

AMENDED RETURN SECTION 512(A)(7) REPEAL
Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

Form 990-T

For calendar year 2018 or other tax year beginning and ending
Go to www.irs.gov/Form990T for instructions and the latest information. 1812
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Received in SEP 2 2020
Batching Ogden

- A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Name of organization (Check box if name changed and see instructions.)
CABRINI OF WESTCHESTER
Number, street, and room or suite no. If a P O box, see instructions.
115 BROADWAY
City or town, state or province, country, and ZIP or foreign postal code
DOBBS FERRY, NY 10522

D Employer identification number (Employees' trust, see instructions)
23-7063399
E Unrelated business activity code (See instructions)

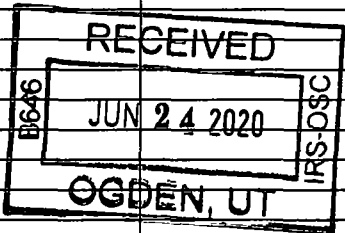
C Book value of all assets at end of year
F Group exemption number (See instructions.)
G Check organization type [X] 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here . If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [] Yes [] No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of DAVID ARDITTI Telephone number 914-693-6800

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Includes rows for Gross receipts or sales, Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, Net gain (loss), etc. Total income is 0.



Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)
(Except for contributions, deductions must be directly connected with the unrelated business income)

Table with 2 columns: Description, Amount. Includes rows for Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions; Total deductions; Unrelated business taxable income before net operating loss deduction; Deduction for net operating loss arising in tax years beginning on or after January 1, 2018; Unrelated business taxable income.

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Part III Total Unrelated Business Taxable Income

Table with 3 columns: Line number, Description, and Amount. Includes lines 33-38 for Total Unrelated Business Taxable Income.

Part IV Tax Computation

Table with 3 columns: Line number, Description, and Amount. Includes lines 39-44 for Tax Computation.

Part V Tax and Payments

Table with 3 columns: Line number, Description, and Amount. Includes lines 45a-53 for Tax and Payments.

Part VI Statements Regarding Certain Activities and Other Information

Table with 3 columns: Question number, Question text, and Yes/No response.

Sign Here

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.

Signature of officer: [Signature] Date: 6/18/20 Title: CFO

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Table with 4 columns: Field name, Value, Field name, Value. Includes fields for Preparer's name, signature, date, firm name, EIN, and address.