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Form 990-PF

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

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

▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No 1545-0052

2018

Open to Public Inspection

For calendar year 2018, or tax year beginning 05-02-2018, and ending 12-31-2018

Name of foundation
Mother Cabrini Health Foundation Inc

% DAVID HORNE

Number and street (or P O box number if mail is not delivered to street address)
777 Third Avenue 23rd Floor

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
New York, NY 100172013

G Check all that apply

☒ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

H Check type of organization

☒ Section 501(c)(3) exempt private foundation

☐ Section 4947(a)(1) nonexempt charitable trust

☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 3,321,154,174

J Accounting method

☐ Cash

☒ Accrual

☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

A Employer identification number
83-0590263

B Telephone number (see instructions)
(646) 980-3001

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐

2 Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I

Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	2,839,903,950			
	2 Check ▶ <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	1,776	1,776		
	4 Dividends and interest from securities . . .	45,113,631	45,113,631		
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	4,238,013			
	b Gross sales price for all assets on line 6a 3,558,910,903				
	7 Capital gain net income (from Part IV, line 2) . . .		4,238,013		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	2,889,257,370	49,353,420			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	62,330		62,330	
	14 Other employee salaries and wages	26,560		26,560	
	15 Pension plans, employee benefits	24,187		24,187	
	16a Legal fees (attach schedule)	348,375	0	0	348,375
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	1,953,399	1,376,372		577,027
	17 Interest				
	18 Taxes (attach schedule) (see instructions) . . .				
	19 Depreciation (attach schedule) and depletion . . .				
	20 Occupancy	78,127			78,127
	21 Travel, conferences, and meetings	1,455			1,455
	22 Printing and publications				
	23 Other expenses (attach schedule)	225	0	0	225
	24 Total operating and administrative expenses. Add lines 13 through 23	2,494,658	1,376,372	0	1,118,286
	25 Contributions, gifts, grants paid	0			0
	26 Total expenses and disbursements. Add lines 24 and 25	2,494,658	1,376,372	0	1,118,286
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	2,886,762,712			
	b Net investment income (if negative, enter -0-)		47,977,048		
c Adjusted net income (if negative, enter -0-)					

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

Form 990-PF (2018)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing	0	0	0		
	2	Savings and temporary cash investments	0	2,315,214	2,315,214		
	3	Accounts receivable ▶ <u>29,198,362</u>					
		Less allowance for doubtful accounts ▶ _____		29,198,362	29,198,362		
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges	0	69,628	69,628		
	10a	Investments—U S and state government obligations (attach schedule)	0	2,724,376,724	2,724,376,724		
	b	Investments—corporate stock (attach schedule)	0	267,428,812	267,428,812		
	c	Investments—corporate bonds (attach schedule)	0	147,792,121	147,792,121		
	Liabilities	11	Investments—land, buildings, and equipment basis ▶ _____				
		Less accumulated depreciation (attach schedule) ▶ _____					
12		Investments—mortgage loans					
13		Investments—other (attach schedule)		144,238,864	144,238,864		
14		Land, buildings, and equipment basis ▶ _____					
		Less accumulated depreciation (attach schedule) ▶ _____					
15		Other assets (describe ▶ _____)	0	5,734,449	5,734,449		
16		Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	0	3,321,154,174	3,321,154,174		
17		Accounts payable and accrued expenses	0	1,074,572			
18		Grants payable					
Net Assets or Fund Balances	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule).					
	22	Other liabilities (describe ▶ _____)	0	488,334,015			
	23	Total liabilities (add lines 17 through 22)	0	489,408,587			
		Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted	0	2,831,745,587			
25	Temporarily restricted						
26	Permanently restricted						
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.						
27	Capital stock, trust principal, or current funds						
28	Paid-in or capital surplus, or land, bldg , and equipment fund						
29	Retained earnings, accumulated income, endowment, or other funds						
30	Total net assets or fund balances (see instructions)	0	2,831,745,587				
31	Total liabilities and net assets/fund balances (see instructions) .	0	3,321,154,174				

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	0
2	Enter amount from Part I, line 27a	2	2,886,762,712
3	Other increases not included in line 2 (itemize) ▶ _____	3	29,633
4	Add lines 1, 2, and 3	4	2,886,792,345
5	Decreases not included in line 2 (itemize) ▶ _____	5	55,046,758
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	2,831,745,587

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a PUBLICLY TRADED SECURITIES - (ST)	P		
b PUBLICLY TRADED SECURITIES - (LT)	D		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 3,362,562,426		3,362,556,964	5,462
b 196,348,477		192,115,926	4,232,551
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			5,462
b			4,232,551
c			
d			
e			

2 Capital gain net income or (net capital loss)	<div> <div>If gain, also enter in Part I, line 7</div> <div>If (loss), enter -0- in Part I, line 7</div> </div>	2	4,238,013
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?



Yes



No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years: Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017			
2016			
2015			
2014			
2013			

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5 0, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	
7 Add lines 5 and 6	7	
8 Enter qualifying distributions from Part XII, line 4	8	

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1	959,541
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	959,541
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	959,541
6	Credits/Payments		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	1,000,000
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,000,000
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	40,459
11	Enter the amount of line 10 to be Credited to 2019 estimated tax <input type="checkbox"/> 40,459 Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ 0 (2) On foundation managers <input type="checkbox"/> \$ 0		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ 0		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NY		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV	9	No
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions.	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.cabrinihealth.org	13	Yes	
14	The books are in care of DAVID HORNE Telephone no (646) 980-3009			

Located at **777 THIRD AVENUE 23RD FLOOR NEW YORK NY** ZIP+4 **100172013**

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶	16	Yes	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance check here. <input type="checkbox"/>	1b		No
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870		6b No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?		7b
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000.				0


Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Capfinancial Partners LLC 4208 Six Forks Rd Suite 1700 RALEIGH, NC 276756071	Investment MGMT	446,601
Bank of New York Mellon PO Box 371784 PITTSBURGH, PA 15251	Investment MGMT	283,745
Loeb & Loeb LLP 345 Park Avenue NEW YORK, NY 10154	Legal	245,803
Income Research & Management 100 Federal Street 30th Fl BOSTON, MA 02110	Investment MGMT	205,371
Rockefeller Philanthropy Advisors 6 West 48th Street 10th Fl NEW YORK, NY 10036	Advisory Services	186,819
Total number of others receiving over \$50,000 for professional services. ▶		8

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See instructions.	
3 	0
Total. Add lines 1 through 3 ▶	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	2,684,883,268
b	Average of monthly cash balances.	1b	3,196,368
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,688,079,636
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	2,688,079,636
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	40,321,195
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	2,647,758,441
6	Minimum investment return. Enter 5% of line 5.	6	88,500,419

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	88,500,419
2a	Tax on investment income for 2018 from Part VI, line 5.	2a	959,541
b	Income tax for 2018 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	959,541
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	87,540,878
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	87,540,878
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	87,540,878

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	1,118,286
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	0
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	0
b	Cash distribution test (attach the required schedule).	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4.	4	1,118,286
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	1,118,286

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				87,540,878
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ <u>1,118,286</u>				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions).				
d Applied to 2018 distributable amount.				1,118,286
e Remaining amount distributed out of corpus	0			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:	0			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract line 4b from line 2b.				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.				
d Subtract line 6c from line 6b Taxable amount—see instructions.				
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions.				
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019.				86,422,592
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a.	0			
10 Analysis of line 9				
a Excess from 2014.				
b Excess from 2015.				
c Excess from 2016.				
d Excess from 2017.				
e Excess from 2018.	0			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶

b Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

	Tax year	Prior 3 years			(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

Mother Cabrini Health Foundation
777 Third Avenue 23rd Floor
New York, NY 10017
grantsupport@cabrinihealth.org

b The form in which applications should be submitted and information and materials they should include

SEE GENERAL TAXPAYER ATTACHMENT #5

c Any submission deadlines

SEE GENERAL TAXPAYER ATTACHMENT #5

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

SEE GENERAL TAXPAYER ATTACHMENT #5

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2018)

Part XVII

	Yes	No
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1a(1)	No
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1a(2)		No
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1b(1)	No
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1b(2)	No
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1b(3)		No
--------------	--	-----------

1b(4)		No
--------------	--	-----------

1b(5)		No
--------------	--	-----------

1b(6)		No
--------------	--	-----------

1c		No
-----------	--	-----------

value
ue

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations

described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here

2019-11-14

May the IRS discuss this return with the preparer shown

Signature of officer or trustee _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below

(see instr)? ☒ Yes ☐ No

Paid Preparer Use Only	DEVIN L DUNCAN		2019-11-14		
	Firm's name ▶ KPMG LLP				Firm's EIN ▶

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DEVIN L DUNCAN		2019-11-14		P01249521
	Firm's name ► KPMG LLP				Firm's EIN ►
	Firm's address ► 345 Park Avenue New York, NY 101540102				Phone no (212) 758-9700

Form 990FP Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Monsignor Gregory Mustaciulo	Chief Executive Officer 40 0	62,330	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Alfred F Kelly Jr	Chairperson and Director 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Catherine R Kinney	Treasurer and Director 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Samuel A DiPiazza Jr	Secretary and Director 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Robert M Bennet	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Jennifer C Balbach	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Kathryn Connerton	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Michael J Cooney	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Joseph Dutkowsky MD	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Laura L Forese MD	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
John J Gray Jr	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Stanley E Grayson	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Carla A Harris	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Peter J Johnson Jr	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				
Alex Ladouceur	DIRECTOR 1 0	0	0	0
777 Third Avenue 23rd Floor New York, NY 100172013				

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Robert Niehaus 777 Third Avenue 23rd Floor New York, NY 100172013	DIRECTOR 1 0	0	0	0
Sister Pietrina Raccuglia MSC 777 Third Avenue 23rd Floor New York, NY 100172013	DIRECTOR 1 0	0	0	0
Kathryn H Ruscitto 777 Third Avenue 23rd Floor New York, NY 100172013	DIRECTOR 1 0	0	0	0
Kevin Ryan 777 Third Avenue 23rd Floor New York, NY 100172013	DIRECTOR 1 0	0	0	0
Richard J J Sullivan Jr 777 Third Avenue 23rd Floor New York, NY 100172013	DIRECTOR 1 0	0	0	0
Robert Unanue 777 Third Avenue 23rd Floor New York, NY 100172013	DIRECTOR 1 0	0	0	0

TY 2018 All Other Program Related Investments Schedule

Name: Mother Cabrini Health Foundation Inc
EIN: 83-0590263

Category	Amount
NONE	0

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

TY 2018 Depreciation Schedule

Name: Mother Cabrini Health Foundation Inc

EIN: 83-0590263

TY 2018 Investments Corporate Bonds Schedule

Name: Mother Cabrini Health Foundation Inc

EIN: 83-0590263

Investments Corporate Bonds Schedule

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CORPORATE BONDS	147,792,121	147,792,121

TY 2018 Investments Corporate Stock Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
COMMON STOCK	266,685,626	266,685,626
PREFERRED STOCK	743,186	743,186

TY 2018 Investments Government Obligations Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263**US Government Securities - End
of Year Book Value:**

2,724,376,724

**US Government Securities - End
of Year Fair Market Value:**

2,724,376,724

**State & Local Government
Securities - End of Year Book
Value:****State & Local Government
Securities - End of Year Fair
Market Value:**

TY 2018 Investments - Other Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263**Investments Other Schedule 2**

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ASSET BACKED	FMV	26,896,182	26,896,182
COMMERCIAL MORTGAGE BACKED	FMV	10,933,689	10,933,689
NON-GOVERNMENT BACKED C.M.O.S	FMV	2,242,238	2,242,238
OTHER FIXED INCOME	FMV	102,635,771	102,635,771
DERIVATIVE OFFSETS	FMV	1,530,984	1,530,984

TY 2018 Legal Fees Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
START-UP & ESTABLISHMENT	245,803			245,803
LEGAL CONSULTATION	102,572			102,572

TY 2018 Other Assets Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263**Other Assets Schedule**

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
RIGHT OF USE - OPERATING LEASE		5,704,816	5,704,816
DEFERRED TAX ASSET		29,633	29,633

TY 2018 Other Decreases Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263

Description	Amount
UNREALIZED LOSS ON INVESTMENTS	49,458,715
DISCOUNT ON PV OF AMTS HELD FOR OTHERS	5,588,043

TY 2018 Other Expenses Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
BANK OPERATING FEES	225	0	0	225

TY 2018 Other Increases Schedule

Name: Mother Cabrini Health Foundation Inc
EIN: 83-0590263

Description	Amount
DEFERRED TAX ASSET	29,633

TY 2018 Other Liabilities Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263

Description	Beginning of Year - Book Value	End of Year - Book Value
AMOUNTS HELD FOR OTHERS	0	390,280,207
OTHER LIABILITIES	0	92,348,992
RIGHT OF USE LIABILITY - OPERATING LEASE	0	5,704,816

TY 2018 Other Professional Fees Schedule**Name:** Mother Cabrini Health Foundation Inc**EIN:** 83-0590263

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INVESTMENT MANAGEMENT FEES	1,316,372	1,316,372		
START-UP CONSULT & ADMIN FEES	382,657			382,657
PHILANTHROPIC ADVIS SERVICES	186,819			186,819
EXECUTIVE SEARCH	60,000	60,000		
HUMAN RESOURCES & IT	7,551			7,551

Schedule B (Form 990, 990-EZ, or 990-PF) <small>Department of the Treasury Internal Revenue Service</small>	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF ▶ Go to www.irs.gov/Form990 for the latest information	OMB No 1545-0047 2018
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Name of the organization Mother Cabrini Health Foundation Inc	Employer identification number 83-0590263
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Mother Cabrini Health Foundation Inc	Employer identification number 83-0590263
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Part I **Contributors** (See instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	New York State Catholic Health Plan 95-25 Queens Boulevard New York, NY 113744510	 \$ 2,839,903,950	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.	 	 \$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization Mother Cabrini Health Foundation Inc	Employer identification number 83-0590263
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Part II	Noncash Property
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	VARIOUS Securities	\$ 768,646 521	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization Mother Cabrini Health Foundation Inc	Employer identification number 83-0590263
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Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ Use duplicate copies of Part III if additional space is needed
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee
	_____	_____	_____
	_____	_____	_____
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4		Relationship of transferor to transferee

FEDERAL FOOTNOTES

GENERAL TAXPAYER ATTACHMENT #1 - CHARITABLE PURPOSE

THE CABRINI FOUNDATION WAS ORGANIZED EXCLUSIVELY FOR CHARITABLE AND RELIGIOUS PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED. SPECIFICALLY, THE CABRINI FOUNDATION WAS CREATED TO IMPROVE THE HEALTH AND WELLNESS OF THE POOR, DISABLED, DISADVANTAGED, ELDERLY AND UNDERSERVED PEOPLE OF NEW YORK STATE AND THEIR FAMILIES BY ENGAGING IN, PROMOTING, SPONSORING AND SUPPORTING ACTIVITIES, PROGRAMS AND INITIATIVES THAT:

1. ENHANCE ACCESS TO AFFORDABLE QUALITY HEALTHCARE AND HEALTHCARE RELATED SERVICES, INCLUDING ACTIVITIES, PROGRAMS AND INITIATIVES THAT ADDRESS THE POPULATION'S NEEDS RELATING TO SOCIAL DETERMINANTS OF HEALTH SUCH AS NUTRITION, SUBSTANCE ABUSE, CHILDHOOD COGNITION AND SOCIAL SKILLS, EARLY INTERVENTION, BEHAVIORAL HEALTH, HOME AND COMMUNITY-BASED SERVICES, PREVENTATIVE HEALTH, EDUCATION AND LITERACY, ELDER CARE, SAFE AND AFFORDABLE QUALITY HOUSING, EMPLOYMENT AND OTHER CIRCUMSTANCES AND/OR CONDITIONS THAT INFLUENCE HEALTH OUTCOMES; AND

2. ADDRESS UNMET HEALTHCARE AND HEALTHCARE RELATED NEEDS, INCLUDING THOSE RELATED TO THE SOCIAL DETERMINANTS OF HEALTH.

IN ALL ACTIVITIES, THE CABRINI FOUNDATION WILL ACT IN ACCORDANCE WITH THE ETHICAL PRINCIPLES, TENETS AND TEACHINGS OF THE ROMAN CATHOLIC FAITH.

THE CABRINI FOUNDATION WILL MAKE GRANTS AND CONTRIBUTIONS TO, AND OTHERWISE SUPPORT, SPONSOR AND BENEFIT CHARITABLE ORGANIZATIONS WHICH IT DETERMINES FURTHER ITS CHARITABLE PURPOSES.

FEDERAL FOOTNOTES

GENERAL TAXPAYER ATTACHMENT #2 - PART II, LINE 22, OTHER LIABILITIES

AS OF JULY 2, 2018, NEW YORK STATE CATHOLIC HEALTH PLAN, INC. (FIDELIS), A NEW YORK STATE TAX-EXEMPT CHARITABLE CORPORATION, SOLD SUBSTANTIALLY ALL OF ITS ASSETS TO CENTENE CORPORATION. IN CONNECTION WITH THE FIDELIS SALE, FIDELIS ENTERED INTO AN AGREEMENT WITH THE NEW YORK STATE DIVISION OF THE BUDGET, UNDER WHICH IT AGREED TO MAKE A \$1 BILLION PAYMENT TO THE STATE WITHIN THIRTY DAYS OF THE TRANSACTION'S CLOSING AND ANOTHER \$400 MILLION WITHIN TWELVE (12) TO EIGHTEEN (18) MONTHS THEREAFTER. ADDITIONALLY, THE ARRANGEMENT PROVIDED THAT \$50 MILLION IN CHARITABLE GRANTS WOULD BE MADE IN EACH OF 2021 AND 2022.

UNDER THE JUNE 14, 2018 ORDER OF THE NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL APPROVING THE FIDELIS SALE, THE ATTORNEY GENERAL APPROVED THE TRANSFER OF THE FIDELIS SALE PROCEEDS TO THE NEWLY ESTABLISHED MOTHER CABRINI HEALTH FOUNDATION (CABRINI FOUNDATION), ALONG WITH OTHER FIDELIS ASSETS, IN ORDER TO FUND THE CHARITABLE ACTIVITIES OF THE CABRINI FOUNDATION. THE AMOUNTS TRANSFERRED TO THE CABRINI FOUNDATION INCLUDED THE PAYMENTS NECESSARY FOR FIDELIS TO SATISFY \$1.4 BILLION IN PAYMENTS TO THE STATE, AND ARE BEING HELD BY THE CABRINI FOUNDATION FOR THE BENEFIT OF FIDELIS PENDING THEIR PAYMENT TO THE STATE (\$1 BILLION WAS PAID IN 2018 AND \$400 MILLION REMAINS TO BE PAID). THE CABRINI FOUNDATION ALSO AGREED TO PROVIDE \$100 MILLION TO FUND THE GRANTS REFERENCED ABOVE, TO BE MADE EITHER TO MUTUALLY AGREED UPON CHARITABLE ORGANIZATIONS OR DIRECTLY TO THE STATE.

PURSUANT TO CERTAIN TRANSACTIONS OCCURRING DURING THE SALE OF FIDELIS TO CENTENE, THE FOUNDATION HAS RECOGNIZED IN ITS STATEMENT OF FINANCIAL POSITION AMOUNTS HELD FOR OTHERS AND OTHER LIABILITIES IN THE AMOUNT OF \$400,000,000 AND \$100,000,000, RESPECTIVELY. THE AMOUNTS HAVE BEEN DISCOUNTED TO PRESENT VALUE USING TREASURY RATES RANGING FROM 2.44 TO 2.81 , RESULTING IN A NON-OPERATING CHARGE OF \$5,588,043 FOR THE PERIOD ENDING DECEMBER 31, 2018.

FEDERAL FOOTNOTES

GENERAL TAXPAYER ATTACHMENT #3

PART IX-A - SUMMARY OF DIRECT CHARITABLE ACTIVITIES

THE MOTHER CABRINI HEALTH FOUNDATION (THE CABRINI FOUNDATION) WAS INCORPORATED IN MAY 2018 AND RECEIVED ITS INITIAL FUNDING IN JULY 2018. DURING THE REMAINDER OF 2018, THE CABRINI FOUNDATION FOCUSED ON DEVELOPING THE INFRASTRUCTURE AND OPERATIONS NEEDED TO COMMENCE GRANTMAKING ACTIVITIES IN 2019. THE KEY START-UP ACTIVITIES WHICH TOOK PLACE DURING THE TAX YEAR IN ORDER TO ENABLE THE PROVISION OF CHARITABLE ACTIVITIES IN FUTURE YEARS ARE AS FOLLOWS:

1. THE CABRINI FOUNDATION HIRED A CHIEF EXECUTIVE OFFICER, CHIEF PROGRAM AND GRANTS OFFICER, AND CHIEF ADMINISTRATIVE OFFICER. IN ADDITION, THE CABRINI FOUNDATION IDENTIFIED CANDIDATES FOR THE POSITIONS OF CHIEF FINANCIAL OFFICER, CHIEF INVESTMENT OFFICER AND CHIEF COMPLIANCE OFFICER, ALL OF WHOM WERE IN PLACE BY EARLY 2019.
2. IN ADDITION TO THE THREE INITIAL BOARD MEMBERS, SEVENTEEN ADDITIONAL BOARD MEMBERS WERE ELECTED TO THE CABRINI FOUNDATION BOARD.
3. THE CABRINI FOUNDATION INITIATED DISCUSSIONS WITH KEY STAKEHOLDERS AROUND HEALTH AND HEALTHCARE-RELATED NEEDS TO INFORM GRANTMAKING PRIORITIES IN 2019.
4. THE CABRINI FOUNDATION IDENTIFIED AREAS OF GRANTMAKING FOCUS FOR 2019. IN ADDITION, IT INITIATED THE DEVELOPMENT OF GRANTMAKING POLICIES AND PROCEDURES ALONG WITH APPLICATIONS MATERIALS FOR 2019.
5. THE CABRINI FOUNDATION SUCCESSFULLY NEGOTIATED A LEASE FOR ITS NEW HEADQUARTERS LOCATION AT 777 THIRD AVENUE, NEW YORK, NEW YORK.
6. THE CABRINI FOUNDATION INITIATED THE DEVELOPMENT OF ITS TECHNOLOGY PLATFORM, INCLUDING ITS WEBSITE.
7. THE CABRINI FOUNDATION INITIATED THE DEVELOPMENT OF ITS BRANDING AND MARKETING MATERIALS, INCLUDING A CABRINI FOUNDATION LOGO.

ADDITIONALLY, THE CABRINI FOUNDATION FINALIZED THE STRUCTURE FOR THE CABRINI FOUNDATION'S GRANTMAKING PROGRAM TO BE LAUNCHED IN 2019. THE GRANTMAKING PROGRAM INCLUDES THREE CORE PROGRAMS:

1. STATEWIDE GRANTS PROGRAM: GRANTS WILL BE MADE TO NONPROFIT ORGANIZATIONS SERVING LOW-INCOME INDIVIDUALS, FAMILIES AND COMMUNITIES THROUGHOUT NEW YORK STATE. THESE GRANTS WILL BE FOCUSED

ON STATEWIDE INITIATIVES OR INITIATIVES THAT CROSS MULTIPLE REGIONS.

2. REGIONAL GRANTS PROGRAM: GRANTS WILL BE MADE TO NONPROFIT ORGANIZATIONS SERVING LOW-INCOME INDIVIDUALS, FAMILIES AND COMMUNITIES IN EIGHT DESIGNATED REGIONS ACROSS THE STATE TO ENSURE THAT EACH REGION OF THE STATE RECEIVES PROPORTIONATE FUNDING, INCLUDING RURAL AND UPSTATE AREAS.

3. SPECIAL INITIATIVES GRANTS PROGRAM: GRANTS WILL BE MADE TO INNOVATIVE OR IMPACTFUL PROJECTS THAT HELP FURTHER THE MISSION OF THE CABRINI FOUNDATION AND HAVE A FOCUS ON SYSTEMIC OR STATEWIDE IMPACT ON HEALTH OR SOCIAL DETERMINANTS OF HEALTH.

FEDERAL FOOTNOTES

GENERAL TAXPAYER ATTACHMENT #4 - PART X, MINIMUM INVESTMENT RETURN

LINE 1A: UNDER THE JUNE 14, 2018 ORDER OF THE NEW YORK STATE OFFICE OF THE ATTORNEY GENERAL APPROVING THE FIDELIS SALE, THE ATTORNEY GENERAL APPROVED THE TRANSFER OF THE FIDELIS SALE PROCEEDS TO THE NEWLY ESTABLISHED MOTHER CABRINI HEALTH FOUNDATION (CABRINI FOUNDATION), ALONG WITH OTHER FIDELIS ASSETS, IN ORDER TO FUND THE CHARITABLE ACTIVITIES OF THE CABRINI FOUNDATION. THE AMOUNTS TRANSFERRED TO THE CABRINI FOUNDATION INCLUDED THE PAYMENTS NECESSARY FOR FIDELIS TO SATISFY \$1.4 BILLION IN PAYMENTS TO THE STATE, AND ARE BEING HELD BY THE CABRINI FOUNDATION FOR THE BENEFIT OF FIDELIS PENDING THEIR PAYMENT TO THE STATE (\$1 BILLION WAS PAID IN 2018 AND \$400 MILLION REMAINS TO BE PAID). BECAUSE THE REMAINING \$400 MILLION IS HELD FOR THE BENEFIT OF FIDELIS, AND NOT THE CABRINI FOUNDATION, THESE AMOUNTS HAVE NOT BEEN CONSIDERED THE CABRINI FOUNDATION'S ASSETS FOR PURPOSES OF COMPUTING THE FOUNDATION'S MINIMUM INVESTMENT RETURN UNDER SECTION 4942. FURTHER, THE \$400 MILLION WILL NOT BE CONSIDERED A QUALIFYING DISTRIBUTION WHEN PAID TO FIDELIS.

LINE 6: THE CABRINI FOUNDATION WAS INCORPORATED ON MAY 2, 2018; THEREFORE, IT IS FILING AN INITIAL, SHORT PERIOD TAX RETURN IN 2018. PURSUANT TO THE FORM 990-PF INSTRUCTIONS, IF THE FOUNDATION'S TAX PERIOD IS LESS THAN 12 MONTHS, DETERMINE THE APPLICABLE MINIMUM INVESTMENT RETURN PERCENTAGE BY DIVIDING THE NUMBER OF DAYS IN THE SHORT TAX PERIOD BY 365 (OR 366 IN A LEAP YEAR). MULTIPLY THE RESULT BY 5 (0.05). THEN MULTIPLY THE MODIFIED PERCENTAGE BY THE AMOUNT ON LINE 5 AND ENTER THE RESULT ON LINE 6.

FEDERAL FOOTNOTES

GENERAL TAXPAYER ATTACHMENT #5 - PART XV, LINE 2
INFORMATION REGARDING CONTRIBUTION, GRANT, GIFT, LOAN, SCHOLARSHIP,
ETC. PROGRAMS

LINES 2A-C:

STATEWIDE GRANTS PROGRAM: APPLICATIONS FOR THE GRANTMAKING PROGRAM
BEING LAUNCHED IN 2019 WILL BE ADMINISTERED THROUGH AN OPEN PROCESS
WHICH BEGINS WITH A LETTER OF INQUIRY, AND, IF INVITED, A DETAILED
FULL GRANT PROPOSAL. POTENTIAL GRANTEEES SHOULD VISIT THE APPLY FOR A
GRANT SECTION OF THE CABRINI FOUNDATION'S WEBSITE -
WWW.CABRINIHEALTH.ORG/APPLY FOR INSTRUCTIONS ON HOW TO SUBMIT
APPLICATIONS AND APPLICATION DEADLINES.

REGIONAL GRANTS PROGRAM: APPLICATIONS FOR 2019 WILL BE ACCEPTED ON AN
INVITATION-ONLY BASIS. INVITED APPLICANTS WILL BE PROVIDED FOR
INSTRUCTIONS ON HOW TO SUBMIT APPLICATIONS AND APPLICATION
DEADLINES.

SPECIAL INITIATIVES GRANTS PROGRAM: APPLICATIONS FOR 2019 WILL BE
ACCEPTED ON AN INVITATION - ONLY BASIS. INVITED APPLICANTS WILL BE
PROVIDED FOR INSTRUCTIONS ON HOW TO SUBMIT APPLICATIONS AND
APPLICATION DEADLINES.

LINE 2D:

ALL GRANTS TO BE MADE BY THE CABRINI FOUNDATION MUST MEET THE
FOLLOWING ELIGIBILITY CRITERIA, WHICH MAY BE MODIFIED OR
SUPPLEMENTED FROM TIME TO TIME:

- GRANTS MAY ONLY BE MADE TO A DOMESTIC SECTION 501(C)(3) TAX-EXEMPT
ORGANIZATION IN GOOD STANDING WITH THE INTERNAL REVENUE SERVICE AND
THE STATE OF NEW YORK. SPECIFICALLY, GRANTS MAY ONLY BE MADE TO A
DOMESTIC PUBLIC CHARITY AS DESCRIBED IN INTERNAL REVENUE CODE
SECTION 509(A)(1) OR (2) OR AN EXEMPT OPERATING FOUNDATION AS
DESCRIBED IN INTERNAL REVENUE CODE SECTION 4940(D)(2).

- APPLICANT ORGANIZATIONS MUST BE LOCATED IN NEW YORK STATE OR
PRIMARILY SERVE NEW YORK STATE RESIDENTS. APPLICANT ORGANIZATIONS
THAT CANNOT MEET THIS REQUIREMENT MAY BE ELIGIBLE FOR AN EXEMPTION
ON A CASE-BY-CASE BASIS UPON REVIEW OF THE FULL GRANT APPLICATION.

- GRANTS MUST BENEFIT POOR, DISADVANTAGED, OR UNDERSERVED NEW YORK
STATE RESIDENTS.

- GRANTS MUST BE USED EXCLUSIVELY FOR THE SPECIFIC PROGRAM, ACTIVITY
OR PROJECT APPROVED BY THE CABRINI FOUNDATION, WHICH, IN ALL CASES,
MUST BE IN FURTHERANCE OF THE CABRINI FOUNDATION'S CHARITABLE

PURPOSES.

- APPLICANT ORGANIZATIONS MUST DEMONSTRATE THAT THEY EXHIBIT SOUND FINANCIAL MANAGEMENT AND GOVERNANCE PRACTICES AND ARE CAPABLE OF EFFECTIVELY CARRYING OUT THE PROGRAMS, ACTIVITIES OR PROJECTS PROPOSED TO BE FUNDED.

- IN ACCORDANCE WITH CABRINI FOUNDATION'S CERTIFICATE OF INCORPORATION, ALL GRANTS MUST ADHERE TO AND COMPLY WITH THE ETHICAL PRINCIPLES, TENETS, AND TEACHINGS OF THE ROMAN CATHOLIC FAITH, INCLUDING BUT NOT LIMITED TO THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES PUBLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS. APPLICANT ORGANIZATIONS ARE NOT REQUIRED, HOWEVER, TO BE AFFILIATED WITH THE CATHOLIC CHURCH TO BE ELIGIBLE FOR GRANTS.

- APPLICANTS MAY NOT RE-GRANT FUNDS TO OTHER ORGANIZATIONS WITHOUT EXPRESS WRITTEN PRE-APPROVAL OF THE CABRINI FOUNDATION. IF SUCH EXPRESS WRITTEN PRE-APPROVAL HAS BEEN PROVIDED, THE SUB-GRANTEE PROGRAMS ARE SUBJECT TO THE REQUIREMENTS RELATED TO THE ETHICAL PRINCIPLES, TENETS, AND TEACHINGS OF THE ROMAN CATHOLIC FAITH INCLUDING, BUT NOT LIMITED TO, THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES PUBLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS.

- AUDITED FINANCIAL STATEMENTS FOR THE MOST RECENTLY COMPLETED FISCAL YEAR ARE REQUIRED OF ALL ORGANIZATIONS. APPLICANT ORGANIZATIONS THAT CANNOT MEET THIS REQUIREMENT MAY BE ELIGIBLE FOR AN EXEMPTION ON A CASE-BY-CASE BASIS UPON REVIEW OF THE FULL GRANT APPLICATION.

THE CABRINI FOUNDATION MAY NOT MAKE GRANTS:

- TO INDIVIDUALS;

- IN SUPPORT OF ANY ACTIVITIES THAT INVOLVE CARRYING ON PROPAGANDA OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION (WITHIN THE MEANING OF SECTION 4945(D)(1) OF THE INTERNAL REVENUE CODE);

- IN SUPPORT OF ANY ACTIVITIES THAT INVOLVE PARTICIPATING IN, OR INTERVENING IN (INCLUDING THE PUBLISHING OR DISTRIBUTING OF STATEMENTS), ANY POLITICAL CAMPAIGN ON BEHALF OF (OR IN OPPOSITION TO) ANY CANDIDATE FOR PUBLIC OFFICE, INFLUENCING THE OUTCOME OF ANY SPECIFIC PUBLIC ELECTION, OR CARRYING ON, DIRECTLY OR INDIRECTLY, ANY VOTER REGISTRATION DRIVE (WITHIN THE MEANING OF SECTION 4945(D)(2) OF THE INTERNAL REVENUE CODE); OR IN SUPPORT OF EVENTS, CONFERENCES, OR FUNDRAISING ACTIVITIES.