

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

# Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047  
**2018**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **07-01-2018**, and ending **06-30-2019**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
ST ANNE HOME

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
685 ANGELA DRIVE

City or town, state or province, country, and ZIP or foreign postal code  
GREENSBURG, PA 15601

**D** Employer identification number  
25-1146769

**E** Telephone number  
(724) 837-6070

**G** Gross receipts \$ 15,851,340

**F** Name and address of principal officer:  
JEFFREY S LONG  
685 ANGELA DRIVE  
GREENSBURG, PA 15601

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW.STANNEHOME.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1964

**M** State of legal domicile: PA

## Part I Summary

**1** Briefly describe the organization's mission or most significant activities:  
TO PROVIDE A CONTINUUM OF CARE & SUPPORTIVE SERVICES TO RESIDENTS, THEIR FAMILIES, & THEIR CAREGIVERS

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

|  |           |     |
|--|-----------|-----|
| <b>3</b> Number of voting members of the governing body (Part VI, line 1a)             | <b>3</b>  | 15  |
| <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) | <b>4</b>  | 13  |
| <b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)  | <b>5</b>  | 328 |
| <b>6</b> Total number of volunteers (estimate if necessary)                            | <b>6</b>  | 64  |
| <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12         | <b>7a</b> | 0   |
| <b>b</b> Net unrelated business taxable income from Form 990-T, line 34                | <b>7b</b> | 0   |

|  | Prior Year | Current Year |
|--|------------|--------------|
| <b>8</b> Contributions and grants (Part VIII, line 1h)                                     | 221,089    | 133,078      |
| <b>9</b> Program service revenue (Part VIII, line 2g)                                      | 14,201,376 | 14,144,089   |
| <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)                    | 2,251,020  | 1,244,471    |
| <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)         | 183,266    | 264,790      |
| <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 16,856,751 | 15,786,428   |

|   |            |            |
|---|------------|------------|
| <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)                  | 0          | 0          |
| <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)                     | 0          | 0          |
| <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 9,448,478  | 9,798,021  |
| <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)                    | 0          | 0          |
| <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 32,939                 |            |            |
| <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)                      | 5,156,216  | 6,164,715  |
| <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)         | 14,604,694 | 15,962,736 |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12                              | 2,252,057  | -176,308   |

|  | Beginning of Current Year | End of Year |
|--|---------------------------|-------------|
| <b>20</b> Total assets (Part X, line 16)                             | 51,251,131                | 50,040,972  |
| <b>21</b> Total liabilities (Part X, line 26)                        | 17,506,252                | 17,461,326  |
| <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 | 33,744,879                | 32,579,646  |

## 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: 2021-04-22  
JEFFREY S LONG PRESIDENT AND CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: Preparer's signature: Date: 2021-04-22  
Check  if self-employed PTIN: P01254262  
Firm's name: ▶ ARNETT CARBIS TOOTHMAN LLP Firm's EIN: ▶ 55-0486667  
Firm's address: ▶ 5700 CORPORATE DRIVE STE 650 Phone no. (412) 635-6270  
PITTSBURGH, PA 15237

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:

ST. ANNE HOME IS A MINISTRY OF THE FELICIAN SISTERS OF NORTH AMERICA DEDICATED TO THE CONTINUED HEALING MISSION OF JESUS CHRIST BY PROVIDING A CONTINUUM OF CARE AND SUPPORTIVE SERVICES TO ADULTS, THEIR FAMILIES, AND THEIR CAREGIVERS. ST. ANNE HOME OFFERS INTERMEDIATE AND SKILLED NURSING CARE. VILLA ANGELA AT ST. ANNE HOME OFFERS PERSONAL CARE SERVICES IN A CARING, RESIDENTIAL SETTING.

**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 \$ 14,485,765 including grants of \$ ) (Revenue \$ 14,327,063 )  
See Additional Data

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

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

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

**4e** Total program service expenses 14,485,765

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

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 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

|  |            |     |     |    |
|--|------------|-----|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .  | <b>2a</b>  | 328 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                    | <b>2b</b>  |     | Yes |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .  | <b>3a</b>  |     |     | No |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .  | <b>3b</b>  |     |     |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . . | <b>4a</b>  |     |     | No |
| <b>b</b> If "Yes," enter the name of the foreign country: _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |     |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .  | <b>5a</b>  |     |     | No |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>  |     |     | No |
| <b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .  | <b>5c</b>  |     |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .                                    | <b>6a</b>  |     |     | No |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .   | <b>6b</b>  |     |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |            |     |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .   | <b>7a</b>  |     | Yes |    |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .   | <b>7b</b>  |     | Yes |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .  | <b>7c</b>  |     |     | No |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .   | <b>7d</b>  |     |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>  |     |     |    |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .  | <b>7f</b>  |     |     |    |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .  | <b>7g</b>  |     |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .  | <b>7h</b>  |     |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b>   |            |     |     |    |
| Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .  | <b>8</b>   |     |     |    |
| <b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .   | <b>9a</b>  |     |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .   | <b>9b</b>  |     |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |            |     |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .  | <b>10a</b> |     |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b> |     |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |            |     |     |    |
| <b>a</b> Gross income from members or shareholders . . . . .   | <b>11a</b> |     |     |    |
| <b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .  | <b>11b</b> |     |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  |            |     |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  | <b>12b</b> |     |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |     |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b> |     |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .   | <b>13b</b> |     |     |    |
| <b>c</b> Enter the amount of reserves on hand . . . . .  | <b>13c</b> |     |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .  | <b>14a</b> |     |     | No |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .  | <b>14b</b> |     |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .                       | <b>15</b>  |     |     | No |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .   | <b>16</b>  |     |     | No |

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 Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (13); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (PA); 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. [ ] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARK J BUSHNELL 685 ANGELA DRIVE GREENSBURG, PA 15601 (724) 837-6070

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

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

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

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

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

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

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

| (A)<br>Name and Title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |   |  |   |
| (1) JEFFREY S LONG<br>PRESIDENT & CEO              | 40.00  | X   |                       | X       |              |                              | 194,370 | 0   | 61,167   |   |
| (2) JOHN KLINE<br>CHAIRPERSON                      | 1.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (3) MARIE ZANOTTI<br>VICE-CHAIRPERSON              | 1.00   | X   |                       | X       |              |                              | 0       | 0   | 0  |   |
| (4) ROBERT D GETTO JR<br>DIRECTOR                  | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (5) DR HELEN BURNS<br>DIRECTOR                     | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (6) REV DR STEPHEN R HONEYGOSKY<br>DIRECTOR        | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (7) IVA MUNK<br>DIRECTOR                           | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (8) DAVID J WARD<br>DIRECTOR, SOLE MEMBER MINISTRY | 1.00<br>40.00  | X   |                       |         |              |                              | 0       | 240,649   | 25,695   |   |
| (9) REV DANIEL L BLOUT<br>DIRECTOR                 | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (10) DAVID RAIMONDO<br>DIRECTOR                    | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (11) DONNA SELL<br>DIRECTOR                        | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (12) REV LEONARD W STOVIK<br>DIRECTOR              | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (13) SR MARY JESSICA TEREK<br>DIRECTOR             | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (14) GEORGE BUTLER<br>DIRECTOR                     | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (15) SANDRA BRAMMELL<br>DIRECTOR                   | 1.00   | X   |                       |         |              |                              | 0       | 0   | 0  |   |
| (16) MARK BUSHNELL<br>SECRETARY/TREASURER          | 40.00  |   |                       | X       |              |                              | 84,582  | 0   | 18,420   |   |
| (17) REBECCA FLACK<br>DIRECTOR OF NURSING          | 40.00  |   |                       |         |              | X                            | 112,282 | 0   | 32,076   |   |

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

| (A)<br>Name and Title   | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|   |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
|   |  |   |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-Total</b> . . . . .   |  |   |                       |         |              |                              |         |  |   |   |
| <b>1c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              |         |  |   |   |
| <b>1d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 391,234 | 240,649  | 137,358   |   |

**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 ▶ **2**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address  | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| MISTICK CONSTRUCTION<br>1300 BRIGHTON ROAD<br>PITTSBURGH, PA 15233        | CONSTRUCTION                   | 2,294,502           |
| SODEXO<br>9801 WASHINGTON BOULEVARD<br>GAITHERSBURG, MD 20878             | RESIDENT MEAL SERVICES         | 945,068             |
| REHABCARE<br>680 SOUTH FOURTH STREET<br>LOUISVILLE, KY 40202              | PHYSICAL, OCCUPATIONAL, SPEECH | 551,394             |
| PHARMERICA<br>211 NORTH LOOP<br>SAN ANTONIO, TX 78232                     | PHARMACY                       | 360,018             |
| ALLEGHENY MILLWORK & LUMBER<br>1001 MURIEL STREET<br>PITTSBURGH, PA 15203 | CONSTRUCTION                   | 240,525             |

**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 ▶ **8**



**Part VIII Statement of Revenue**

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

|   |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under sections<br>512 - 514 |
|---|---|----------------------|--|---|--|
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b> Federated campaigns . . . . .   | <b>1a</b>            |  |   |  |
|   | <b>b</b> Membership dues . . . . .  | <b>1b</b>            |  |   |  |
|   | <b>c</b> Fundraising events . . . . .   | <b>1c</b>            | 9,429  |   |  |
|   | <b>d</b> Related organizations . . . . .  | <b>1d</b>            |  |   |  |
|   | <b>e</b> Government grants (contributions) . . . . .  | <b>1e</b>            |  |   |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . | <b>1f</b>            | 123,649  |   |  |
|   | <b>g</b> Noncash contributions included in lines 1a - 1f: \$ _____                                |                      |  |   |  |
|   | <b>h Total.</b> Add lines 1a-1f . . . . .   |                      | 133,078  |   |  |

| <b>Program Service Revenue</b>                       |  |  | Business Code |            |            |  |
|--|--|--|---------------|------------|------------|--|
|  | <b>2a</b> NET RESIDENT SERVICE REVENUE |  | 623000        | 14,144,089 | 14,144,089 |  |
| <b>b</b> _____                                       |  |  |               |            |            |  |
| <b>c</b> _____                                       |  |  |               |            |            |  |
| <b>d</b> _____                                       |  |  |               |            |            |  |
| <b>e</b> _____                                       |  |  |               |            |            |  |
| <b>f</b> All other program service revenue . . . . . |  |  |               |            |            |  |
| <b>g Total.</b> Add lines 2a-2f . . . . .            |  |  | 14,144,089    |            |            |  |

|  |  |   |               |            |         |  |           |         |
|--|--|---|---------------|------------|---------|--|-----------|---------|
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .  |   |               | 1,010,599  |         |  | 1,010,599 |         |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds . . . . .  |   |               |            |         |  |           |         |
|  | <b>5</b> Royalties . . . . .   |   |               |            |         |  |           |         |
|  | <b>6a</b> Gross rents  | (i) Real  | (ii) Personal |            |         |  |           |         |
|  |  | <b>b</b> Less: rental expenses                                  |               |            |         |  |           |         |
|  |  | <b>c</b> Rental income or (loss)                                |               |            |         |  |           |         |
|  |  | <b>d</b> Net rental income or (loss) . . . . .                  |               |            |         |  |           |         |
|  | <b>7a</b> Gross amount from sales of assets other than inventory   | (i) Securities  | (ii) Other    |            |         |  |           |         |
|  |  | <b>b</b> Less: cost or other basis and sales expenses           |               |            |         |  |           |         |
|  |  | <b>c</b> Gain or (loss)   |               |            |         |  |           |         |
|  |  | <b>d</b> Net gain or (loss) . . . . .                           |               |            | 233,872 |  |           | 233,872 |
|  | <b>8a</b> Gross income from fundraising events (not including \$ 9,429 of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>a</b>  |               |            |         |  |           |         |
|  |  | <b>b</b> Less: direct expenses . . . . .                        |               |            | 70,273  |  |           |         |
|  |  | <b>c</b> Net income or (loss) from fundraising events . . . . . |               |            | 29,592  |  |           | 40,681  |
|  | <b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .  | <b>a</b>  |               |            |         |  |           |         |
| <b>b</b> Less: direct expenses . . . . .                                   |  |   |               | 76,455     |         |  |           |         |
| <b>c</b> Net income or (loss) from gaming activities . . . . .             |  |   |               | 35,320     |         |  | 41,135    |         |
| <b>10a</b> Gross sales of inventory, less returns and allowances . . . . . | <b>a</b>   |   |               |            |         |  |           |         |
|  | <b>b</b> Less: cost of goods sold . . . . .  |   |               |            |         |  |           |         |
|  | <b>c</b> Net income or (loss) from sales of inventory . . . . .  |   |               |            |         |  |           |         |
| Miscellaneous Revenue  | Business Code  |   |               |            |         |  |           |         |
| <b>11a</b> OTHER OPERATING INCOME  | 900099   |   | 182,974       | 182,974    |         |  |           |         |
| <b>b</b> _____   |  |   |               |            |         |  |           |         |
| <b>c</b> _____   |  |   |               |            |         |  |           |         |
| <b>d</b> All other revenue . . . . .                                       |  |   |               |            |         |  |           |         |
| <b>e Total.</b> Add lines 11a-11d . . . . .                                |  |   | 182,974       |            |         |  |           |         |
| <b>12 Total revenue.</b> See Instructions . . . . .                        |  |   | 15,786,428    | 14,327,063 | 0       |  | 1,326,287 |         |

**Part IX Statement of Functional Expenses**

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

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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>Fundraising expenses |
|---|------------------------------|--|---|------------------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21   |                              |  |   |                                    |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22  |                              |  |   |                                    |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.   |                              |  |   |                                    |
| <b>4</b> Benefits paid to or for members  |                              |  |   |                                    |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .   | 358,539                      |  | 358,539                                       |                                    |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .  |                              |  |   |                                    |
| <b>7</b> Other salaries and wages   | 7,229,876                    | 6,691,978                              | 511,499                                       | 26,399                             |
| <b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .  | 492,855                      | 440,677                                | 51,096  | 1,082                              |
| <b>9</b> Other employee benefits . . . . .  | 1,151,861                    | 1,131,961                              | 19,675  | 225                                |
| <b>10</b> Payroll taxes . . . . .   | 564,890                      | 513,318                                | 49,918  | 1,654                              |
| <b>11</b> Fees for services (non-employees):  |                              |  |   |                                    |
| <b>a</b> Management . . . . .   |                              |  |   |                                    |
| <b>b</b> Legal . . . . .  |                              |  |   |                                    |
| <b>c</b> Accounting . . . . .   | 29,598                       | 29,598                                 |   |                                    |
| <b>d</b> Lobbying . . . . .   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees . . . . .   |                              |  |   |                                    |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)   | 992,822                      | 929,662                                | 63,160  |                                    |
| <b>12</b> Advertising and promotion . . . . .   | 67,904                       | 2,694                                  | 65,210  |                                    |
| <b>13</b> Office expenses . . . . .   | 180,492                      | 91,538                                 | 88,954  |                                    |
| <b>14</b> Information technology . . . . .  |                              |  |   |                                    |
| <b>15</b> Royalties . . . . .   |                              |  |   |                                    |
| <b>16</b> Occupancy . . . . .   | 441,912                      | 422,196                                | 19,716  |                                    |
| <b>17</b> Travel . . . . .  | 2,972                        | 2,591                                  | 381   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings . . . . .  |                              |  |   |                                    |
| <b>20</b> Interest . . . . .  | 407,662                      | 407,662                                |   |                                    |
| <b>21</b> Payments to affiliates . . . . .  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization . . . . .   | 954,541                      | 954,541                                |   |                                    |
| <b>23</b> Insurance . . . . .   | 264,372                      | 264,372                                |   |                                    |
| <b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)                                       |                              |  |   |                                    |
| <b>a</b> PURCHASED MEDICAL SERVI  | 734,840                      | 734,840                                |   |                                    |
| <b>b</b> FOOD   | 597,046                      | 584,211                                | 12,835  |                                    |
| <b>c</b> PHARMACY   | 407,042                      | 407,042                                |   |                                    |
| <b>d</b> REPAIRS AND MAINTENANCE  | 305,704                      | 178,949                                | 126,755                                       |                                    |
| <b>e</b> All other expenses   | 777,808                      | 697,935                                | 76,294  | 3,579                              |
| <b>25</b> Total functional expenses. Add lines 1 through 24e  | 15,962,736                   | 14,485,765                             | 1,444,032                                     | 32,939                             |
| <b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                              |  |   |                                    |

**Part X Balance Sheet**

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

|   |   | (A)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash—non-interest-bearing . . . . .  | 210,211                  | <b>1</b>   | 152,573            |
|   | <b>2</b> Savings and temporary cash investments . . . . .   | 2,962,944                | <b>2</b>   | 1,249,979          |
|   | <b>3</b> Pledges and grants receivable, net . . . . .   | 209,271                  | <b>3</b>   | 84,851             |
|   | <b>4</b> Accounts receivable, net . . . . .   | 1,076,047                | <b>4</b>   | 1,039,780          |
|   | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .  |                          | <b>5</b>   |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . . |                          | <b>6</b>   |                    |
|   | <b>7</b> Notes and loans receivable, net . . . . .  |                          | <b>7</b>   |                    |
|   | <b>8</b> Inventories for sale or use . . . . .  |                          | <b>8</b>   |                    |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .  | 188,630                  | <b>9</b>   | 127,901            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D  | 37,098,281               |            |                    |
|   | <b>b</b> Less: accumulated depreciation   | 12,136,092               |            |                    |
|   | <b>11</b> Investments—publicly traded securities . . . . .  | 22,333,136               | <b>11</b>  | 22,423,699         |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .  |                          | <b>12</b>  |                    |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .   |                          | <b>13</b>  |                    |
|   | <b>14</b> Intangible assets . . . . .   |                          | <b>14</b>  |                    |
|   | <b>15</b> Other assets. See Part IV, line 11 . . . . .  |                          | <b>15</b>  |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . . | 51,251,131  | <b>16</b>                | 50,040,972 |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .   | 1,670,615                | <b>17</b>  | 1,567,375          |
|   | <b>18</b> Grants payable . . . . .  |                          | <b>18</b>  |                    |
|   | <b>19</b> Deferred revenue . . . . .  | 90,523                   | <b>19</b>  | 155,682            |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .   | 15,053,548               | <b>20</b>  | 14,626,026         |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .   | 13,332                   | <b>21</b>  | 16,731             |
|   | <b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .  |                          | <b>22</b>  |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .  |                          | <b>23</b>  |                    |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .  |                          | <b>24</b>  |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D . . . . .   | 678,234                  | <b>25</b>  | 1,095,512          |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .  | 17,506,252               | <b>26</b>  | 17,461,326         |
| <b>Net Assets or Fund Balances</b>  | <b>27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b><br>Unrestricted net assets  | 33,581,964               | <b>27</b>  | 32,469,677         |
|   | <b>28</b> Temporarily restricted net assets . . . . .   | 162,915                  | <b>28</b>  | 109,969            |
|   | <b>29</b> Permanently restricted net assets . . . . .   |                          | <b>29</b>  |                    |
|   | <b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b><br>Capital stock or trust principal, or current funds . . . . .  |                          | <b>30</b>  |                    |
|   | <b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .   |                          | <b>31</b>  |                    |
|   | <b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .  |                          | <b>32</b>  |                    |
|   | <b>33 Total net assets or fund balances . . . . .</b>   | 33,744,879               | <b>33</b>  | 32,579,646         |
|   | <b>34 Total liabilities and net assets/fund balances . . . . .</b>  | 51,251,131               | <b>34</b>  | 50,040,972         |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 15,786,428 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 15,962,736 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -176,308   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                      | <b>4</b>  | 33,744,879 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -584,417   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -404,508   |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | <b>10</b> | 32,579,646 |

**Part XII Financial Statements and Reporting**

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

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

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

**Software ID:****Software Version:****EIN:** 25-1146769**Name:** ST ANNE HOME

Form 990 (2018)

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

ST. ANNE HOME, A 501(C)(3) CONTINUING CARE RETIREMENT COMMUNITY AND CHARITABLE ORGANIZATION FOUNDED IN 1964, IS A MINISTRY OF THE FELICIAN SISTERS OF NORTH AMERICA DEDICATED TO THE CONTINUED HEALING MISSION OF JESUS CHRIST BY PROVIDING A CONTINUUM OF CARE AND SUPPORTIVE SERVICES TO ADULTS, THEIR FAMILIES, AND THEIR CAREGIVERS. AS ONE OF THE LONGEST ESTABLISHED AND MOST WELL RESPECTED NOT-FOR-PROFIT NURSING HOME PROVIDERS IN WESTMORELAND COUNTY, ST. ANNE HOME OFFERS SUPERIOR NURSING CARE AND REHABILITATIVE SERVICES, WHILE VILLA ANGELA AT ST. ANNE HOME OFFERS SUPERIOR PERSONAL CARE SERVICES IN A CARING, RESIDENTIAL SETTING. AS PART OF OUR CONTINUING CARE RETIREMENT COMMUNITY, WE ALSO OFFER PRIVATE AND AFFORDABLE INDEPENDENT LIVING WITH SUPPORTIVE SERVICES IN TWO-BED ROOM RESIDENTIAL HOMES THAT ARE WITHIN WALKING DISTANCE TO OUR MAIN CAMPUS. ST. ANNE HOME'S THREE LARGEST PROGRAM SERVICES BY EXPENSE ARE: 1) NURSING CARE/REHABILITATIVE SERVICES; 2) PERSONAL CARE SERVICES; 3) INDEPENDENT LIVING CARE, ALL OF WHICH IS IN THE CONTEXT OF A CONTINUING CARE RETIREMENT COMMUNITY. THE FOLLOWING NARRATIVE DETAILS THE EXEMPT PURPOSE ACHIEVEMENTS OF THESE MAJOR PROGRAMS. AT ST. ANNE HOME, WE STRIVE TO PROVIDE THE HIGHEST QUALITY OF CAREGIVING SERVICES IN A CHRISTIAN ENVIRONMENT AND TO SERVE THOSE WITH LIMITED FUNDS TO THE BEST OF OUR ABILITY. THE CHARITY CARE THAT WE PROVIDED DURING THE YEAR ENDED JUNE 30, 2019, WAS VALUED AT \$ 2,201,812.24. THIS CHARITY CARE HELPED 154 RESIDENTS REMAIN IN OUR NURSING FACILITY. OUR WAITING LIST FOR BOTH SKILLED NURSING AND PERSONAL CARE REFLECTS THE FINE REPUTATION WE HAVE ESTABLISHED AMONG THE LONG-TERM CARE COMMUNITY AND OUR SUCCESS IN MEETING THE NEEDS OF OUR RESIDENTS. IN ADDITION TO THE CHARITABLE AND SUPERIOR CARE PROVIDED TO OUR RESIDENTS, ST. ANNE HOME IS ALSO PROUD OF OUR RELIGIOUS PROGRAMS PROPAGATING THE CATHOLIC FAITH OF THE FELICIAN SISTERS OF NORTH AMERICA. WE OFFER A COMPREHENSIVE SPIRITUAL CARE PROGRAM, INCLUDING A CHAPLAIN AND SISTERS WHO RESIDE ON CAMPUS AND ARE AVAILABLE AT ALL TIMES. RESIDENTS ARE ENCOURAGED TO ATTEND DAILY RELIGIOUS SERVICES IN OUR LARGE, WELL-MAINTAINED CHAPEL WITH A 32-FOOT CATHEDRAL CEILING, WHERE ON AN AVERAGE DAY OVER 60 RESIDENTS, FAMILY MEMBERS, AND STAFF ARE COMFORTED BY ITS SPIRITUAL BENEFITS. THERE ARE ALSO MANY OTHER SPIRITUAL PROGRAMS OFFERED INCLUDING: ANOINTING OF THE SICK, MAY CROWNING, MEMORIAL SERVICES, JOURNEY TO A NEW LIFE, AND ECUMENICAL SERVICES. MANY STAFF, VISITORS, AND RESIDENT FAMILY MEMBERS CONTINUALLY COMMENT THAT THE JOURNEY TO A NEW LIFE IS A WONDERFULLY DIGNIFIED AND RESPECTFUL WAY FOR A RESIDENT WHO HAS PASSED TO DEPART ST. ANNE HOME. THIS CEREMONY GIVES CLOSURE TO THE STAFF AND GIVES THEM THE OPPORTUNITY TO SAY ONE FINAL GOOD-BYE TO THE RESIDENTS THAT THEY BECAME SO CLOSE TO WHILE THEY WERE IN THEIR CARE. ADDITIONALLY, ST. ANNE HOME HAS IMPLEMENTED EDUCATIONAL PROGRAMS FOR OUR EMPLOYEES CONCERNING THE FELICIAN SISTERS OF NORTH AMERICA'S CORE VALUES OF MINISTRY: RESPECT FOR HUMAN DIGNITY, COMPASSION, SOLIDARITY WITH THE POOR, TRANSFORMATION, AND JUSTICE AND PEACE. WE FEEL THAT THESE CONTINUING EDUCATION PROGRAMS FOR STAFF WILL RESULT IN A DEEPER UNDERSTANDING AND APPRECIATION FOR THE MISSION AND VALUES OF ST. ANNE HOME. WHEN IT COMES TO STAFFING, ST. ANNE HOME MAKES IT A PRIORITY TO PROVIDE HIGH LEVEL, CLINICAL TRAINING TO ALL EMPLOYEES, IN ORDER TO ADVANCE OUR EXEMPT PURPOSES. EMPLOYEE TURNOVER RATES CONTINUE TO REMAIN WELL BELOW INDUSTRY STANDARD. CURRENTLY, 72 EMPLOYEES HAVE 10 YEARS OF SERVICE OR MORE AND OF THOSE, 31 EMPLOYEES HAVE 20 YEARS OF SERVICE OR MORE, 11 HAVE 30 YEARS OF SERVICE OR MORE, AND 5 HAVE 40 YEARS OF SERVICE OR MORE. WE ARE PROUD THAT OUR EMPLOYEES CHOOSE TO STAY AT ST. ANNE HOME, AS THIS STABILITY TRANSLATES INTO BETTER CARE FOR OUR RESIDENTS AND THEIR FAMILY MEMBERS. WE ALSO ENCOURAGE OUR EMPLOYEES TO TAKE ADVANTAGE OF OUR EMPLOYER PAID TUITION REIMBURSEMENT PROGRAM, WHICH ALLOWS STAFF MEMBERS TO ADVANCE THEIR SKILLS IN THEIR CURRENT PROFESSION OR EXPLORE A NEW CAREER. THROUGH THE PROMOTION OF PERSONAL DEVELOPMENT, ST. ANNE HOME HOPES TO PROVIDE BETTER CAREGIVERS FOR OUR RESIDENTS AND THEIR FAMILY MEMBERS AS WELL AS STRENGTHEN OUR COMMUNITY'S WORKFORCE. ST. ANNE HOME ALSO REACHES OUT TO THE COMMUNITY IN MANY WAYS BEYOND THE SERVICES WE OFFER TO OUR RESIDENTS. ST. ANNE HOME DONATED TIME, SUPPORT AND FINANCIAL RESOURCES TO THE FOLLOWING ORGANIZATIONS IN THE PAST FISCAL YEAR: CATHOLIC CHARITIES, CITY OF GREENSBURG, ST. EMMA MONASTERY, FELICIAN SISTERS OF NORTH AMERICA SISTERS OF CHARITY, ROTARY CLUB OF GREENSBURG, AND GREENSBURG VOLUNTEER FIRE DEPARTMENT. LOCAL EDUCATIONAL INSTITUTIONS SUCH AS ST. VINCENT COLLEGE AND SETON HILL UNIVERSITY HAVE ALSO BENEFITED FROM THEIR RELATIONSHIPS WITH ST. ANNE HOME THROUGH LEARNING OPPORTUNITIES FOR STUDENTS IN THE HEALTH, SOCIAL SERVICES, AND PASTORAL CARE FIELDS. IN ADDITION, ST. ANNE HOME HAS FORMED A COLLABORATION WITH SETON HILL UNIVERSITY'S CHILD DEVELOPMENT CENTER TO LAUNCH, "GROWING TOGETHER", AN INTERGENERATIONAL PROGRAM THAT BRINGS THE CENTER'S 3-5 YEAR OLDS TOGETHER WITH ELDERLY RESIDENTS. UNDER THE SUPERVISION OF THE DIRECTOR OF ACTIVITIES AND THE DIRECTOR OF SETON HILL CHILD DEVELOPMENT CENTER, CHILDREN ENGAGE IN ACTIVITIES WITH RESIDENTS THAT FOSTER COMPASSION, UNDERSTANDING, AND COMMUNICATION. VIA THE WESTMORELAND INTERMEDIATE UNIT WORK DISCOVERY PROGRAM, ST. ANNE HOME OFFERED VOLUNTEER OPPORTUNITIES TO STUDENTS WITH DISABILITIES TO PREPARE THEM TO JOIN THE WORKFORCE. A RELATIONSHIP HAS ALSO BEEN CREATED WITH THE WESTMORELAND INTERMEDIATE UNIT TO GIVE ON-THE-JOB TRAINING OPPORTUNITIES TO STUDENTS WITH LEARNING DISABILITIES. ST. ANNE HOME HAS LIKEWISE PARTNERED WITH THE WESTMORELAND COUNTY UNITED WAY, MOTHERS MAKING MORE PROGRAM AS A STRATEGY TO INCREASE OPPORTUNITIES FOR SINGLE MOTHERS WITH CHILDREN UNDER THE AGE OF 18 TO EARN FAMILY-SUSTAINING INCOMES. FURTHERMORE, OUR NURSE AIDE TRAINING PROGRAM, APPROVED BY THE PENNSYLVANIA DEPARTMENT OF EDUCATION, HAS PROVIDED AN OPPORTUNITY FOR STUDENTS TO EITHER CHANGE THEIR CAREER OR START A NEW ONE BY BECOMING A NURSE AIDE. IN THE YEAR ENDING JUNE 30, 2019, A TOTAL OF 8 STUDENTS SUCCESSFULLY COMPLETED THE PROGRAM BY EARNING NURSE AIDE CERTIFICATION. ST. ANNE HOME ALSO SERVES AS A COMMUNITY COLLECTION SITE FOR RECYCLED PAPER AND RECYCLABLES. REUSABLE MATERIALS AND SUPPLIES SUCH AS METAL, ALUMINUM, PLASTIC, PAPER AND PRINTER CARTRIDGES THAT ARE USED IN THE FACILITY ARE RECYCLED. ST. ANNE HOME DONATED 120 CANS OF FOOD TO A LOCAL SOUP KITCHEN THAT SERVES APPROXIMATELY 65 CLIENTS PER WEEK. STAFF AND STUDENTS OF ST. ANNE HOME ADOPTED A LOCAL FAMILY THROUGH GREENSBURG CATHOLIC CHARITIES DURING THE CHRISTMAS SEASON, DONATING \$775.00 IN FOOD, CLOTHING, AND TOYS TO THIS FAMILY SO THEY COULD HAVE A JOYOUS CHRISTMAS HOLIDAY. ST. ANNE HOME MADE CHARITABLE CONTRIBUTIONS TOTALING \$ 2,370 DURING THE FISCAL YEAR. AND, ST. ANNE HOME HAS BEEN COMMITTED TO PROVIDING REWARDING VOLUNTEER OPPORTUNITIES THAT POSITIVELY IMPACT THE LIVES OF OUR RESIDENTS AND THOSE THAT GIVE THEIR TIME. A TOTAL OF 64 VOLUNTEERS GAVE 6,273.75 HOURS OF SERVICE YEAR ENDING JUNE 30, 2019. THESE VOLUNTEERS INCLUDED ST. ANNE HOME FRIENDS, (9) WORK DISCOVERY STUDENTS AND LEADER/TEACHER, AS WELL AS EMPLOYEES. TO HELP RESIDENTS AND FAMILIES LEARN MORE ABOUT HOW HOSPICE SUPPORTS DEMENTIA PATIENTS, ST. ANNE HOME HOSTED A FREE WORKSHOP BY THE LEAD HOSPICE LIAISON AT EXCELA HEALTH THAT WAS OPEN TO THE COMMUNITY. EACH MONTH, ST. ANNE HOME EMPLOYEES AND OUR VILLA ANGELA (PERSONAL CARE) RESIDENTS ENGAGE IN COMMUNITY SERVICE AT THE END HUNGER CAF IN LATROBE, PA, BY HELPING TO PREPARE MEALS FOR THE NEEDY. ST. ANNE HOME ACTIVITIES DEPARTMENT HAVE DONATED SEVERAL BASKETS FOR FUNDRAISERS TO BENEFIT PLEASURE ACRES EQUINE AND FELINE RESCUE CENTER LOCATED IN NEW ALEXANDRIA, PA. IN SUMMARY, OUR ACHIEVEMENTS ADVANCED CHARITABLE PURPOSES THROUGH THE CARE PROVIDED TO RESIDENTS REQUIRING FINANCIAL ASSISTANCE, ADVANCED RELIGIOUS PURPOSES THROUGH PROPAGATION OF THE CATHOLIC FAITH OF THE FELICIAN SISTERS OF NORTH AMERICA, ADVANCED EDUCATION THROUGH THE CLINICAL TRAINING AND TUITION REIMBURSEMENT PROGRAM OFFERED TO EMPLOYEES, AND LESSENED GOVERNMENTAL BURDENS VIA PROVIDING EMPLOYMENT OPPORTUNITIES TO INDIVIDUALS WITH DISABILITIES AND SINGLE MOTHERS WITH CHILDREN UNDER THE AGE OF 18, SERVING AS A COMMUNITY COLLECTION SITE, MAKING CHARITABLE CONTRIBUTIONS SUPPORTING OTHER LOCAL NON-PROFITS, PARTNERING WITH THE COMMUNITY TO ENHANCE RESIDENT SAFETY, AND PROVIDING A NUMBER OF SPECIFIC, FOCUSED PROGRAMS TO BENEFIT PERSONS WITHIN OUR COMMUNITY AND BEYOND. BY CONTINUALLY EVALUATING AND REFINING OUR CARE, SERVICES AND PROGRAMS, ST. ANNE HOME WILL REMAIN THE LEADING RESOURCE FOR THE CLINICAL, ETHICAL, AND SPIRITUAL ISSUES OF AGING AND A PREMIER PROVIDER OF CARE AND SUPPORTIVE SERVICES IN THE CITY OF GREENSBURG, WESTMORELAND COUNTY AND SURROUNDING COMMUNITIES.

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

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

**Name of the organization**  
ST ANNE HOME

**Employer identification number**  
25-1146769

**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 . . . . . 2
  - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN  | (iii) Type of organization (described on lines 1- 10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|-----------|--|---|----|---|---|
|                                    |           |  | Yes   | No |   |   |
| (A) FELICIAN SERVICES INC          | 363685438 | 1  | Yes   |    | 0   | 0   |
| (B) CATHOLIC DIOCESE OF GREENSBURG | 250998169 | 1  |   | No | 0   | 0   |
| <b>Total</b>                       | <b>2</b>  |  |   |    | 0   | 0   |

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b>   | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .  |          |          |          |          |          |           |
| <b>2</b>   | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .   |          |          |          |          |          |           |
| <b>3</b>   | The value of services or facilities furnished by a governmental unit to the organization without charge..  |          |          |          |          |          |           |
| <b>4</b>   | <b>Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b>   | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . |          |          |          |          |          |           |
| <b>6</b>   | <b>Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶ |   | (a)2014 | (b)2015 | (c)2016 | (d)2017 | (e)2018   | (f)Total |
|--|---|---------|---------|---------|---------|-----------|----------|
| <b>7</b>   | Amounts from line 4. . .  |         |         |         |         |           |          |
| <b>8</b>   | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . |         |         |         |         |           |          |
| <b>9</b>   | Net income from unrelated business activities, whether or not the business is regularly carried on. . .                               |         |         |         |         |           |          |
| <b>10</b>  | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .                                  |         |         |         |         |           |          |
| <b>11</b>  | <b>Total support.</b> Add lines 7 through 10  |         |         |         |         |           |          |
| <b>12</b>  | Gross receipts from related activities, etc. (see instructions) . . . . .   |         |         |         |         | <b>12</b> |          |

**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** . . . . .

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

|           |  |           |  |
|-----------|--|-----------|--|
| <b>14</b> | Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> |  |
| <b>15</b> | Public support percentage for 2017 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> |  |

- 16a 33 1/3% support test—2018.** 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 . . . . .
- b 33 1/3% support test—2017.** 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 . . . . .
- 17a 10%-facts-and-circumstances test—2018.** 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 . . . . .
- b 10%-facts-and-circumstances test—2017.** 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 . . . . .
- 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 . . . . .

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

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

**Section A. Public Support**

| Calendar year<br>(or fiscal year beginning in) ►  | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . .   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . .   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .   |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . .  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 . . .   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . .  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year. . .            |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b. . .   |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.) . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ►   | (a) 2014 | (b) 2015 | (c) 2016 | (d) 2017 | (e) 2018 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6. . .  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . .                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b. . .  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . .     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . .   |          |          |          |          |          |           |

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

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

|  |           |  |
|--|-----------|--|
| <b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f)) . . . . . | <b>15</b> |  |
| <b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .                      | <b>16</b> |  |

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

|  |           |  |
|--|-----------|--|
| <b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f)) . . . . . | <b>17</b> |  |
| <b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .                        | <b>18</b> |  |

**19a 33 1/3% support tests—2018.** 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—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

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



**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

| <b>Section D - Distributions</b>   | <b>Current Year</b> |
|--|---------------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   |                     |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             |                     |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   |                     |
| <b>4</b> Amounts paid to acquire exempt-use assets   |                     |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)   |                     |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   |                     |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  |                     |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions |                     |
| <b>9</b> Distributable amount for 2018 from Section C, line 6  |                     |
| <b>10</b> Line 8 amount divided by Line 9 amount   |                     |

| <b>Section E - Distribution Allocations (see instructions)</b>   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2018</b> | <b>(iii)<br/>Distributable<br/>Amount for 2018</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2018 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2018:  |                                     |   |  |
| <b>a</b> From 2013. . . . .  |                                     |   |  |
| <b>b</b> From 2014. . . . .  |                                     |   |  |
| <b>c</b> From 2015. . . . .  |                                     |   |  |
| <b>d</b> From 2016. . . . .  |                                     |   |  |
| <b>e</b> From 2017. . . . .  |                                     |   |  |
| <b>f Total</b> of lines 3a through e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2013 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                                     |   |  |
| <b>4</b> Distributions for 2018 from Section D, line 7:  |                                     |   |  |
| \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2018 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.                        |                                     |   |  |
| <b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c.  |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2014. . . . .   |                                     |   |  |
| <b>b</b> Excess from 2015. . . . .   |                                     |   |  |
| <b>c</b> Excess from 2016. . . . .   |                                     |   |  |
| <b>d</b> Excess from 2017. . . . .   |                                     |   |  |
| <b>e</b> Excess from 2018. . . . .   |                                     |   |  |

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 25-1146769

**Name:** ST ANNE HOME

**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**

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

OMB No. 1545-0047  
  
**2018**  
**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<br>ST ANNE HOME | Employer identification number<br>25-1146769 |
|--|--|

**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.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  |   | (a) Filing organization's totals                | (b) Affiliated group totals                              |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b>  | Total lobbying expenditures to influence public opinion (grass roots lobbying) .....  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b>   | Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b>   | Total lobbying expenditures (add lines 1a and 1b) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b>   | Other exempt purpose expenditures .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b>   | Total exempt purpose expenditures (add lines 1c and 1d) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b>   | Lobbying nontaxable amount. Enter the amount from the following table in both columns.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> |   | 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. |  |  |
| 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.  |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b>   | Grassroots nontaxable amount (enter 25% of line 1f) .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b>   | Subtract line 1g from line 1a. If zero or less, enter -0- .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b>   | Subtract line 1f from line 1c. If zero or less, enter -0- .....   |   |  |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b>   | 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? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     | No |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  |     | No |        |
| <b>c</b> Media advertisements? .....   |     | No |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     | No |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     | No |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b> Other activities? .....   | Yes |    | 2,513  |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    | 2,513  |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     | No |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions) .....   | <b>5</b>  |  |

**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: | ST. ANNE HOME PAYS DUES TO LEADING AGE PA. A PORTION OF THE DUES ARE USED FOR LOBBYING PURPOSES. LEADING AGE PA USED 18% OF DUES FOR LOBBYING PURPOSES FOR A TOTAL OF \$2,513. |



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

# Supplemental Financial Statements

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

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

**Name of the organization**  
ST ANNE HOME

**Employer identification number**  
25-1146769

**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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Temporarily restricted endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      | 595,598                         |                              | 595,598        |
| <b>b</b> Buildings . . . . .   |                                      | 25,465,712                      | 4,855,372                    | 20,610,340     |
| <b>c</b> Leasehold improvements  |                                      | 4,498,494                       | 3,468,507                    | 1,029,987      |
| <b>d</b> Equipment . . . . .   |                                      | 5,863,207                       | 3,812,213                    | 2,050,994      |
| <b>e</b> Other . . . . .   |                                      | 675,270                         |                              | 675,270        |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 24,962,189     |

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1)  |                |  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) | ▶              |  |

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

| (a) Description  | (b) Book value |
|--|----------------|
| (1)  |                |
| (2)  |                |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | ▶              |

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

| (a) Description of liability   | (b) Book value |
|--|----------------|
| (1) Federal income taxes   |                |
| ACCRUED WORKERS' COMPENSATION  | 293,455        |
| ACCRUED PENSION COST   | 802,057        |
| (3)  |                |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | ▶ 1,095,512    |

**2.** Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

|          |  |           |          |                     |
|----------|--|-----------|----------|---------------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b> | 15,229,719          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |          |                     |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> | -584,417 |                     |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |          |                     |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |          |                     |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 75,217   |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           |          | <b>2e</b> -509,200  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           |          | <b>3</b> 15,738,919 |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |          |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |          |                     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 47,509   |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           |          | <b>4c</b> 47,509    |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           |          | <b>5</b> 15,786,428 |

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

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

|          |   |           |          |                     |
|----------|---|-----------|----------|---------------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b> | 16,027,648          |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |          |                     |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |          |                     |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |          |                     |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |          |                     |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 64,912   |                     |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           |          | <b>2e</b> 64,912    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           |          | <b>3</b> 15,962,736 |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |          |                     |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |          |                     |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> |          |                     |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           |          | <b>4c</b> 0         |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           |          | <b>5</b> 15,962,736 |

**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:** 25-1146769

**Name:** ST ANNE HOME

## Supplemental Information

| Return Reference  | Explanation  |
|-------------------|--|
| PART IV, LINE 2B: | RESIDENTS IN ST. ANNE HOME'S NURSING FACILITY ARE OFFERED ACCESS AND USE OF BANKING SERVICES VIA THE RESIDENT TRUST FUND. THE PURPOSE OF THE FUND IS TO ACCURATELY, TIMELY, AND PROPERLY PROCESS BANKING AND ACCOUNTING TRANSACTIONS ASSOCIATED WITH THE RESIDENT TRUST FUND AND TO ESTABLISH AND MAINTAIN A SYSTEM THAT ASSURES A FULL AND COMPLETE AND SEPARATE ACCOUNTING OF EACH RESIDENT'S PERSONAL FUNDS ENTRUSTED TO THE FACILITY ON THE RESIDENT'S BEHALF. |

## Supplemental Information

| Return Reference | Explanation   |
|------------------|---|
| PART X, LINE 2:  | THE HOME FOLLOWS THE GUIDANCE FOR ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN THE HOMES FINANCIAL STATEMENTS THAT PRESCRIBES A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD HAS BEEN MET. THE HOME'S POLICY IS TO RECOGNIZE INTEREST RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST EXPENSE AND PENALTIES IN ADMINISTRATIVE EXPENSES. THERE WERE NO INTEREST OR PENALTIES RECOGNIZED ON THE STATEMENTS OF OPERATIONS IN 2019 OR 2018. GENERALLY, TAX RETURNS FOR YEARS ENDED JUNE 30, 2016, AND THEREAFTER REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX AUTHORITIES. |

# Supplemental Information

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | FUNDRAISING EVENT EXPENSES 29,592. GAMING DIRECT EXPENSES 35,320. NET ASSETS RELEASED FROM RESTRICTION 10,305. |



## Supplemental Information

| Return Reference                      | Explanation  |
|---------------------------------------|--|
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | TEMPORARILY RESTRICTED CONTRIBUTION INCOME 47,509. |

# Supplemental Information

| Return Reference                       | Explanation   |
|--|---|
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | FUNDRAISING EVENT EXPENSES 29,592. GAMING DIRECT EXPENSES 35,320. |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2018

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.

Department of the Treasury Internal Revenue Service

Name of the organization ST ANNE HOME

Employer identification number

25-1146769

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Table with 6 columns: (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. Includes a Total row at the bottom.

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)   |
|-----------------|--|---|---|----------------------------|---|
|                 |  | <b>SOCIAL &amp; AUCTION</b><br>(event type)                             | <b>PROGRESSIVE DINNER</b><br>(event type) | <b>1</b><br>(total number) | Total events<br>(add col. (a) through col. (c)) |
| <b>1</b>        | Gross receipts . . . . .   | 63,501  | 7,865                                     | 8,336                      | 79,702  |
| <b>2</b>        | Less: Contributions . . . . .  | 5,180   | 1,332                                     | 2,917                      | 9,429   |
| <b>3</b>        | Gross income (line 1 minus line 2) . . . . .                             | 58,321  | 6,533                                     | 5,419                      | 70,273  |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |   |   |                            |   |
|                 | <b>5</b> Noncash prizes . . . . .  | 14,361  |   |                            | 14,361  |
|                 | <b>6</b> Rent/facility costs . . . . .                                   | 866   |   |                            | 866   |
|                 | <b>7</b> Food and beverages . . . . .                                    | 5,680   | 516                                       |                            | 6,196   |
|                 | <b>8</b> Entertainment . . . . .   | 125   |   |                            | 125   |
|                 | <b>9</b> Other direct expenses . . . . .                                 | 2,122   | 504                                       | 5,418                      | 8,044   |
|                 | <b>10</b>  | Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |   |                            |   |
| <b>11</b>       | Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |   |                            | 40,681  |

**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))                                 |
|-----------------|--|---------------------------|---|---|--|
|                 |  | <b>1</b>                  | Gross revenue . . . . .   |   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .   |                           |   | 35,320  | 35,320   |
|                 | <b>3</b> Noncash prizes . . . . .  |                           |   |   |  |
|                 | <b>4</b> Rent/facility costs . . . . .   |                           |   |   |  |
|                 | <b>5</b> Other direct expenses . . . . .                                       |                           |   |   |  |
|                 | <b>6</b>   | Volunteer labor . . . . . | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input checked="" type="checkbox"/> No |
| <b>7</b>        | Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |                           |   |   | 35,320   |
| <b>8</b>        | Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |                           |   |   | 41,135   |

**9** Enter the state(s) in which the organization conducts gaming activities: PA

**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:

|                                      |            |          |
|--------------------------------------|------------|----------|
| <b>a</b> The organization's facility | <b>13a</b> | 60.000 % |
| <b>b</b> An outside facility         | <b>13b</b> | 40.000 % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ MARK J BUSHNELL

Address ▶ 685 ANGELA DRIVE  
GREENSBURG, PA 15601

**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)**

**Compensation Information**

OMB No. 1545-0047  
**2018**  
**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST ANNE HOME

Employer identification number  
25-1146769

**Part I Questions Regarding Compensation**

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

**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 |  |                         |                                 |   |
| <b>1</b> JEFFREY S LONG<br>PRESIDENT & CEO                 | (i)  | 194,370  | 0                                   | 0                                   | 44,020   | 17,147                  | 255,537                         | 0   |
|  | (ii) | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| <b>2</b> DAVID J WARD<br>DIRECTOR, SOLE MEMBER<br>MINISTRY | (i)  | 0  | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
|  | (ii) | 240,649  | 0                                   | 0                                   | 15,753   | 9,942                   | 266,344                         | 0   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |
|  |      |  |                                     |                                     |  |                         |                                 |   |

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**Part III**    **Supplemental Information**

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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.

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

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

- ▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST ANNE HOME

Employer identification number  
25-1146769

**Part I Bond Issues**

|   | (a) Issuer name                          | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose                    | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pool financing |    |
|---|--|----------------|-------------|-----------------|-----------------|---|--------------|----|-------------------------|----|--------------------|----|
|   |  |                |             |                 |                 |   | Yes          | No | Yes                     | No | Yes                | No |
| A | LATROBE INDUSTRIAL DEVELOPMENT AUTHORITY | 25-1763670     |             | 09-25-2015      | 16,171,000      | ADDITION OF 30 ROOMS AND FACILITY RENOVATIONS |              | X  |                         | X  |                    | X  |

**Part II Proceeds**

|    |  | A          | B  | C   | D  |     |    |     |    |
|----|--|------------|----|-----|----|-----|----|-----|----|
| 1  | Amount of bonds retired . . . . .  | 1,438,809  |    |     |    |     |    |     |    |
| 2  | Amount of bonds legally defeased . . . . .   |            |    |     |    |     |    |     |    |
| 3  | Total proceeds of issue . . . . .  | 12,258,128 |    |     |    |     |    |     |    |
| 4  | Gross proceeds in reserve funds . . . . .  |            |    |     |    |     |    |     |    |
| 5  | Capitalized interest from proceeds . . . . .   | 321,214    |    |     |    |     |    |     |    |
| 6  | Proceeds in refunding escrows . . . . .  |            |    |     |    |     |    |     |    |
| 7  | Issuance costs from proceeds . . . . .   | 113,690    |    |     |    |     |    |     |    |
| 8  | Credit enhancement from proceeds . . . . .   |            |    |     |    |     |    |     |    |
| 9  | Working capital expenditures from proceeds . . . . .   | 11,178,607 |    |     |    |     |    |     |    |
| 10 | Capital expenditures from proceeds . . . . .   | 113,690    |    |     |    |     |    |     |    |
| 11 | Other spent proceeds . . . . .   |            |    |     |    |     |    |     |    |
| 12 | Other unspent proceeds . . . . .   |            |    |     |    |     |    |     |    |
| 13 | Year of substantial completion . . . . .   |            |    |     |    |     |    |     |    |
|    |  | Yes        | No | Yes | No | Yes | No | Yes | No |
| 14 | Were the bonds issued as part of a current refunding issue? . . . . .  |            | X  |     |    |     |    |     |    |
| 15 | Were the bonds issued as part of an advance refunding issue? . . . . .   |            | X  |     |    |     |    |     |    |
| 16 | Has the final allocation of proceeds been made? . . . . .  |            | X  |     |    |     |    |     |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . . | X          |    |     |    |     |    |     |    |

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

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

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

**Part V Procedures To Undertake Corrective Action**

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

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

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018****Open to Public Inspection**

Department of the Treasury

Name of the organization

ST ANNE HOME

Employer identification number

25-1146769

**990 Schedule O, Supplemental Information**

| Return Reference                     | Explanation   |
|--------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 6 | THE SOLE MEMBER OF THE CORPORATION IS FELICIAN SERVICES, INC., AN ILLINOIS NOT-FOR-PROFIT CORPORATION. THE SOLE MEMBER HAS RESERVED POWERS. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation   |
|--|---|
| FORM 990,<br>PART VI,<br>SECTION A,<br>LINE 7A | FELICIAN SERVICES INC., THE SOLE MEMBER, MAY APPOINT, ELECT, OR REMOVE, WITH OR WITHOUT CAUSE, OR DETERMINE THE NUMBER OF DIRECTORS OF THE CORPORATION. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>               | <b>Explanation</b>  |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION A, LINE 7B | THE SOLE MEMBER SHALL HAVE THE SOLE AUTHORITY TO INITIATE AND APPROVE THE FOLLOWING ACTIONS: (A) TO ADOPT, ALTER, AMEND, OR REPEAL THE ARTICLES OF INCORPORATION OR THE BYLAWS OF THE CORPORATION; (B) TO ADOPT OR REVISE THE STATEMENTS OF PHILOSOPHY, MISSION, OR PURPOSE OF THE CORPORATION; (C) TO MERGE, CONSOLIDATE, DISSOLVE, OR OTHERWISE CHANGE THE CORPORATE STRUCTURE OF THE CORPORATION; (D) TO AUTHORIZE THE SALE, LEASE, EXCHANGE, OR OTHER DISPOSITION OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION; (E) TO AUTHORIZE THE CORPORATION TO INCUR ANY INDEBTEDNESS (OTHER THAN TRADE OBLIGATIONS INCURRED IN THE REGULAR COURSE OF BUSINESS), GUARANTEE ANY INDEBTEDNESS OF ANOTHER ENTITY, OR ALLOW ANY PROPERTY OF THE CORPORATION TO SECURE ANY INDEBTEDNESS; (F) TO APPROVE THE PURCHASE, TRANSFER, SALE, LONG-TERM LEASE, OR ENCUMBRANCE OF ANY REAL PROPERTY OWNED BY THE CORPORATION; (G) TO APPROVE THE CREATION OF, OR THE PURCHASE OF AN EQUITY INTEREST IN, ANY LEGAL ENTITY, OR TO APPROVE ENTERING INTO ANY PARTNERSHIP OR JOINT VENTURE (REGARDLESS OF ITS LEGAL FORM), OTHER THAN PASSIVE INVESTMENTS BY THE CORPORATION; (H) TO APPROVE AN ANNUAL OPERATING BUDGET, AND ANY CAPITAL BUDGET, OF THE CORPORATION; (I) TO APPROVE ANY UNBUDGETED OPERATING OR CAPITAL EXPENDITURES IN EXCESS OF \$100,000; (J) TO APPOINT, ELECT, REMOVE, WITH OR WITHOUT CAUSE, OR DETERMINE THE NUMBER OF DIRECTORS OF THE CORPORATION; (K) TO APPOINT AND REMOVE, WITH OR WITHOUT CAUSE, THE CHAIRPERSON OF THE BOARD; (L) TO APPOINT, ELECT, OR REMOVE, WITH OR WITHOUT CAUSE, THE OFFICERS OF THE CORPORATION; (M) TO APPROVE THE SELECTION OF THE INDEPENDENT AUDITORS OF THE CORPORATION; (N) TO ASSURE THAT ALL ACTIONS OF THE CORPORATION ARE CONSISTENT WITH THE PURPOSES OF THE CONGREGATION OF THE SISTERS OF ST. FELIX OF CANTALICE; (O) TO CARRY OUT PERIODIC EVALUATIONS OF THE CORPORATION AND TO OTHERWISE MONITOR THE ACCOMPLISHMENT OF THE GOALS AND THE ADHERENCE TO THE PHILOSOPHY OF THE CORPORATION; (P) TO APPROVE THE LONG-TERM AND STRATEGIC PLANS OF THE CORPORATION; AND (Q) TO APPROVE ANY ACTS OF EXTRAORDINARY ADMINISTRATION UNDER THE CANON LAW OF THE ROMAN CATHOLIC CHURCH. |

## 990 Schedule O, Supplemental Information

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PART VI, SECTION B, LINE 11B | THE PRESIDENT AND CEO AND THE DIRECTOR OF ACCOUNTING SERVICES PERFORMED A DETAILED REVIEW OF THE FORM 990. EACH MEMBER OF THE BOARD OF DIRECTORS WAS PRESENTED WITH AN ELECTRONIC COPY OR PAPER COPY OF THE FORM 990 BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE. |

**990 Schedule O, Optional Information**

| Return Reference                       | Explanation   |
|--|---|
| FORM 990, PART VI, SECTION B, LINE 12C | <p>EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, HAS COMPLETED THE ST. ANNE HOME CONFLICT INTEREST STATEMENT, AND UNDERSTANDS THAT ST. ANNE HOME IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC REVIEWS SHALL BE CONDUCTED. THE PERIODIC REVIEWS SHALL, AT A MINIMUM, INCLUDE A REVIEW OF A SUMMARY OF ALL THE COMPLETED ANNUAL CONFLICT OF INTEREST STATEMENTS MADE BY ALL BOARD MEMBERS. IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AN INTERESTED PERSON MAY MAKE A PRESENTATION AT THE GOVERNING BOARD OR COMMITTEE MEETING, BUT AFTER THE PRESENTATION, HE/SHE SHALL LEAVE THE MEETING DURING THE DISCUSSION OF, AND THE VOTE ON, THE TRANSACTION OR ARRANGEMENT INVOLVING THE POSSIBLE CONFLICT OF INTEREST. THE CHAIRPERSON OF THE GOVERNING BOARD OR COMMITTEE SHALL, IF APPROPRIATE, APPOINT A DISINTERESTED PERSON OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL INFORM THE MEMBER OF THE BASIS FOR SUCH BE</p> |



**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>                         | <b>Explanation</b>  |
|---|---|
| FORM 990,<br>PART VI,<br>SECTION B,<br>LINE 12C | LIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND AFTER MAKING FURTHER INVESTIGATION AS WARRANTED BY THE CIRCUMSTANCES, THE GOVERNING BOARD OR COMMITTEE DETERMINES THE MEMBER HAS FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION. |

# 990 Schedule O, Supplemental Information

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| FORM 990, PART VI, SECTION B, LINE 15 | A RANGE IS ESTABLISHED FOR EACH POSITION BASED ON COMPARABLE DATA, AND COMPENSATION IS INCREASED BASED ON EITHER PRE-DETERMINED AMOUNTS BASED ON A PERFORMANCE REVIEW, AND/OR A MARKET ADJUSTMENT BASED ON UPDATED COMPARABLE DATA. THIS PROCESS IS UNDERTAKEN ANNUALLY AT THE END OF EACH CALENDAR YEAR. |

# 990 Schedule O, Supplemental Information

| Return Reference                               | Explanation  |
|--|--|
| FORM 990,<br>PART VI,<br>SECTION C,<br>LINE 19 | THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>          | <b>Explanation</b>                     |
|----------------------------------|--|
| FORM 990,<br>PART XI,<br>LINE 9: | PENSION LIABILITY ADJUSTMENT -404,508. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>           | <b>Explanation</b>                                  |
|-----------------------------------|---|
| FORM 990,<br>PART XII,<br>LINE 2C | NO CHANGE IN OVERSIGHT PROCESS IN THE CURRENT YEAR. |

## 990 Schedule O, Supplemental Information

| Return Reference | Explanation  |
|------------------|--|
| AMENDED<br>990   | THE 990 IS AMENDED DUE TO A CHANGE IN THE CHARITABLE CONTRIBUTIONS REPORTED ON SCHEDULE G. |

**990 Schedule O, Supplemental Information**

| <b>Return Reference</b>       | <b>Explanation</b>   |
|-------------------------------|--|
| SCHEDULE R, PART II, COLUMN A | THE REPORTING ORGANIZATION AND ALL RELATED ORGANIZATIONS OF THE CONGREGATION OF THE SISTERS OF ST. FELIX OF CANTALICE ARE INCLUDED IN THE OFFICIAL CATHOLIC DIRECTORY. |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
ST ANNE HOME

**Employer identification number**

25-1146769

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

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

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

| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity                     | (g)<br>Section 512 (b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|--|---|----|
|   |                         |  |                            |   |  | Yes   | No |
| <b>(1)</b> CATHOLIC DIOCESE OF GREENSBURG<br>771 EAST PITTSBURGH STREET<br><br>GREENSBURG, PA 15601<br>25-0998169 | PROCLAIMING GOD'S WORD  | PA   | 501(C)(3)                  | LINE 1  | N/A  |   | No |
| <b>(2)</b> FELICIAN SERVICES INC<br>3800 W PETERSON AVENUE<br><br>CHICAGO, IL 60659<br>36-3685438                 | PARENT COMPANY          | IL   | 501(C)(3)                  | LINE 1  | CONGREGATION OF THE SISTERS OF ST FELIX OF CANTALICE |   | No |
|   |                         |  |                            |   |  |   |    |
|   |                         |  |                            |   |  |   |    |
|   |                         |  |                            |   |  |   |    |
|   |                         |  |                            |   |  |   |    |
|   |                         |  |                            |   |  |   |    |



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

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

**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)<br>Name, address, and EIN of<br>related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512(b)<br>(13) controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |   |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
|  |                         |   |                                     |  |                                 |   |                                |   |    |
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**Part V Transactions With Related Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

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

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related, unrelated, excluded from tax under sections 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|--|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |  | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
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|   |                         |  |  |  |    |                              |                                    |                                      |    |  |                                     |    |                             |

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

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

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