792,262
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	45,921	23,049	26,539	34,171	39,449	169,129
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	45,921	23,049	26,539	34,171	39,449	169,129
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		17,835				17,835
12	Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	84,428	331,531	679,807	897,173	1,204,413	3,197,352
13	Total support. (Add lines 9, 10c, 11, and 12.)	45,460,169	46,469,594	44,735,219	48,357,198	46,154,398	231,176,578
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	98.450 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	98.970 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0.070 %
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	0.070 %

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	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.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	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.		
	3c		
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.		
	4a		
b	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.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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.		
	4c		
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).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
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).		
	7		
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).		
	8		
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 .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
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 line 10b below.		
	10a		
b	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.)		
	10b		

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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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)	1	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI Supplemental Information.

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISCELLANEOUS - 2012 AMOUNT \$ 3,774 2013 AMOUNT \$ 142,276 2014 AMOUNT \$ 107,364 2015 AMOUNT \$ 61,278 2016 AMOUNT \$ 41,852 GIFT SHOP - 2012 AMOUNT \$ 24,728 2013 AMOUNT \$ 40,282 2014 AMOUNT \$ 37,769 2015 AMOUNT \$ 27,207 2016 AMOUNT \$ 27,576 VENDING MACHINES - 2012 AMOUNT \$ 1,343 2014 AMOUNT \$ 1,299 2015 AMOUNT \$ 899 2016 AMOUNT \$ 1,781 CASH REBATES ON PURCHASES - 2012 AMOUNT \$ 22,024 2013 AMOUNT \$ 14,730 2014 AMOUNT \$ 51,293 2015 AMOUNT \$ 13,234 2016 AMOUNT \$ 214,059 MEDICAL RECORD ABSTRACTS - 2012 AMOUNT \$ 7,212 2013 AMOUNT \$ 6,190 2014 AMOUNT \$ 4,162 2015 AMOUNT \$ 4,280 2016 AMOUNT \$ 1,922 MANAGEMENT FEE - 2012 AMOUNT \$ 25,347 2013 AMOUNT \$ 128,053 2014 AMOUNT \$ 477,920 2015 AMOUNT \$ 86,319 2016 AMOUNT \$ 85,617 REFUNDS - 2015 AMOUNT \$ 6,720 CARE SERVICES REIMBURSEMENT - 2015 AMOUNT \$ 697,236 2016 AMOUNT \$ 831,606

Schedule A Form 990 of 990-E 2016

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		4,493
j	Total Add lines 1c through 1i			4,493
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1	THE PORTION OF THE MEMBERSHIP DUES PAID TO NURSING HOME ASSOCIATIONS THAT IS RELATED TO LOBBYING ACTIVITIES

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

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

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CABRINI OF WESTCHESTER

Employer identification number
23-7063399

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? Yes No

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, 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 ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
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 | Yes | No |
| 3a(i) | | |
| (ii) related organizations | Yes | No |
| 3a(ii) | | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		210,000		210,000
b Buildings		65,489,811	34,202,196	31,287,615
c Leasehold improvements		344,815	334,855	9,960
d Equipment		22,400,465	17,091,153	5,309,312
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				36,816,887

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. (Column (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. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
(1) DUE FROM CABRINI CARE AT HOME	300,000
(2) DASNY ESCROW ACCOUNTS	14,818,267
(3) ESTIMATED DUE FROM THIRD PARTY PAYORS	2,376,000
(4) INSURANCE GROSS UP	1,187,000
(5) DUE FROM CABRINI HOUSING	13,603
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	18,694,870

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ESTIMATED DUE TO THIRD-PARTY PAYORS	188,000
BOND ISSUANCE PREMIUMS	1,296,107
INSURANCE GROSSUP	1,187,000
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	2,671,107

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	49,852,274
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	54,219	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	3,781,189	
e	Add lines 2a through 2d			2e 3,835,408
3	Subtract line 2e from line 1			3 46,016,866
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	105,680	
c	Add lines 4a and 4b			4c 105,680
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 46,122,546

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	51,150,692
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	4,968,495	
e	Add lines 2a through 2d			2e 4,968,495
3	Subtract line 2e from line 1			3 46,182,197
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	2,757,315	
c	Add lines 4a and 4b			4c 2,757,315
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 48,939,512

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 23-7063399

Name: CABRINI OF WESTCHESTER

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B	RESIDENTS' FUNDS ARE HELD BY THE ORGANIZATION ON BEHALF OF THE RESIDENTS SUCH FUNDS REPRESENT LIVING ALLOWANCES RECEIVED BY RESIDENTS AS WELL AS OTHER RESIDENTS' FUNDS DEPOSITED WITH THE ORGANIZATION FOR SAFEKEEPING THE FUNDS ARE DISBURSED BY THE ORGANIZATION AT THE REQUEST OF, OR ON BEHALF OF, RESIDENTS FOR THEIR PERSONAL USE

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO 2013

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCOME ATTRIBUTABLE TO RELATED PARTIES 3,781,189

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 105,680

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES ATTRIBUTABLE TO RELATED PARTIES 4,968,495

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 105,680 FORGIVENESS OF DEBT 2,651,635

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

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2016

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization
CABRINI OF WESTCHESTER

Employer identification number

23-7063399

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ANNUAL DINNER (event type)	CIS EVENT (event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	241,431	20,041		261,472
2	Less Contributions	209,806	15,541		225,347
3	Gross income (line 1 minus line 2)	31,625	4,500		36,125
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	31,371	4,376		35,747
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	28,810	3,420		32,230
10	Direct expense summary Add lines 4 through 9 in column (d) ▶				67,977
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-31,852

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|---------|
| a | The organization's facility | 13a | _____ % |
| b | An outside facility | 13b | _____ % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

2015
Open to Public Inspection

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
CABRINI OF WESTCHESTER

Employer identification number
23-7063399

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 PATRICIA KRASNAUSKY PRESIDENT AND CEO	(i)	302,186 ----- 0	0 ----- 0	0 ----- 0	18,327 ----- 0	18,474 ----- 0	338,987 ----- 0	0 ----- 0
	(ii)							
2 DAVID ARDITTI VICE PRESIDENT, CFO	(i)	221,211 ----- 0	0 ----- 0	0 ----- 0	13,727 ----- 0	49,311 ----- 0	284,249 ----- 0	0 ----- 0
	(ii)							
3 BONITA BURKE VP OPERATIONS/ADMIN	(i)	180,981 ----- 0	0 ----- 0	0 ----- 0	11,192 ----- 0	32,189 ----- 0	224,362 ----- 0	0 ----- 0
	(ii)							
4 LORRAINE HORGAN VP OF EXTERNAL AFFAIRS	(i)	170,925 ----- 0	0 ----- 0	0 ----- 0	0 ----- 0	48,426 ----- 0	219,351 ----- 0	0 ----- 0
	(ii)							
5 DEBORAH ENGELSON CONTROLLER	(i)	154,885 ----- 0	0 ----- 0	0 ----- 0	9,769 ----- 0	46,472 ----- 0	211,126 ----- 0	0 ----- 0
	(ii)							
6 JEAN LA PUDULA VP OF HOMECARE THRU NOV 2016	(i)	153,270 ----- 0	0 ----- 0	0 ----- 0	8,999 ----- 0	2,388 ----- 0	164,657 ----- 0	0 ----- 0
	(ii)							
7 PATRICIA HULL DIR OF PATIENT SERVICES	(i)	132,136 ----- 0	0 ----- 0	0 ----- 0	6,542 ----- 0	14,090 ----- 0	152,768 ----- 0	0 ----- 0
	(ii)							

Part III **Supplemental Information**

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

Return Reference	Explanation
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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

Name of the organization
 CABRINI OF WESTCHESTER

Employer identification number
 23-7063399

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DORMITORY AUTHORITY OF THE STATE OF NEW YORK	14-6000293	64983QZ36	10-12-2006	55,043,364	MODERNIZATION PROJECT AT CABRINI OF WESTCHESTER		X		X		X

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	906,429			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	55,066,454			
4 Gross proceeds in reserve funds	14,473,579			
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds				
8 Credit enhancement from proceeds	750,940			
9 Working capital expenditures from proceeds	2,548,101			
10 Capital expenditures from proceeds				
11 Other spent proceeds				
12 Other unspent proceeds				
13 Year of substantial completion	2006			
	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		
15 Were the bonds issued as part of an advance refunding issue?		X		
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART II, LINE 3	THE TOTAL AMOUNT OF PROCEEDS OF THE BOND ISSUE AT THE END OF YEAR IS DIFFERENT FROM THE ISSUE PRICE LISTED IN PART I, COLUMN (E) BECAUSE OF INVESTMENT EARNINGS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
CABRINI OF WESTCHESTER

Employer identification number
23-7063399

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art	X	1	2,430	APPRAISED VALUE
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTORS IN COLUMN (B)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
CABRINI OF WESTCHESTER**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016**Open to Public Inspection**

Employer identification number

23-7063399

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	SPONSORED BY THE MISSIONARY SISTERS OF THE SACRED HEART OF JESUS, CW IS COMPRISED OF ST CABRINI NURSING HOME, ST CABRINI LONG TERM HOME HEALTH CARE PROGRAM, ST CABRINI CERTIFIED HOME HEALTH AGENCY, MONSIGNOR TERRENCE ATTRIDGE ADULT DAY HEALTH PROGRAM AND CABRINI IMMIGRANT SERVICES IN KEEPING WITH THE LEGACY OF MOTHER CABRINI, EACH OF THE PROGRAMS AND SERVICES OFFERED BY CW ARE FOCUSED ON MEETING THE NEEDS OF SOCIETY'S MOST VULNERABLE AND UNDERSERVED THE GROWING POPULATION OF FRAIL ELDERLY AND OUR VAST IMMIGRANT POPULATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	<p>THERE SHALL BE EX-OFFICIO MEMBERS OF THE CORPORATION WHO SHALL BE DIVIDED INTO TWO CLASSES , CLASS A AND CLASS B, WHICH MAY APPOINT ADDITIONAL MEMBERS TO A THIRD CLASS, CLASS C, IN ACCORDANCE WITH SUBSECTIONS (B) (I) AND (II), AS FOLLOWS (A) CLASS A SHALL BE COMPRISED O F THAT INDIVIDUAL WHO HOLDS THE OFFICE OF PROVINCIAL (HEREINAFTER THE "CLASS A MEMBER OR " PROVINCIAL ") OF THE MISSIONARY SISTERS OF THE SACRED HEART OF JESUS, STELLA MARIS PROVINC E OR ITS CANONICAL SUCCESSOR (HEREINAFTER THE "RELIGIOUS INSTITUTE") THE CLASS A MEMBER S HALL BE A VOTING EX-OFFICIO MEMBER OF THE CORPORATION CLASS B SHALL BE COMPRISED OF THOSE INDIVIDUALS WHO HOLD THE OFFICE OF PROVINCIAL COUNCILORS (HEREINAFTER THE "CLASS B MEMBER S OR THE "COUNCILORS") OF THE RELIGIOUS INSTITUTE THE CLASS B MEMBERS SHALL BE VOTING EX- OFFICIO MEMBERS OF THE CORPORATION THE CLASS A MEMBERS AND THE CLASS B MEMBERS ARE COLLEC TIVELY REFERRED TO AS "EX-OFFICIO MEMBERS " (B) THE EX -OFFICIO MEMBERS MAY FROM TIME TO T IME BY A MAJORITY VOTE APPOINT MEMBERS OF CLASS C AS FOLLOWS (I) A NON-COUNCIL MEMBER OF THE RELIGIOUS INSTITUTE MAY BE APPOINTED TO SIT AS A VOTING MEMBER OF THIS CORPORATION FOR A TERM TO BE SET BY THE APPOINTING EX-OFFICIO MEMBERS, WHICH TERM SHALL BE STATED IN THE APPOINTING RESOLUTION THE CLASS C MEMBER SO APPOINTED (HEREINAFTER THE "CLASS C MISSIONAR Y SISTER MEMBER") MAY BE REMOVED, WITH OR WITHOUT CAUSE, DURING SAID TERM BY A RESOLUTION ADOPTED BY THE EX-OFFICIO MEMBERS, AND (II) IN ADDITION TO THE CLASS C MISSIONARY SISTER M EMBER, THE EX-OFFICIO MEMBERS EX-OFFICIO MEMBERS MAY, FROM TIME TO TIME, APPOINT A TRUSTEE , INCLUDING HONORARY TRUSTEES, AS A VOTING MEMBER OF CLASS C (HEREINAFTER REFERRED TO AS " CLASS C TRUSTEE MEMBER ") IF THE EX -OFFICIO MEMBERS ADOPT A RESOLUTION PROVIDING FOR A C LASS C TRUSTEE MEMBER, THE EX-OFFICIO MEMBERS MAY APPOINT A CLASS C TRUSTEE MEMBER WITH A VOTE FOR A ONE (1) YEAR TERM IF THE EX -OFFICIO MEMBERS EXERCISE THE RIGHT TO APPOINT A C LASS C TRUSTEE MEMBER PURSUANT TO THE PROVISIONS OF THIS SUBSECTION (B) (II), THE APPOINTM ENT SHALL BE MADE AND BECOME EFFECTIVE AT AN ANNUAL MEETING OF THE MEMBERS PURSUANT TO ART ICLE V, SECTION 1 OF THESE BYLAWS AND SHALL TERMINATE AT THE END OF THE BUSINESS DAY IMMUN TATELY PRIOR TO THE NEXT ANNUAL MEETING FOLLOWING THE EFFECTIVE DATE OF OFFICE IN THE APPO INTING RESOLUTION (C) THE EX-OFFICIO MEMBERS, THE CLASS C MISSIONARY SISTER MEMBER, IF AP POINTED PURSUANT TO SUBSECTION (B) ABOVE, AND THE CLASS C TRUSTEE MEMBER, IF APPOINTED PUR SUANT TO SUBSECTION (B) ABOVE, COLLECTIVELY SHALL BE REFERRED TO IN THESE BYLAWS AS THE "M EMBERS " (D) THE PROVINCIAL AND THE PROVINCIAL COUNCILORS SHALL SERVE AS EX-OFFICIO MEMBER S OF THE CORPORATION DURING THEIR TERM IN OFFICE AS PROVINCIAL AND MEMBERS OF THE PROVINCIAL COUNCIL OF THE RELIGIOUS INSTITUTE MEMBERS CEASING TO FUNCTION AS PROVINCIAL OR AS MEM BERS OF THE PROVINCIAL COUNCIL SHALL CEASE TO BE EX-OFFICIO MEMBERS OF THE CORPORATION A CERTIFIED RESOLUTION OF THE SE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	CRETARY OF THE RELIGIOUS INSTITUTE NAMING THE VALIDLY ELECTED AND CANONICALLY INSTALLED PR OVINCIAL AND PROVINCIAL COUNCIL SHALL BE BINDING IN THIS MATTER THE APPOINTMENT OR REAPPO INTMENT OF EITHER OR BOTH OF THE CLASS C MISSIONARY SISTER MEMBER AND/OR THE CLASS C TRUST EE MEMBER SHALL REQUIRE THE AFFIRMATIVE ACTION'S OF THE EX-OFFICIO MEMBERS AT EACH ANNUAL MEETING FAILURE OF THE EX-OFFICIO MEMBERS TO TAKE ACTION BY RESOLUTION ANNUALLY SHALL MEA N THAT THERE IS NO CLASS C MISSIONARY SISTER MEMBER OR CLASS C TRUSTEE MEMBER, AS THE CASE MAY BE, FOR THE YEAR FOLLOWING THE ANNUAL MEETING AT WHICH THE APPOINTMENT OR ITS RENEWAL WAS TO HAVE BEEN TAKEN BY A RESOLUTION FOR PURPOSES OF TAKING CORPORATE ACTION FOR APPOI NTING MEMBERS PURSUANT TO SECTION L(B), ALL POWER SHALL BE VESTED SOLELY IN THE EX-OFFICIO MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE MISSIONARY SISTERS OF SACRED HEART OF JESUS HAVE THE POWER TO ELECT MEMBERS OF THE GOVERNING BODY AFTER THE NOMINATING COMMITTEE SENDS THEM A NOMINATION FOR THE BOARD

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE MEMBERS HAVE THE RIGHT TO AMEND THE BY-LAWS AND CERTIFICATE OF INCORPORATION, AND APPROVE SUBSTANTIAL TRANSACTIONS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	CABRINI OF WESTCHESTER HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS ELECTRONICALLY SENT TO THE BOARD MEMBERS OF THE ORGANIZATION FOR ANY COMMENTS ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED TO THE OUTSIDE ACCOUNTANTS EACH ISSUE IS DOCUMENTED AND ADDRESSED UNTIL THE RETURN IS FINALIZED AND APPROVED FOR FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS APPLICABLE TO DIRECTORS, OFFICERS, AND TO ALL EMPLOYEES WHO CAN INFLUENCE THE ACTIONS OF THE ORGANIZATION ANNUALLY, EACH DIRECTOR, OFFICER, AND MANAGEMENT EMPLOYEE HAS TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT, WHICH WILL INFORM THE ORGANIZATION OF ANY POTENTIAL OR ACTUAL CONFLICTS A PERSON MAY HAVE IF ANYTHING SHOULD CHANGE AFTER SIGNING THE POLICY, THE PERSON IS REQUIRED TO NOTIFY THE CEO OR BOARD CHAIR REGARDING THE CONFLICT TRANSACTIONS WITH PARTIES WITH WHOM A CONFLICTING INTEREST EXISTS MAY BE UNDERTAKEN ONLY IF ALL OF THE FOLLOWING ARE OBSERVED 1 THE CONFLICTING INTEREST IS FULLY DISCLOSED, 2 THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM THE DISCUSSION AND APPROVAL OF SUCH TRANSACTION, 3 A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, AND 4 THE [BOARD OR A DULY CONSTITUTED COMMITTEE THEREOF] HAS DETERMINED THAT THE TRANSACTION IS IN THE BEST INTEREST OF THE ORGANIZATION DISCLOSURE IN THE ORGANIZATION SHOULD BE MADE TO THE CHIEF EXECUTIVE OFFICER (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD CHAIR), WHO SHALL BRING THE MATTER TO THE ATTENTION OF THE AUDIT COMMITTEE OF THE BOARD DISCLOSURE INVOLVING DIRECTORS SHOULD BE MADE TO THE BOARD CHAIR, (OR IF SHE OR HE IS THE ONE WITH THE CONFLICT, THEN TO THE BOARD VICE-CHAIR) WHO SHALL BRING THESE MATTERS TO THE AUDIT COMMITTEE OF THE BOARD THE AUDIT COMMITTEE OF THE BOARD SHALL DETERMINE WHETHER A CONFLICT EXISTS AND IN THE CASE OF AN EXISTING CONFLICT, WHETHER THE CONTEMPLATED TRANSACTION MAY BE AUTHORIZED AS JUST, FAIR, AND REASONABLE TO CCNR THE DECISION OF THE AUDIT COMMITTEE OF THE BOARD ON THESE MATTERS WILL REST IN THEIR SOLE DISCRETION, AND THEIR CONCERN MUST BE THE WELFARE OF CCNR AND THE ADVANCEMENT OF ITS PURPOSE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	IN AUGUST OF 2015 CABRINI OF WESTCHESTER JOINED WITH 18 CORPORATE ENTITIES COMPRISING 28 TOTAL LONG TERM CARE FACILITIES TO PARTICIPATE IN AN EXECUTIVE COMPENSATION AND BENEFITS SURVEY CONDUCTED BY SULLIVAN, COTTER AND ASSOCIATES ALL PARTICIPANTS ARE NOT-FOR-PROFIT AND ALL ARE MEMBERS OF THE CONTINUING CARE LEADERSHIP COALITION (CCLC), THE LONG TERM CARE ARM OF GREATER NEW YORK HOSPITAL ASSOCIATION (GNYHA) DATA GATHERED WAS FOR JULY, 2015 THE REPORT OF THE SURVEY WAS RECEIVED IN OCTOBER, 2015 AND SHARED WITH THE TRUSTEES OF THE CABRINI OF WESTCHESTER (CW) AT THE DECEMBER MEETING OF THE BOARD ON DECEMBER 16, 2015 THE PURPOSE FOR PROVIDING THE SULLIVAN COTTER REPORT AND THE CURRENT SALARIES OF EXECUTIVE STAFF OF CW WAS TO PROVIDE THE TRUSTEES WITH A COMPARISON OF SALARIES FOR THE CEO, CFO, AND COO/ADMINISTRATOR POSITIONS IN ORGANIZATIONS SIMILAR TO CABRINI OF WESTCHESTER SO THAT THE BOARD COULD PERFORM ITS DUTY TO ANNUALLY REVIEW AND APPROVE THE SALARIES OF THE CEO AND CFO OTHER SALARIES WERE PROVIDED FOR INFORMATION ONLY THE COMPARISON GROUP INDICATED FOR CABRINI OF WESTCHESTER WAS FOR ORGANIZATIONS WITH NET REVENUE IN THE \$40-60 MILLION RANGE THE CEO AND COO'S COMPENSATION FALLS BELOW THE 25TH PERCENTILE AND THE CFO'S COMPENSATION FALLS BELOW THE 75TH PERCENTILE IN ADDITION, ANY INCREASE FOR THESE POSITIONS, IF GIVEN, ARE LIMITED TO THE SAME PERCENT INCREASE GRANTED TO ALL NON-UNION STAFF AND MUST BE APPROVED BY THE BOARD OF DIRECTORS SUCH APPROVAL IS DOCUMENTED IN THE MINUTES OF THE BOARD MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION'S FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER INTERNAL REVENUE CODE SECTION 6104 IT IS POSTED ON GUIDESTAR ORG AND OTHER SIMILAR WEBSITES FORMS 990 AND 1023 ARE ALSO AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST AT 115 BROADWAY, DOBBS FERRY, NY 10522 THE ORGANIZATION ALSO FILES AN ANNUAL COST REPORT WITH THE NEW YORK STATE DEPARTMENT OF HEALTH WHICH CONTAINS FINANCIAL STATEMENTS AND RELATED NOTE DISCLOSURES THIS COST REPORT IS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST AT 115 BROADWAY, DOBBS FERRY, NY 10522

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS DID NOT CHANGE FROM THE PRIOR YEAR

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
CABRINI OF WESTCHESTER

Employer identification number

23-7063399

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) CABRINI CARE AT HOME 220 EAST 19TH STREET NEW YORK, NY 10003 02-0568159	HOME CARE SERVICES FOR THE AGED, DISABLED AND IMPAIRED PERSONS	NY	501(C)(3)	LINE 10	CABRINI OF WESTCHESTER	Yes	
(2) CABRINI HOUSING DEVELOPMENT FUND CORPORATION 220 EAST 19TH STREET NEW YORK, NY 10003 02-0663534	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	CABRINI OF WESTCHESTER	Yes	

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

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

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

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

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

	Yes	No
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	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	Yes
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CABRINI HOUSING DEVELOPMENT FUND CORP	L	50,694	BOOK VALUE
(2) CABRINI CARE AT HOME	P	2,410,782	BOOK VALUE

Part VII **Supplemental Information**

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

Return Reference**Explanation**