

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

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) Room/suite
115 BROADWAY

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 \$ 46,917,733

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

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

J Website: ▶ CABRINI-ELDERCARE.ORG

H(c) Group exemption number ▶

K Form of organization: Corporation Trust Association Other ▶

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

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	522
6 Total number of volunteers (estimate if necessary)	6	68
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	663,566	997,859
9 Program service revenue (Part VIII, line 2g)	43,658,531	44,157,018
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	35,933	46,348
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,811,775	1,568,119
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46,169,805	46,769,344
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	31,545,539	31,616,678
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	15,376,974	15,478,986
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	46,922,513	47,095,664
19 Revenue less expenses. Subtract line 18 from line 12	-752,708	-326,320
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	61,157,387	61,904,276
21 Total liabilities (Part X, line 26)	50,461,373	51,525,353
22 Net assets or fund balances. Subtract line 21 from line 20	10,696,014	10,378,923

Part II Signature Block

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

Sign Here ***** Signature of officer Date 2021-02-03
DAVID ARDITTI CFO Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name Preparer's signature Date 2021-02-03 Check if 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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 HOME CARE PROGRAMS, 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.

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 \$ 40,855,547 including grants of \$) (Revenue \$ 43,115,742)
See Additional Data

4b (Code:) (Expenses \$ 2,327,428 including grants of \$) (Revenue \$ 1,041,276)
See Additional Data

4c (Code:) (Expenses \$ 205,869 including grants of \$) (Revenue \$)
See Additional Data

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

4e Total program service expenses ▶ 43,388,844

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 12. Questions cover topics like political activities, lobbying, donor funds, conservation easements, and financial statements.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and related parties.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Main form area containing questions 2a through 16b with corresponding answer columns.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (13), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) 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) PATRICIA KRASNAUSKY PRESIDENT AND CEO	37.30 0.20			X			315,668	0	37,723	
(2) DAVID ARDITTI VICE PRESIDENT, CFO	37.30 0.20			X			233,352	0	61,430	
(3) LORRAINE HORGAN VP OF EXTERNAL AFFAIRS	37.50				X		200,049	0	58,616	
(4) BONITA BURKE VP OPERATIONS/ADMIN	37.50				X		191,487	0	44,986	
(5) WINONAH JOSEPHS DIR. OF NURSING	37.50				X		150,907	0	42,012	
(6) TERRI-JO DALEY DIR. OF CASE MGMT.	37.50				X		166,675	0	24,710	
(7) PATRICIA HULL DIR. OF PATIENT SERVICES	30.00				X		136,089	0	38,702	
(8) SUSAN STRANGIO ASSISTANT SECRETARY THRU JUNE 2019	37.50 0.20			X			37,812	0	17,260	
(9) DR RALPH LUCARIELLO CHAIRMAN	0.60 0.05	X		X			0	0	0	
(10) JAMES MIGLIORE VICE CHAIRMAN	0.50 0.15	X		X			0	0	0	
(11) JAMES BUTLER TREASURER	0.60 0.05	X		X			0	0	0	
(12) SR CATHERINE GARRY MSC SECRETARY	0.40 0.15	X		X			0	0	0	
(13) SR ARLENE VAN DUSEN MSC BOARD MEMBER	0.40 0.15	X					0	0	0	
(14) DONALD AMORUSO BOARD MEMBER	0.60 0.15	X					0	0	0	
(15) SYMRA BRANDON BOARD MEMBER	0.50 0.05	X					0	0	0	
(16) JOAN MOONEY BOARD MEMBER	0.30 0.05	X					0	0	0	
(17) PETER DICAPUA BOARD MEMBER	0.40 0.05	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) RICHARD CELIBERTI BOARD MEMBER	0.50 0.05	X						0	0	0
(19) CARMINE GIULIANO BOARD MEMBER	0.30 0.05	X						0	0	0
(20) DONATO SETTANNI BOARD MEMBER	0.60 0.05	X						0	0	0
(21) MARY BETH MORRISSEY PHD MPH BOARD MEMBER	0.40 0.05	X						0	0	0
1b Sub-Total										
1c Total from continuation sheets to Part VII, Section A										
1d Total (add lines 1b and 1c)							1,432,039	0		325,439

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 18			
----------	--	--	--	--

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BOTTOM LINE COLLECTIONS 64 SECOR LANE HOPEWELL JUNCTION, NY 12533	BILLING SERVICES	216,624
HEALTH PRO MANAGEMENT SERVICES LLC 536 OLD HOWELL ROAD GREENVILLE, SC 29615	REHAB SERVICES	171,109
INFINITE CARE INC 49 MONTROSE AVENUE BROOKLYN, NY 11206	HOME HEALTH CARE SERVICES	147,975
HOSPITALIST HEALTHCARE SERVICES PLLC PO BOX 844929 LOS ANGELES, CA 90084	MEDICAL MGMT SERVICES	128,700
THERMODYNAMICS CORP 8 JOHN WALSH BLVD SUITE 401 PEEKSKILL, NY 10566	ELECTRICAL CONTRACTING	114,479

2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 6
----------	--

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	203,050				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	794,809				
	g Noncash contributions included in lines 1a - 1f:\$	1g					
	h Total. Add lines 1a-1f			997,859			
Program Service Revenue		Business Code					
	2a MEDICAID REVENUE	623000	29,283,461	29,283,461			
	b MEDICARE REVENUE	623000	9,808,937	9,808,937			
	c PRIVATE FEES	623000	3,671,699	3,671,699			
	d OTHER PATIENT REVENUE	623000	1,392,921	1,392,921			
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f.		44,157,018					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		46,348			46,348	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
		6a	337,002				
		b Less: rental expenses	6b	102,043			
	c Rental income or (loss)	6c	234,959				
	d Net rental income or (loss)			234,959		234,959	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		7a					
		b Less: cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c					
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 203,050 of contributions reported on line 1c). See Part IV, line 18						
		8a		44,350			
b Less: direct expenses		8b		46,346			
c Net income or (loss) from fundraising events			-1,996		-1,996		
9a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a CARE SERVICES REIMBURSEMENT	900099	938,340			938,340		
b OTHER OPERATING INCOME	900099	260,948			260,948		
c MANAGEMENT FEE	900099	55,380			55,380		
d All other revenue		80,488			80,488		
e Total. Add lines 11a-11d		1,335,156					
12 Total revenue. See instructions		46,769,344	44,157,018	0	1,614,467		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	695,994		695,994	
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	20,807,471	19,861,106	946,365	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	2,081,532	1,965,666	115,866	
9 Other employee benefits	5,167,561	4,865,268	302,293	
10 Payroll taxes	2,864,120	2,658,866	205,254	
11 Fees for services (non-employees):				
a Management				
b Legal	22,261		22,261	
c Accounting	54,820		54,820	
d Lobbying	9,832		9,832	
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)	2,015,822	1,762,168	253,654	
12 Advertising and promotion	20,577		20,577	
13 Office expenses	2,011,555	1,811,888	199,667	
14 Information technology				
15 Royalties				
16 Occupancy	2,404,116	2,308,027	96,089	
17 Travel	22,787	18,279	4,508	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	30,784	28,578	2,206	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,907,561	3,641,958	265,603	
23 Insurance	328,634	328,634		
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 NYS CASH RECEIPTS ASSES	2,260,624	2,260,624		
b BAD DEBT EXPENSE	535,549	535,549		
c MEDICATIONS	491,062	491,062		
d LOAN FORGIVENESS	463,787		463,787	
e All other expenses	899,215	851,171	48,044	
25 Total functional expenses. Add lines 1 through 24e	47,095,664	43,388,844	3,706,820	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	324,241	1	2,600,859
	2 Savings and temporary cash investments	2,769,276	2	1,720,079
	3 Pledges and grants receivable, net	40,160	3	1,374,802
	4 Accounts receivable, net	4,822,525	4	4,238,520
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	87,332	8	87,000
	9 Prepaid expenses and deferred charges	245,261	9	618,104
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	91,516,194		
	b Less: accumulated depreciation	63,468,663		
		31,365,306	10c	28,047,531
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	30,000	12	40,979
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	21,473,286	15	23,176,402	
16 Total assets. Add lines 1 through 15 (must equal line 34)	61,157,387	16	61,904,276	
Liabilities	17 Accounts payable and accrued expenses	4,092,268	17	5,376,489
	18 Grants payable		18	
	19 Deferred revenue		19	983,958
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	162,378	21	175,126
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	44,937,727	23	43,315,780
	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	1,269,000	25	1,674,000
	26 Total liabilities. Add lines 17 through 25	50,461,373	26	51,525,353
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	10,625,856	27	10,305,167
	28 Net assets with donor restrictions	70,158	28	73,756
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	10,696,014	32	10,378,923
33 Total liabilities and net assets/fund balances	61,157,387	33	61,904,276	

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	46,769,344
2	Total expenses (must equal Part IX, column (A), line 25)	2	47,095,664
3	Revenue less expenses. Subtract line 2 from line 1	3	-326,320
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,696,014
5	Net unrealized gains (losses) on investments	5	10,979
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	-1,750
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	10,378,923

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 23-7063399

Name: CABRINI OF WESTCHESTER

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O FOR A DESCRIPTION ON THE 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. 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 CAF 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 IMMERSSED 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 AILMENTS 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 2019, CABRINI OF WESTCHESTER PROVIDED 106,654 DAYS OF SKILLED NURSING SERVICES TO 804 ELDERLY, 276 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 PSYCHIATRY 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 2019, MEN AND WOMEN RELIGIOUS REPRESENTING 17 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 A DESCRIPTION ON THE HOME HEALTH CARE PROGRAM HOME HEALTH CARE - ON DECEMBER 12, 2013, CABRINI OF WESTCHESTER RECEIVED AUTHORIZATION TO OPERATE AS 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 WE OFFER A BROAD ARRAY OF HOME HEALTH SERVICES TO ASSIST INDIVIDUALS AGE 18 AND ABOVE IN THE COMFORT AND FAMILIARITY OF THEIR OWN HOMES. THE CHHA IS ABLE TO PROVIDE CARE 24 HOURS A DAY, 7 DAYS PER WEEK. CHHAS PROVIDE THE FOLLOWING SERVICES: SKILLED NURSING, PHYSICAL, OCCUPATIONAL, AND SPEECH THERAPY, SOCIAL WORK, NUTRITION, HOME HEALTH AIDE, MEDICAL SUPPLIES AND EQUIPMENT. IN 2019, CABRINI CERTIFIED HOME HEALTH AGENCY PROVIDED HOME HEALTH SERVICES TO A TOTAL OF 430 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 A DESCRIPTION ON THE CABRINI IMMIGRANT SERVICES (CIS) PROGRAM. CABRINI IMMIGRANT SERVICES (CIS) IS A STOREFRONT LEARNING AND COMMUNITY SERVICES CENTER ESTABLISHED IN 1998, AS AN APOSTOLIC OUTREACH PROJECT OF CABRINI OF WESTCHESTER IN DOBBS FERRY, NY. IT WAS NAMED FOR MOTHER FRANCES XAVIER CABRINI, PATRON SAINT OF IMMIGRANTS. THE AGENCY REACHES OUT TO ASSIST THE UNDERSERVED AND UNDERPRIVILEGED OF ALL RELIGIONS AND RACES IN OUR COMMUNITY, OTHER RIVERTOWN AREAS AND THROUGHOUT WESTCHESTER COUNTY. WE WORK WITH NEWLY ARRIVED IMMIGRANTS AND THEIR FAMILIES WHO STRUGGLE TO FIND SUPPORT WITH THE EVERYDAY CONCERNS AND RESPONSIBILITIES THAT CAN BE OVERWHELMING TO THOSE LACKING RESOURCES, LANGUAGE SKILLS AND AN UNDERSTANDING OF SOCIETY'S SYSTEMS, STRUCTURES AND PROCEDURES. CIS WORKS WITHIN THE COMMUNITY TO PROVIDE LOCAL IMMIGRANTS AND THEIR FAMILIES WITH THE MEANS TO INTEGRATE AND NAVIGATE THE CHALLENGES OF LIFE IN A NEW COUNTRY INCLUDING INSTRUCTION IN ENGLISH; EDUCATION SUPPORT; ENCULTURATION; ASSISTANCE WITH ACCESS TO HEALTHCARE, SOCIAL SERVICES; CITIZENSHIP ASSISTANCE, EMPLOYMENT REFERRALS, RESUME WRITING, HOUSING AND SKILLS TRAINING. IN ADDITION, WE PROVIDE SERVICES TO CLIENTS LIVING IN THE RIVERTOWNS, ROCKLAND AND OTHER WESTCHESTER AREAS. IN 2019, WITH A FTE STAFF OF 1.375 EMPLOYEES AND AN AVERAGE OF 35 MONTHLY ADULT VOLUNTEERS, CIS SERVICED A TOTAL OF 2000 INDIVIDUALS: 60 INDIVIDUALS RECEIVED ESL SERVICES; 60 CHILDREN WERE SUPPORTED ACADEMICALLY DURING THE SCHOOL YEAR AND SUMMER SUPPORT PROGRAMS; OVER 300 INDIVIDUALS RECEIVED INFORMATION, ASSISTANCE AND REFERRALS OVER THE PHONE AND IN PERSON FOR IMMIGRATION ISSUES, SOCIAL SERVICES, HEALTHCARE REFERRALS, JOB ASSISTANCE AND BENEFITS HELP. 250 INDIVIDUALS BENEFITTED FROM CLOTHING, FOOD, HOLIDAY GIFTS, SCHOOL SUPPLIES AND OTHER DISTRIBUTION SERVICES. 3,000 CONTACTS, REQUESTS AND INQUIRIES WERE RESPONDED TO DURING THE COURSE OF 2019. EDUCATIONAL SERVICES ARE THE FOUNDATIONAL CORNERSTONE OF OFFERINGS TRADITIONALLY PROVIDED BY CIS, INCLUDING ENGLISH AS A SECOND LANGUAGE, CITIZENSHIP TEST PREPARATION AND ASSISTANCE WITH HIGHER EDUCATION. CIS CONTINUES ITS 100% SUCCESS RATE IN PREPARING AN INCREASING NUMBER OF CLIENTS FOR CITIZENSHIP. WE CONTINUED TO OFFER AN ADULT LITERACY PROGRAM. IN ADDITION, WE BEGAN A WRITING CLASS AND A COMPUTER CLASS FOR ADULTS. OUR EXPRESSIVE ARTS PROGRAM WHICH INVOLVES SOME OF OUR NURSING HOME RESIDENTS AND CIS CLIENTS, CONTINUES. FOR OUR CHILDREN, WE OFFER A STARS (STORYTELLING, ART, READING AND SOCIALIZATION) FOR KIDS PROGRAM, GIVING BACK PROGRAMS (OUR CHILDREN MAKE PACKETS OF TOILETRIES, ETC. TO GIVE TO A NON-PROFIT ORGANIZATION IN NEED) AS WELL AS AN AFTERSCHOOL HOMEWORK PROGRAM. CIS CONTINUES TO COLLABORATE WITH THE FOLLOWING LOCAL AGENCIES AND ORGANIZATIONS TO HELP ASSIST AND MEET THE NEEDS OF OUR CLIENTS: RSHM LIFE CENTER, SLEEPY HOLLOW; SPRING COMMUNITY PARTNERS (THE DIRECTOR OF CIS SERVES ON THE EXECUTIVE BOARD); CATHOLIC CHARITIES; CATHOLIC LEGAL IMMIGRATION NETWORK; NEW YORK IMMIGRATION COALITION; CABRINI IMMIGRANT SERVICES NEW YORK CITY; MY SISTERS PLACE-SHELTER FOR DOMESTIC VIOLENCE VICTIMS; FAMILY-TO-FAMILY FOOD DISTRIBUTION; OPEN DOOR; DOBBS FERRY RECREATION; MERCY COLLEGE, DOBBS FERRY CAMPUS; THE MASTERS SCHOOL, DOBBS FERRY; DOBBS FERRY ELEMENTARY, MIDDLE AND HIGH SCHOOLS; THE DOBBS FERRY LIBRARY; SOUTH PRESBYTERIAN CHURCH FOOD PANTRY, DOBBS FERRY AND WORLD VISION, BRONX, NY. IN ADDITION, CIS HAS SOCIAL WORK INTERNS FROM CONCORDIA COLLEGE, BRONXVILLE, IONA COLLEGE, NEW ROCHELLE, MERCY COLLEGE, DOBBS FERRY AND STONY BROOK UNIVERSITY (NYC CAMPUS). THE DIRECTOR OF CIS SERVES ON THE ADVISORY BOARDS FOR CONCORDIA COLLEGE, IONA COLLEGE AND WESTCHESTER COMMUNITY COLLEGE.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	634,626	440,410	997,860	663,566	997,859	3,734,321
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	46,791,228	44,470,126	43,859,578	43,658,531	44,157,018	222,936,481
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	47,425,854	44,910,536	44,857,438	44,322,097	45,154,877	226,670,802
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	36,380	51,650	29,258	41,660	29,705	188,653
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.	36,380	51,650	29,258	41,660	29,705	188,653
8 Public support. (Subtract line 7c from line 6.)						226,482,149

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	47,425,854	44,910,536	44,857,438	44,322,097	45,154,877	226,670,802
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34,171	39,449	51,481	347,383	383,350	855,834
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	34,171	39,449	51,481	347,383	383,350	855,834
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	897,173	1,204,413	1,582,704	1,633,981	1,335,156	6,653,427
13 Total support. (Add lines 9, 10c, 11, and 12.)	48,357,198	46,154,398	46,491,623	46,303,461	46,873,383	234,180,063

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	96.710 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	97.110 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.370 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.220 %

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	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 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

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:	CARE SERVICES REIMBURSEMENT - 2015 AMOUNT: \$ 697,236. 2016 AMOUNT: \$ 831,606. 2017 AMOUNT: \$ 1,232,660. 2018 AMOUNT: \$ 1,021,540. 2019 AMOUNT: \$ 938,340. CASH REBATES ON PURCHASES - 2015 AMOUNT: \$ 13,234. 2016 AMOUNT: \$ 214,059. 2017 AMOUNT: \$ 12,519. 2018 AMOUNT: \$ 13,479. 2019 AMOUNT: \$ 47,675. GIFT SHOP - 2015 AMOUNT: \$ 27,207. 2016 AMOUNT: \$ 27,576. 2017 AMOUNT: \$ 25,329. 2018 AMOUNT: \$ 26,095. 2019 AMOUNT: \$ 24,099. INSURANCE RECOVERY - 2018 AMOUNT: \$ 309,000. MANAGEMENT FEE - 2015 AMOUNT: \$ 86,319. 2016 AMOUNT: \$ 85,617. 2017 AMOUNT: \$ 62,694. 2018 AMOUNT: \$ 55,380. 2019 AMOUNT: \$ 55,380. MEDICAL RECORD ABSTRACTS - 2015 AMOUNT: \$ 4,280. 2016 AMOUNT: \$ 1,922. 2017 AMOUNT: \$ 3,194. 2018 AMOUNT: \$ 9,502. 2019 AMOUNT: \$ 4,725. OTHER OPERATING INCOME - 2015 AMOUNT: \$ 61,278. 2016 AMOUNT: \$ 41,852. 2017 AMOUNT: \$ 237,673. 2018 AMOUNT: \$ 194,175. 2019 AMOUNT: \$ 260,948. REFUNDS - 2015 AMOUNT: \$ 6,720. 2017 AMOUNT: \$ 6,560. 2018 AMOUNT: \$ 3,200. 2019 AMOUNT: \$ 2,450. VENDING MACHINES - 2015 AMOUNT: \$ 899. 2016 AMOUNT: \$ 1,781. 2017 AMOUNT: \$ 2,075. 2018 AMOUNT: \$ 1,610. 2019 AMOUNT: \$ 1,539.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization CABRINI OF WESTCHESTER	Employer identification number 23-7063399
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals **(b)** Affiliated group totals

- 1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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		9,832
j Total. Add lines 1c through 1i			9,832
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).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

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 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		210,000		210,000
b Buildings		65,489,811	43,499,279	21,990,532
c Leasehold improvements		516,846	338,838	178,008
d Equipment		25,299,537	19,630,546	5,668,991
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				28,047,531

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) LIMITED USE ASSETS	19,052,813
(2) ESTIMATED DUE FROM THIRD PARTY PAYORS	2,613,000
(3) INSURANCE GROSS-UP	1,300,000
(4) DUE FROM CABRINI HOUSING	32,979
(5) OTHER RECEIVABLES	2,485
(6) RESIDENT FUNDS	175,125
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	23,176,402

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	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,674,000

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	47,644,617
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	10,979
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	922,124
e	Add lines 2a through 2d	2e	933,103
3	Subtract line 2e from line 1	3	46,711,514
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	57,830
c	Add lines 4a and 4b	4c	57,830
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	46,769,344

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	48,184,208
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	1,146,374
e	Add lines 2a through 2d	2e	1,146,374
3	Subtract line 2e from line 1	3	47,037,834
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	57,830
c	Add lines 4a and 4b	4c	57,830
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	47,095,664

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	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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 TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	INCOME ATTRIBUTABLE TO RELATED PARTIES 820,081. RENTAL EXPENSES REPORTED ON PART VII, LINE 6B 102,043.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 55,380. REFUNDS REPORTED ON PART VIII, LINE 11 2,450.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES ATTRIBUTABLE TO RELATED PARTIES 1,042,581. WRITE-OFF OF UNCOLLECTIBLE PLEDGES REPORTED ON PART XI 1,750. RENTAL EXPENSES REPORTED ON PART VII, LINE 6B 102,043.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 55,380. REFUNDS REPORTED ON PART VIII, LINE 11 2,450.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

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

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 10 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			
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) Total events
	<u>ANNUAL DINNER</u> (event type)	<u>CIS EVENT</u> (event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	232,925	14,475		247,400
2 Less: Contributions	203,050	0		203,050
3 Gross income (line 1 minus line 2)	29,875	14,475		44,350
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages	30,097			30,097
8 Entertainment				
9 Other direct expenses	15,133	1,116		16,249
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				46,346
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-1,996

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			
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 provide any additional information. See instructions.

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

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
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> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	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 on 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> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	No								
	4b	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No								
	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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	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)	315,668	0	0	19,131	18,592	353,391	0
	(ii)	0	0	0	0	0	0	0
2 DAVID ARDITTI VICE PRESIDENT, CFO	(i)	233,352	0	0	14,633	46,797	294,782	0
	(ii)	0	0	0	0	0	0	0
3 LORRAINE HORGAN VP OF EXTERNAL AFFAIRS	(i)	200,049	0	0	12,610	46,006	258,665	0
	(ii)	0	0	0	0	0	0	0
4 BONITA BURKE VP OPERATIONS/ADMIN	(i)	191,487	0	0	11,931	33,055	236,473	0
	(ii)	0	0	0	0	0	0	0
5 WINONAH JOSEPHS DIR. OF NURSING	(i)	150,907	0	0	9,496	32,516	192,919	0
	(ii)	0	0	0	0	0	0	0
6 TERRI-JO DALEY DIR. OF CASE MGMT.	(i)	166,675	0	0	10,200	14,510	191,385	0
	(ii)	0	0	0	0	0	0	0
7 PATRICIA HULL DIR. OF PATIENT SERVICES	(i)	136,089	0	0	8,634	30,068	174,791	0
	(ii)	0	0	0	0	0	0	0

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
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization
CABRINI OF WESTCHESTER

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, CABRINI OF WESTCHESTER IS COMPRISED OF ST. CABRINI NURSING HOME, ST. CABRINI HOME CARE PROGRAMS, 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 ELDERS 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 PROVINCE OR ITS CANONICAL SUCCESSOR (HEREINAFTER THE "RELIGIOUS INSTITUTE"). THE CLASS A MEMBER SH ALL 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 MEMBERS OR THE "COUNCILORS") OF THE RELIGIOUS INSTITUTE. THE CLASS B MEMBERS SHALL BE VOTING EX-O FFICIO MEMBERS OF THE CORPORATION. THE CLASS A MEMBERS AND THE CLASS B MEMBERS ARE COLLECT IVELY REFERRED TO AS "EX-OFFICIO MEMBERS." (B) THE EX-OFFICIO MEMBERS MAY FROM TIME TO TIM E BY A MAJORITY VOTE APPOINT MEMBERS OF CLASS C AS FOLLOWS: (I) A NON-COUNCIL MEMBER OF TH E 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 AP POINTING RESOLUTION. THE CLASS C MEMBER SO APPOINTED (HEREINAFTER THE "CLASS C MISSIONARY SISTER MEMBER") MAY BE REMOVED, WITH OR WITHOUT CAUSE, DURING SAID TERM BY A RESOLUTION AD OPTED BY THE EX-OFFICIO MEMBERS; AND (II) IN ADDITION TO THE CLASS C MISSIONARY SISTER MEM BER, 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 "CL ASS C TRUSTEE MEMBER") IF THE EX-OFFICIO MEMBERS ADOPT A RESOLUTION PROVIDING FOR A CLASS 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 CLASS C TRUSTEE MEMBER PURSUANT TO THE PROVISIONS OF THIS SUBSECTION (B) (II), THE APPOINTMENT SH ALL BE MADE AND BECOME EFFECTIVE AT AN ANNUAL MEETING OF THE MEMBERS PURSUANT TO ARTICLE V , SECTION 1 OF THESE BYLAWS AND SHALL TERMINATE AT THE END OF THE BUSINESS DAY IMMEDIATELY PRIOR TO THE NEXT ANNUAL MEETING FOLLOWING THE EFFECTIVE DATE OF OFFICE IN THE APPOINTING RESOLUTION. (C) THE EX-OFFICIO MEMBERS, THE CLASS C MISSIONARY SISTER MEMBER, IF APPOINTE D PURSUANT TO SUBSECTION (B) ABOVE; AND THE CLASS C TRUSTEE MEMBER, IF APPOINTED PURSUANT TO SUBSECTION (B) ABOVE, COLLECTIVELY SHALL BE REFERRED TO IN THESE BYLAWS AS THE "MEMBERS ." (D) THE PROVINCIAL AND THE PROVINCIAL COUNCILORS SHALL SERVE AS EX-OFFICIO MEMBERS OF T HE CORPORATION DURING THEIR TERM IN OFFICE AS PROVINCIAL AND MEMBERS OF THE PROVINCIAL COU NCIL OF THE RELIGIOUS INSTITUTE. MEMBERS CEASING TO FUNCTION AS PROVINCIAL OR AS MEMBERS O F THE PROVINCIAL COUNCIL SHALL CEASE TO BE EX-OFFICIO MEMBERS OF THE CORPORATION. A CERTIFIED RESOLUTION OF THE SECRETAR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	Y OF THE RELIGIOUS INSTITUTE NAMING THE VALIDLY ELECTED AND CANONICALLY INSTALLED PROVINCIAL AND PROVINCIAL COUNCIL SHALL BE BINDING IN THIS MATTER. THE APPOINTMENT OR REAPPOINTMENT OF EITHER OR BOTH OF THE CLASS C MISSIONARY SISTER MEMBER AND/OR THE CLASS C TRUSTEE 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 MEAN 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 APPOINTING 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	<p>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.</p>

990 Schedule O, Supplemental Information

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

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 XI, LINE 9:	WRITE-OFF OF UNCOLLECTIBLE PLEDGES -1,750.

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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, LINE B, AMENDED RETURN:	AN AMENDED RETURN IS BEING FILED TO IN ORDER TO CONFORM TO THE ORGANIZATION'S DISCLOSURE OF THEIR UPDATED PROGRAM ACTIVITIES AND MISSION STATEMENT FOR 2019. FORM 990, PART I, LINE 1 AND PART III, LINE 1 HAD THEIR NARRATIVES EDITTED IN ORDER TO REMOVE REFERENCES TO THE ADULT DAY CARE PROGRAM WHICH WAS CLOSED BY THE ORGANIZATION IN MAY OF 2018.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

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

(a) 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	55,380	COST

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation