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.



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| 19 Depreciation and depletion 92,292. 0. 0. 20 Occupancy 1,492,381. 84. 0. 1,156,590. 21 Travel, conferences, and meetings 77,320. 23,600. 0. 44,269. 22 Printing and publications 54,125. 3,593. 0. 40,144. 23 Other expenses STMT 9 9,591,826. 15,476,671. 0. 353,277. 24 Total operating and administrative expenses. Add lines 13 through 23 244,947,043. 27,042,978. 0. 16,780,609. 25 Contributions, gifts, grants paid 159,458,987. 147,207,394. 147,207,394. 26 Total expenses and disbursements. 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: -90,730,463. -90,730,463. -90,730,463. -90,730,463. 28 Net investment income (if negative, enter -0.) 94,226,786. 0. 163,988,003. | Ă | C | | 13,960,800. | 7,178,470. | 0. | 7,495,980. | |
| 19 Depreciation and depletion 92,292. 0. 0. 20 Occupancy 1,492,381. 84. 0. 1,156,590. 21 Travel, conferences, and meetings 77,320. 23,600. 0. 44,269. 22 Printing and publications 54,125. 3,593. 0. 40,144. 23 Other expenses STMT 9 9,591,826. 15,476,671. 0. 353,277. 24 Total operating and administrative expenses. Add lines 13 through 23 244,947,043. 27,042,978. 0. 16,780,609. 25 Contributions, gifts, grants paid 159,458,987. 147,207,394. 147,207,394. 26 Total expenses and disbursements. 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: -90,730,463. -90,730,463. -90,730,463. -90,730,463. 28 Net investment income (if negative, enter -0.) 94,226,786. 0. 163,988,003. | ive | 17 | Interest | F 440 000 | | | | |
| 22 Printing and publications 54,125. 3,593. 0. 40,144. 23 Other expenses STMT 9 9,591,826. 15,476,671. 0. 353,277. 24 Total operating and administrative expenses. Add lines 13 through 23 44,947,043. 27,042,978. 0. 16,780,609. 25 Contributions, gifts, grants paid 159,458,987. 147,207,394. 26 Total expenses and disbursements. 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: -90,730,463. -90,730,463. -90,730,463. | trat | | | | | | 0. | |
| 22 Printing and publications 54,125. 3,593. 0. 40,144. 23 Other expenses STMT 9 9,591,826. 15,476,671. 0. 353,277. 24 Total operating and administrative expenses. Add lines 13 through 23 44,947,043. 27,042,978. 0. 16,780,609. 25 Contributions, gifts, grants paid 159,458,987. 147,207,394. 26 Total expenses and disbursements. 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: -90,730,463. -90,730,463. -90,730,463. | nis | | | 92,292. | | | | |
| 22 Printing and publications 54,125. 3,593. 0. 40,144. 23 Other expenses STMT 9 9,591,826. 15,476,671. 0. 353,277. 24 Total operating and administrative expenses. Add lines 13 through 23 44,947,043. 27,042,978. 0. 16,780,609. 25 Contributions, gifts, grants paid 159,458,987. 147,207,394. 26 Total expenses and disbursements. 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: -90,730,463. -90,730,463. -90,730,463. | <u>a</u> | | | | | | | |
| 23 Other expenses STMT 9 591,826 15,476,671 0 353,277 24 Total operating and administrative expenses. Add lines 13 through 23 44,947,043 27,042,978 0 16,780,609 25 Contributions, gifts, grants paid 159,458,987 147,207,394 26 Total expenses and disbursements. Add lines 24 and 25 204,406,030 27,042,978 0 163,988,003 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) 94,226,786 0 | | | | | | | | |
| 23 Unter expenses STM1 5 5,331,320 13,470,071 0. 533,277 24 Total operating and administrative expenses. Add lines 13 through 23 44,947,043 27,042,978 0. 16,780,609 25 Contributions, gifts, grants paid 159,458,987 147,207,394 147,207,394 26 Total expenses and disbursements. 204,406,030 27,042,978 0. 163,988,003 27 Subtract line 26 from line 12: 204,406,030 27,042,978 0. 163,988,003 27 Subtract line 26 from line 12: -90,730,463 -90,730,463 -90,730,463 0. | anc | | Printing and publications | | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 204,406,030. 27,042,978. 0.163,988,003. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -90,730,463. -90,730,463. | ing | | | 9,391,040. | T)'A\O'Q\T• | U. | 555,477. | |
| 26 Total expenses and disbursements. Add lines 24 and 25 204,406,030. 27,042,978. 0.163,988,003. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -90,730,463. -90,730,463. | <u>ərat</u> | 24 | | 44 947 043 | 27 012 072 | n | 16 780 600 | |
| 26 Total expenses and disbursements. Add lines 24 and 25 204,406,030. 27,042,978. 0.163,988,003. 27 Subtract line 26 from line 12: a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) -90,730,463. -90,730,463. | å | 25 | | | 41,044,310. | 0. | | |
| Add lines 24 and 25 204,406,030. 27,042,978. 0. 163,988,003. 27 Subtract line 26 from line 12: -90,730,463. -90,730,463. -90,730,463. b Net investment income (if negative, enter -0-) 94,226,786. -90,780. -90,780. | - | | | <u>+ </u> | | | <u>+ = 1 201 3340</u> | |
| 27 Subtract line 26 from line 12: -90,730,463. a Excess of revenue over expenses and disbursements -90,730,463. b Net investment income (if negative, enter -0-) 94,226,786. | | 20 | - | 204 406 030 | 27 042 978 | n – | 163 988 003 | |
| a Excess of revenue over expenses and disbursements -90,730,463. b Net investment income (if negative, enter -0-) 94,226,786. | - | 97 | | | 27,012,070. | 0. | 100,000. | |
| b Net investment income (if negative, enter -0-) 94,226,786. | | | | -90.730.463. | | | | |
| | | | | | 94,226,786. | | | |
| | | | | | , == , , , , , , , , , , , , , , , , , | 0. | | |

023501 12-02-20 LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-PF (2020)

21061115 153541 2345282

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2020.05000 MOTHER CABRINI HEALTH FOU 23452821

| For | m 99 | 0590263 Page 2 | | | | | | | |
|--|---|---|-------------------|----------------|-----------------------|--|--|--|--|
| Part II Balance Sheets Attached schedules and amounts in the description | | | Beginning of year | End o | | | | | |
| _ | art | column should be for end-of-year amounts only. | (a) Book Value | (b) Book Value | (c) Fair Market Value | | | | |
| | | Cash - non-interest-bearing | | | | | | | |
| | 2 | Savings and temporary cash investments | 824,966,278. | 370,433,596. | 370,433,596. | | | | |
| | 3 | Accounts receivable 12,143,998. | | | | | | | |
| | | Less: allowance for doubtful accounts 🕨 | 45,408,394. | 12,143,998. | 12,143,998. | | | | |
| | 4 | Pledges receivable 🕨 | | | | | | | |
| | | Less: allowance for doubtful accounts 🕨 | | | | | | | |
| | 5 | Grants receivable | | | | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | | | | |
| | | disqualified persons | | | | | | | |
| | 7 | Other notes and loans receivable | | | | | | | |
| | | Less: allowance for doubtful accounts 🕨 | | | | | | | |
| ţ | 8 | Inventories for sale or use | | | | | | | |
| Assets | | Prepaid expenses and deferred charges | 16,105,120. | | 11,426,841. | | | | |
| ◄ | | Investments - U.S. and state government obligations STMT 11 | 176,712,831. | | 112,092,068. | | | | |
| | b | Investments - corporate stock STMT 12 | 2557816942. | 2666304555. | 2666304555. | | | | |
| | C | Investments - corporate bonds STMT 13 | 183,123,058. | 116,284,811. | 116,284,811. | | | | |
| | 11 | Investments - land, buildings, and equipment: basis 🕨 | | | | | | | |
| | | Less: accumulated depreciation | | | | | | | |
| | 12 | Investments - mortgage loans | 1 - 4 | <u> </u> | | | | | |
| | 13 | Investments - other STMT 14 | 174,783,146. | 600,310,542. | 600,310,542. | | | | |
| | 14 | Land, buildings, and equipment: basis \mathbf{P} 148 , 758 , 586 . | | | | | | | |
| | | Less: accumulated depreciation $STMT$ 15 \blacktriangleright 11,608,355. | | | 116,488,486. | | | | |
| | 15 | Other assets (describe RIGHT OF USE - OPER) | 7,834,124. | 15,003,005. | 15,003,005. | | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | | | | | |
| | | instructions. Also, see page 1, item I) | 4123252561. | 4041149647. | 4020487902. | | | | |
| | 17 | Accounts payable and accrued expenses | 48,063,074. | 34,999,676. | | | | | |
| | 18 | Grants payable | 25,995,455. | 35,378,112. | | | | | |
| ŝ | 19 | Deferred revenue | | | | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | | | | |
| abi | 21 | Mortgages and other notes payable | | | | | | | |
| | 22 | Other liabilities (describe 🕨) | 505,394,033. | 123,848,631. | | | | | |
| | | | | | | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | 579,452,562. | 194,226,419. | | | | | |
| | | Foundations that follow FASB ASC 958, check here 🛛 🚬 🕨 🗴 | | | | | | | |
| ŝ | | and complete lines 24, 25, 29, and 30. | | | | | | | |
| uce | 24 | Net assets without donor restrictions | 3543799999. | 3846923228. | | | | | |
| alaı | 25 | Net assets with donor restrictions | | | | | | | |
| Fund Balances | | Foundations that do not follow FASB ASC 958, check here 🕨 📃 | | | | | | | |
| ũ | | and complete lines 26 through 30. | | | | | | | |
| ٩ | 26 | Capital stock, trust principal, or current funds | | | | | | | |
| | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | | | | |
| sse | 28 | Retained earnings, accumulated income, endowment, or other funds | | | | | | | |
| Net Assets | | Total net assets or fund balances | 3543799999. | 3846923228. | | | | | |
| ž | | | | | | | | | |
| | 30 | Total liabilities and net assets/fund balances | 4123252561. | 4041149647. | | | | | |
| P | Part III Analysis of Changes in Net Assets or Fund Balances | | | | | | | | |
| • | | , | | | | | | | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line | | | | | | | |
| | | t agree with end-of-year figure reported on prior year's return) | | 3543799999. | | | | | |
| | | amount from Part I, line 27a | 2 | -90,730,463. | | | | | |
| | | increases not included in line 2 (itemize) | | 398,708,878. | | | | | |
| | | ines 1, 2, and 3 | | | 3851778414. | | | | |
| | | eases not included in line 2 (itemize) 🕨 | | ATEMENT 10 5 | 4,855,186. | | | | |
| 6 | Total | net assets or fund balances at end of year (line 4 minus line 5) - Part II, co | 6 | 3846923228. | | | | | |

3846923228. Form **990-PF** (2020)

023511 12-02-20

| | HER CABRINI HEALT and Losses for Tax on Inv | | INC. SEE ATT | | <u>3-0590</u> TATEME | |
|---|--|---|-------------------------|---|----------------------------------|---|
| (a) List and describe 2-story brick wa | (b) How acquir P - Purchase D - Donation | red (c) Date (mo., c | acquired day, yr.) | (d) Date sold (mo., day, yr.) | | |
| 1a | | | | | | |
| b | | | | | | |
| C | | | | | | |
| _ d | | | | | | |
| e | | | <u> </u> | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | | Gain or (loss) s (f) minus (g |)) |
| <u>a</u> | | | | | | |
| <u>b</u> | | | | | | |
| <u> </u> | | | | | | |
| d 2 720 474 602 | | 2 670 104 20 | _ | | E 1 | ,370,323. |
| <u>e 2,730,474,603.</u> | lg gain in column (h) and owned by t | 2,679,104,28 | 0. | | | |
| | (j) Adjusted basis | (k) Excess of col. (i) | | | Col. (h) gain n not less than | |
| (i) FMV as of 12/31/69 | as of 12/31/69 | over col. (j), if any | | Losses | (from col. (h) |)) ´ |
| <u>a</u> | | | | | | |
| <u>b</u> | | | | | | |
| <u>c</u> | | | | | | |
| d e | | | | | 51 | ,370,323. |
| | (If goin also anter | in Dort L line 7 | | | | , |
| 2 Capital gain net income or (net ca | pital loss) | in Part I, line 7 | 2 | | 51 | ,370,323. |
| 3 Net short-term capital gain or (los | | | | | | · · |
| | column (c). See instructions. If (loss | | | | | |
| Part I, line 8 | | , | <u>}</u> 3 | - | | 0. |
| | nder Section 4940(e) for | | | | | |
| | ON 4940(e) REPEALED O | N DECEMBER 20, 20 | 19 - DO NO | | :IE. | |
| 1 Reserved | | | | | (| q) |
| (a) Reserved | (b) Reserved | | (c) Reserved | | Res | d) erved |
| Reserved | | | | | | |
| Reserved | | | | | | |
| Reserved | | | | | | |
| Reserved | | | | | | |
| Reserved | | | | | | |
| | | | | | | |
| 2 Reserved | | | | 2 | | |
| | | | | | | |
| 3 Reserved | | | | 3 | | |
| | | | | | | |
| 4 Reserved | | | | 4 | | |
| E Deserved | | | | | | |
| 5 Reserved | | | | | | |
| 6 Beserved | | | | 6 | | |
| 6 Reserved | | | | | | |
| 7 Reserved | | | | 7 | | |
| | | | | | | |
| 8 Reserved | | | | | | |
| | | | | | Fo | rm 990-PF (2020 |

| | 990-PF (2020) MOTHER CABRINI HEALTH FOUNDATION, INC. rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see | | 590263 Ictions) | | Page 4 |
|------|---|----------|--------------------|-----|------------------|
| - 1a | Exempt operating foundations described in section 4940(d)(2), check here 🕨 🗔 and enter "N/A" on line 1. | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | |
| b | Reserved | 1 | 1,30 | 9,7 | 52. |
| C | All other domestic foundations enter 1.39% 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 | | | 0. |
| | Add lines 1 and 2 | 3 | 1,30 | 9,7 | |
| | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-) | 4 | 1 20 | 0 7 | 0. |
| | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | 1,30 | 9,7 | 52. |
| | Credits/Payments: | | | | |
| | 2020 estimated tax payments and 2019 overpayment credited to 2020 6a 1,569,841. | | | | |
| | Exempt foreign organizations - tax withheld at source <u>6b</u> O • 6c O • | | | | |
| | | | | | |
| | | - | 1 56 | 0 0 | 11 |
| | Total credits and payments. Add lines 6a through 6d | 7 | 1,56 | 9,0 | <u>41.</u> 0. |
| | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | 8 | | | 0. |
| | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | 26 | 0 0 | 89. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2021 estimated tax 260,089. | 10 11 | 20 | 0,0 | 0. |
| Pa | rt VII-A Statements Regarding Activities | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene i | in | | Yes | No |
| | any political campaign? | | 1a | | x |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definit | tion | <u>1</u> b | | x |
| | 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. | | | | |
| | Did the foundation file Form 1120-POL for this year? | | 10 | | x |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | |
| | (1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$ (1) | | | | |
| | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | |
| | managers. ▶ \$ 0 . | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | | |
| 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 | | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | Х | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | | | Х | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | | |
| | 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 I | | | | |
| | remain in the governing instrument? | | 6 | X | |
| 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 | X | |
| - | | | | | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | _ | | |
| L | NY | | | | |
| | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) | | 01 | x | |
| | of each state as required by <i>General Instruction G</i> ? If "No," attach explanation | | <u>8b</u> | | |
| | Is the foundation claiming status as a private operating foundation within the meaning of section $4942(j)(3)$ or $4942(j)(5)$ for calen year 2020 or the tay year beginning in 20202 See the instructions for Part XIV. If "Yes," complete Part XIV | | 9 | | x |
| | year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV | | | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses | <u></u> | | | |

Form **990-PF** (2020)

| orm | n 990-PF (2020) MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590 art VII-A Statements Regarding Activities (continued) | 263 | | Page 5 |
|-----|---|---------------|------|-----------------|
| ГС | Statements Regarding Activities (continued) | | Yes | No |
| | At any time during the year did the foundation, directly or indirectly, our a controlled entity within the meaning of | | 162 | |
| | 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 | | х |
| 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 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address WWW.CABRINIHEALTH.ORG | 000 | 2.0 | 01 |
| 14 | The books are in care of \blacktriangleright DAVID C. HORNE Level at \triangleright 777 THIPD AVENUE 23PD FLOOP NEW YORK NY | 980 | - 30 | $\frac{JL}{12}$ |
| 15 | Located at ► 777 THIRD AVENUE, 23RD FLOOR, NEW YORK, NY ZIP+4 ►10 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here | | | <u> </u> |
| 15 | and enter the amount of tax-exempt interest received or accrued during the year | | Α | |
| 16 | At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | Х |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the | | | |
| _ | foreign country | | | |
| Pa | art 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. | | Yes | No |
| 1a | a During the year, did the foundation (either directly or indirectly): | | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? | | | |
| | a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | |
| | (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)? | | | |
| | (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.) Yes X No | | | |
| b | b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | v |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions | 1b | | X |
| | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| | before the first day of the tax year beginning in 2020? | 1c | | Х |
| 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 | a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines | | | |
| | 6d and 6e) for tax year(s) beginning before 2020? | | | |
| | If "Yes," list the years ►,,, | | | |
| b | 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.) N/A | 2b | | |
| | statement - see instructions.) N/A the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | 20 | | |
| Ŭ | | | | |
| 3a | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| b | o If "Yes," did it have excess business holdings in 2020 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 Form 4720, | | | |
| 4 - | Schedule C, to determine if the foundation had excess business holdings in 2020.) N/A | 3b | | X |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Λ |
| U | had not been removed from jeopardy before the first day of the tax year beginning in 2020? | 4b | | х |
| | | rm 990 |)-PF | |

| Form 990-PF (2020) MOTHER CABRINI HEALTH FOUNDATION, INC. | 8 | 3-0590 | 263 | F | Page 6 |
|---|---------------|--------|-----|-----|--------|
| Part VII-B Statements Regarding Activities for Which Form 4720 May Be Require | ed (continue) | d) | | | |
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? | Yes | X No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, | | | | | |
| any voter registration drive? | Ves | X No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? | Yes | X No | | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section | | | | | |
| 4945(d)(4)(A)? See instructions | 🗌 Yes | X 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? | | X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regula | | | | | |
| section 53.4945 or in a current notice regarding disaster assistance? See instructions | | N/A | 5b | | |
| Organizations relying on a current notice regarding disaster assistance, check here | | | | | |
| 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?N/A | Yes | No No | | | |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d). | | | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on | | | | | |
| a personal benefit contract? | Yes | X No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 6b | | X |
| If "Yes" to 6b, file Form 8870. | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? | Yes | X No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? | | N/A | 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(s) during the year? | | X No | | | |
| Part VIII Information About Officers, Directors, Trustees, Foundation Managers Paid Employees, and Contractors | s, Highly | | | | |
| 1 List all officers directors trustees and foundation managers and their compensation | | | | | |

| The Elocal of the elocation of the eloca | ien oompenoudom | | | |
|--|--|---|--|---|
| (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 STATEMENT 18 | | 2,935,607 | 309,430. | 0. |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

2 Compensation of five highest-paid employees (other than those included on line 1). 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 |
|---|---|------------------|--|---|
| JOON-YOUNG CHOI - 777 THIRD AVENUE, | MD OF PRIVATE | MARKET | | |
| 23RD FLOOR, NEW YORK, NY 10017-2013 | 45.00 | 483,957. | 77,643. | Ο. |
| WEN WEN MCELHOE - 777 THIRD AVENUE, | MD OF INVESTM | ENTS | | |
| 23RD FLOOR, NEW YORK, NY 10017-2013 | 45.00 | 425,472. | 77,474. | 0. |
| DANIEL FRASCELLA – 777 THIRD | MD OF PROGRAM | & GRAN | | |
| AVENUE, 23RD FLOOR, NEW YORK, NY | 45.00 | 341,400. | 64,584. | 0. |
| DENNIS JOHNSON - 777 THIRD AVENUE, | MD OF STRATEG | Y & EVA | | |
| 23RD FLOOR, NEW YORK, NY 10017-2013 | 45.00 | 259,673. | 74,141. | 0. |
| JEREMY ROSENBERG - 777 THIRD | MD OF PUBLIC : | MARKETS | | |
| AVENUE, 23RD FLOOR, NEW YORK, NY | 45.00 | 257,350. | 33,264. | 0. |
| Total number of other employees paid over \$50,000 | | | | 19 |

Form **990-PF** (2020)

| Form 990-PF (2020)MOTHER CABRINI HEALTH FOUNDATION, | | 8-05902 | 263 Page 7 |
|--|---------------------|---------|------------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | on Managers, Highly | | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | IONE." | | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | | (c) Compensation |
| ROCKEFELLER PHILANTHROPY ADVISORS - 6 WEST | | | |
| 48TH STREET, 10TH FL, NEW YORK, NY 10035 | PHI ADVISORY SV | 'CS | 5205029. |
| LOEB & LOEB, LLP | | | |
| , ,, | LEGAL | | 2495806. |
| PRICEWATERHOUSE COOPERS, LLP | | | |
| i | ADVISORY | | 849,145. |
| RHUMBLINE ADVISERS - 265 FRANKLIN STREET, | | | |
| 21ST FL, BOSTON, MA 02110 | INVESTMENT | | 806,288. |
| WKO DESIGN BUILD LLC - 767 THIRD AVENUE, 14TH | | | |
| FL, NEW YORK, NY 10017 | CONSTRUCTION | | 754,302. |
| Total number of others receiving over \$50,000 for professional services | | ► | 16 |
| Part IX-A Summary of Direct Charitable Activities | | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produce | | | Expenses |
| 1 SEE GENERAL TAXPAYER STATEMENT 1 & 2 | | | |
| | | | |
| | | | 0. |
| 2 | | | |
| | | | |
| | | | |
| 3 | | | |
| | | | |
| | | | |
| 4 | | | |
| | | | |
| | | | |
| Part IX-B Summary of Program-Related Investments | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on line | es 1 and 2. | | Amount |
| 1 NONE | | | |
| | | | |
| | | | 0. |
| 2 | | | |
| | | | |
| | | | |
| All other program-related investments. See instructions. | | | |
| 3 NONE | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | 0. |
| Total. Add lines 1 through 3 | | • | 0. |
| | | Forr | m 990-PF (2020) |

| Form 990-PF (2020) | MOTHER | CABRINI | HEALTH | FOUNDATION, | INC. |
|--------------------|--------|---------|--------|-------------|------|

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 | 3,407,042,003. |
| | Average of monthly cash balances | 1b | 44,176,580. |
| C | Fair market value of all other assets | 1c | 125,000,000. |
| | Total (add lines 1a, b, and c) | 1d | 3,576,218,583. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 3,576,218,583. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 53,643,279. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 3,522,575,304. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 176,128,765. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a | nd certa | lin |
| | foreign organizations, check here 🕨 🔄 and do not complete this part.) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 176,128,765. |
| 2a | Tax on investment income for 2020 from Part VI, line 5 2a 1,309,752 | | |
| b | Income tax for 2020. (This does not include the tax from Part VI.) 2b | | |
| C | Add lines 2a and 2b | 2c | 1,309,752. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 174,819,013. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 42,000. |
| 5 | Add lines 3 and 4 | 5 | 174,861,013. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 174,861,013. |
| Ρ | art XII Qualifying Distributions (see instructions) | | |
| _ | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | | 162 088 002 |
| | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | <u>1a</u> | 163,988,003. |
| | 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 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| | Suitability test (prior IRS approval required) | 3a | |
| | Cash distribution test (attach the required schedule) | <u>3b</u> | 162 099 002 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 163,988,003. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | _ | 0. |
| 6 | income. Enter 1% of Part I, line 27b | 5 | 163,988,003. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | |
| | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years. | quannes | |

Form 990-PF (2020)

Form 990-PF (2020)

Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2019 | (c) 2019 | (d) 2020 |
|--|---------------|-----------------------------------|--------------|---------------------------|
| 1 Distributable amount for 2020 from Part XI, | | | | 1.74 0.61 0.1.2 |
| line 7 | | | | 174,861,013. |
| 2 Undistributed income, if any, as of the end of 2020: | | | 106 000 710 | |
| a Enter amount for 2019 only | | | 126,003,712. | |
| b Total for prior years: | | 0 | | |
| <u>2018</u> , <u>2017</u> , <u>2016</u> 3 Excess distributions carryover, if any, to 2020: | | 0. | | |
| | | | | |
| a From 2015 | - | | | |
| b From 2016 | - | | | |
| c From 2017 | - | | | |
| d From 2018 | - | | | |
| e From 2019 | 0. | | | |
| f Total of lines 3a through e4 Qualifying distributions for 2020 from | 0. | | | |
| Part XII, line 4: ► \$163,988,003. | | | | |
| | | | 126,003,712. | |
| a Applied to 2019, but not more than line 2a b Applied to undistributed income of prior | | | 120,003,712. | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | U • | | |
| | 0. | | | |
| | | | | 37,984,291. |
| d Applied to 2020 distributable amount e Remaining amount distributed out of corpus | 0. | | | 57,504,2510 |
| 5 Excess distributions carryover applied to 2020 | | | | |
| (If an amount appears in column (d), the same amount must be shown in column (a).) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| 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 | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | Ο. | | |
| e Undistributed income for 2019. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2020. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2021 | | | | 136,876,722. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2015 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2021. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2016 | | | | |
| b Excess from 2017 | | | | |
| c Excess from 2018 | | | | |
| d Excess from 2019 | | | | |
| e Excess from 2020 | | | | |
| | | | | Form 990-PF (2020) |

9

023581 12-02-20

Form 990-PF (2020)

| | CABRINI HEAD | | | 83-059 | 90263 Page 10 |
|---|--------------------------------|------------------------|---------------------|--------------------|---------------|
| Part XIV Private Operating F | oundations (see ins | tructions and Part VI | I-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling of | | | | | |
| foundation, and the ruling is effective fo | or 2020, enter the date of the | ne ruling | | | |
| b Check box to indicate whether the foun | dation is a private operatin | g foundation described | in section | 4942(j)(3) or 49 | 42(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| income from Part I or the minimum | (a) 2020 | (b) 2019 | (c) 2018 | (d) 2017 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| 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: | | | | | |
| 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 | rmation (Complet | e this part only | if the foundation h | ad \$5,000 or more | e in assets |
| at any time during t | | | | | |
| , | | , | | | |

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).)

NONE

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.

NONE

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

Check here **b** _____ 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.

10

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

CABRINI FOUNDATION, 646-980-3001

777 THIRD AVE., 23RD FL., NEW YORK, NY 10017

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

SEE STATEMENT 21

c Any submission deadlines:

SEE STATEMENT 21

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: SEE STATEMENT 21

023601 12-02-20

Form 990-PF (2020)

2020.05000 MOTHER CABRINI HEALTH FOU 23452821

| 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 | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | contribution | |
| a Paid during the year | | | | |
| CADEMY OF MEDICAL & PUBLIC HEALTH SERVICES 306 THIRD AVENUE, 2ND FLOOR | NONE | PC | IMMIGRANT MENTAL HEALTH INITIATIVE EXPANSION | |
| ROOKLYN, NY 11220 | | | | 105,000 |
| ACADEMY OF THE HOLY ANGELS 315 HILLSIDE AVENUE | NONE | PC | MATCHING GRANT | |
| DEMAREST, NJ 07627 | | | | 250 |
| | | | | |
| ACDS | NONE | PC | DAY HABILITATION WORK | |
| 4 FERN PLACE PLAINVIEW, NY 11803 | | | READINESS PROGRAM | 100,000 |
| ACDS | NONE | PC | PROTECTING OUR MOST | |
| FERN PLACE | | | VULNERABLE RESIDENTS: | |
| PLAINVIEW, NY 11803 | | | SUPPORTING ACDS GROUP HOMES DURING COVID-19 | 125,000 |
| ADAPTIVE DESIGN ASSOCIATION 313 WEST 36TH STREET | NONE | ₽C | ADAPT FOR SUCCESS CREATE CUSTOM | |
| NEW YORK , NY 10018 | | | ADAPTATIONS FOR CHILDREN WITH | |
| | | | DISABILITIES | 20,062 |
| Total SEE CC b Approved for future payment | NTINUATION SHEE | <u>T(S)</u> | ► 3a | 147,207,394 |
| ACADEMY OF MEDICAL & PUBLIC HEALTH | NONE | PC | IMMIGRANT MENTAL | |
| SERVICES 5306 THIRD AVENUE, 2ND FLOOR | | | HEALTH INITIATIVE EXPANSION | |
| BROOKLYN, NY 11220 | | | | 45,000 |
| DELPHI UNIVERSITY SOUTH AVENUE | NONE | PC | BREAST EDUCATION, SCREENING & TREATMENT | |
| GARDEN CITY, NY 11530 | | | (BEST): PATIENT NAVIGATION FOR BREAST | |
| | | | CANCER | 400,000 |
| | NONE | PC | CONNECTED REAL TH | |
| ADIRONDACK HEALTH INSTITUTE, INC. 100 GLEN STREET, SUITE 1A 3LENS FALLS, NY 12801 | NONE | PC | CONNECTED HEALTH | 75,000 |
| | NTINUATION SHEE | <u>-</u> ת(פ) | ► 3b | 26,071,584 |

11

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Page 11

023611 12-02-20

Form 990-PF (2020)

26,071,584. Form **990-PF** (2020)

21061115 153541 2345282

2020.05000 MOTHER CABRINI HEALTH FOU 23452821

Part XVI-A

Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated. | Unrelated | business income | | ded by section 512, 513, or 514 | (e) |
|---|--------------------|----------------------|-------------------------------|---------------------------------|--------------------------------------|
| | (a) Business | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue: | code | , into and | code | Amount | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | 100 | |
| investments | | | 14 | 496. | |
| 4 Dividends and interest from securities | | | 14 | 52,355,293. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | | | |
| b Not debt-financed property | | | 16 | 4,028,817. | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | |
| than inventory | 901101 | 596,892. | 18 | 47,620,469. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| C | | | | | |
| d | | | | | |
| e | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 596,892. | | 104,005,075. | 0. |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 104,601,967. |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities to | the Accom | plishment of Exe | empt | Purposes | |
| Line No. Explain below how each activity for which incom the foundation's exempt purposes (other than b | | | contrib | uted importantly to the accom | plishment of |
| the foundation's exempt purposes (other than b | by providing funds | | | | |
| | | | | | |
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12

| _ | 1 990-PF (2020) MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590 | 263 | Pa | age 13 |
|----|--|-------|-----|---------------|
| Pa | Information Regarding Transfers to and Transactions and Relationships With Noncharit | able | | |
| | Exempt Organizations | | | |
| 1 | Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) | | Yes | No |
| | (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? | | | |
| a | Transfers from the reporting foundation to a noncharitable exempt organization of: | | | |
| | (1) Cash | 1a(1) | | X |
| | (2) Other assets | 1a(2) | | X |
| b | Other transactions: | | | |
| | (1) Sales of assets to a noncharitable exempt organization | 1b(1) | | X |
| | (2) Purchases of assets from a noncharitable exempt organization | 1b(2) | | X |
| | (3) Rental of facilities, equipment, or other assets | 1b(3) | | X |
| | (4) Reimbursement arrangements | 1b(4) | | X |
| | (5) Loans or loan guarantees | 1b(5) | | X |
| | (6) Performance of services or membership or fundraising solicitations | 1b(6) | | X |
| C | Sharing of facilities, equipment, mailing lists, other assets, or paid employees | 10 | | X |

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

| (a) Line no | . | (b) Amount involved | (c) Name o | f noncharitab l e N/A | exempt organization | (d) Descriptio | on of transfers, transactio | ns, and sharing arrangements |
|----------------|----------|---|--|---------------------------------|---|----------------|-----------------------------|---|
| | | | | N/A | | | | |
| | | | | | | | | |
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| in s | ection | 501(c) (other than section omplete the following sche | n 501(c)(3)) or in se edu l e . | | or more tax-exempt organi | | | Yes X No |
| , | | (a) Name of org | anization | | (b) Type of organization | | (c) Description of re | ationship |
| | | N/A | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Sign Here | and be | | plete. Declaration of pre | | accompanying schedules and st taxpayer) is based on all informa 11/15/2021 Date | | | May the IRS discuss this return with the preparer shown below? See instr. X Yes No |
| | | Print/Type preparer's na | ime | Preparer's si | | Date | Check if | PTIN |
| Paid | | DEVIN L. D | | dem | duan | 11/15/2021 | self- employed | P01249521 |
| Prepa Use C | | Firm's name ► KPM | | | | | Firm's EIN ▶ 1 | 3-5565207 |
| | | Firm's address 🕨 3 4 | | | | | | |
| | | NE | W YORK, N | Y 10154 | 4-0102 | | Phone no. 21 | 2-758-9700 |

| Form 990-PF (| (2020) | |
|---------------|--------|--|
|---------------|--------|--|

MOTHER CABRINI HEALTH FOUNDATION, INC. Part IV Capital Gains and Losses for Tax on Investment Income

14,492.

f g h i

14,492.

| | d describe the kind(s) of property sole rick warehouse; or common stock, 20 | | (b) How acquired P - Purchase D - Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|-----------------------|--|---|--|--|---|
| 1a EQUITIES | | | | | |
| b FIXED INCOME | | | | | |
| c U.S. AND STATE | GOVERNMENT OBLIC | GATIONS | | | |
| d PRIVATE EQUITY | | | | | |
| e ABSOLUTE RETUR | N AND GLOBAL EQUI | ITIES | | | |
| f REAL ESTATE | | | | | |
| g | | | | | |
| h | | | | | |
| i | | | | | |
| j | | | | | |
| k | | | | | |
| 1 | | | | | |
| m | | | | | |
| <u>n</u> | | | | | |
| 0 | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | |) Gain or (loss) Ilus (f) minus (g) | |
| a 1,175,500,949. | | 1,147,819,874. | | 27, | 681,075. |
| b 859,446,920. | | 844,396,027. | | 15, | 050,893. |
| c 687,320,702. | | 685,625,150. | | 1, | 695,552. |
| d 2,956,905. | | 1,263,229. | | 1, | 693,676. |
| e 5,234,635. | | | | 5, | 234,635. |

| j | | | | | |
|---|------------------------------------|--|---|----|---|
| k | | | | | |
| T | | | | | |
| m | | | | | |
| n | | | | | |
| 0 | | | | | |
| | Complete only for assets showing | ng gain in column (h) and owned by t | the foundation on 12/31/69 | | (I) 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 | Ga | ins (excess of col. (h) gain over col. (k), but not less than "-0-") |
| а | | | | | 27,681,075. |
| b | | | | | 15,050,893. |
| С | | | | | 1,695,552. |
| d | | | | | 1,693,676. |
| е | | | | | 5,234,635. |
| f | | | | | 14,492. |
| g | | | | | |
| h | | | | | |
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| i | | | | | |
| k | | | | | |
| Ι | | | | | |
| m | | | | | |
| n | | | | | |
| 0 | | | | | |
| 2 | Capital gain net income or (net ca | apital loss) { If gain, also enter If (loss), enter "-C | r in Part I, line 7)-" in Part I, line 7 | 2 | 51,370,323. |
| | | ss) as defined in sections 1222(5) an , column (c). | ld (6): | 3 | 0. |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| Part XV Supplementary Information | l | | | |
|---|--|-------------------------|----------------------------------|-------------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | contribution | |
| DELPHI UNIVERSITY | NONE | PC | BREAST EDUCATION, | |
| SOUTH AVENUE | | | SCREENING & TREATMENT | |
| ARDEN CITY, NY 11530 | | | (BEST): PATIENT | |
| | | | NAVIGATION FOR BREAST | 4 = 0 4 0 0 |
| | | | CANCER | 170,190. |
| DIRONDACK FOUNDATION | NONE | PC | ADIRONDACK BIRTH TO | |
| O BOX 288 | NONE | FC | THREE ALLIANCE: | |
| AKE PLACID, NY 12946 | | | BRINGING IT TO THE | |
| | | | NEXT LEVEL | 37,500. |
| | | | | |
| | | | | |
| DIRONDACK FOUNDATION | NONE | PC | FARM FRESH FOOD RELIEF | |
| O BOX 289 | | | IN THE ADIRONDACKS | 75 000 |
| AKE PLACID, NY 12946 | | | | 75,000. |
| | | | | |
| DIRONDACK HEALTH INSTITUTE | NONE | PC | STRENGTHENING COVID-19 | |
| 00 GLEN STREET, SUITE 1A | | | TELEHEALTH SERVICES | |
| LENS FALLS, NY 12801 | | | | 75,000. |
| | | | | |
| DIRONDACK HEALTH INSTITUTE | NONE | PC | CONNECTED HEALTH | |
| 00 GLEN STREET, SUITE 1A | | | | |
| LENS FALLS, NY 12801 | | | | 175,000. |
| | | | | |
| DULTS AND CHILDREN WITH LEARNING AND | NONE | PC | COVID-19 EXPENDITURES | |
| EVELOPMENTAL DISABILITIES, INC. | | | TO PROVIDE SAFETY FOR | |
| 07 SOUTH OYSTER BAY ROAD ETHPAGE, NY 11788 | | | ALL ACLD PROGRAMS | 125,000. |
| DVANCED HEALTH NETWORK | NONE | PC | BEHAVIORAL HEALTH | 125,000. |
| 15 WEST 36TH STREET | | | INTEGRATION | |
| EW YORK, NY 10018 | | | PROJECTPRIMARY CARE | |
| | | | AND SOCIAL | |
| | | | DETERMINANTS OF HEALTH | 350,000. |
| | | | | |
| FRICAN SERVICES COMMITTEE, INC. | NONE | PC | HEALTHY HORIZONS | |
| 29 WEST 127TH STREET | | | | |
| EW YORK, NY 10027 | | | | 76,136. |
| | | | | |
| LBANY COUNTY OPPORTUNITY, INC. | NONE | PC | ACAP: CORONAVIRUS | |
| 33 SHERIDAN AVENUE | | | EMERGENCY SUPPORT | |
| LBANY, NY 12206 | | | GRANT | 50,250. |
| | | | | , |
| | | | | |
| LBANY DIOCESAN SCHOOL BOARD | NONE | ₽C | COUNSELING SERVICES | |
| 0 NO. MAIN AVENUE | | | AND FAMILY CONNECTION | 175 000 |
| LBANY, NY 12203 | | 1 | | 175,000. |

| Part XV Supplementary Informati | | | I | |
|--|--|--------------------------------------|--|---------|
| 3 Grants and Contributions Paid During the | | 1 | | |
| Recipient Name and address (home or business) | 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 |
| ALDAWY DECODORN CONCOL DOADD | | | | |
| ALBANY DIOCESAN SCHOOL BOARD | NONE | PC | BEACON OF HOPE | |
| 40 NO. MAIN AVENUE | | | SCHOLARSHIP FUND | 350 000 |
| ALBANY, NY 12203 | | | | 350,000 |
| ALBANY DIOCESAN SCHOOL BOARD | NONE | PC | TECHNOLOGY FOR BEACON | |
| 40 NO. MAIN AVENUE | | | OF HOPE SCHOLARSHIP | |
| ALBANY, NY 12203 | | | AND LOW INCOME | |
| | | | STUDENTS | 350,000 |
| | | | | |
| ALBANY HOUSING COALITION, INC. | NONE | PC | VETERANS EMPLOYMENT & | |
| 278 CLINTON AVENUE | | | TRAINING SERVICES | |
| ALBANY, NY 12210 | | | (VETS) PROGRAM | 70,000 |
| ALCOHOLISM AND SUBSTANCE ABUSE | NONE | PC | ENHANCING PEER | |
| PROVIDERS OF NEW YORK STATE (ASAP) | | | RECOVERY SUPPORT FOR | |
| 11 NORTH PEARL STREET, SUITE 801 | | | VETERANS IN NEW YORK | |
| ALBANY, NY 12207 | | | STATE | 38,500 |
| | | | | |
| ALICE HYDE MEDICAL CENTER | NONE | PC | IMPROVING COMMUNITY | |
| 133 PARK STREET | | | BASED HEALTH THROUGH THE READMISSIONS | |
| MALONE, NY 12953 | | | PROGRAM | 100,000 |
| | | | | |
| ALPHA WORKSHOPS, INC. | NONE | PC | THE ALPHA WORKSHOPS | |
| 245 WEST 29TH STREET, 14TH FL | | | STUDIO SCHOOL | |
| NEW YORK, NY 10001 | | | | 21,741 |
| | | | | |
| ALTAMONT PROGRAM, INC. | NONE | PC | EXPANDING SERVICES TO | |
| 428 DUANE AVENUE | | | VETERANS IN THE NORTH | |
| SCHENECTADY, NY 12304 | | | COUNTRY | 50,000 |
| ALZHEIMER'S DISEASE AND RELATED | NONE | PC | EXPANDING FREE | |
| DISORDERS ASSOCIATION, INC. | NONE | | ALZHEIMERS EDUCATION, | |
| 4 PINE WEST PLAZA, SUITE 405 | | | OUTREACH AND SUPPORT | |
| ALBANY, NY 12205 | | | | 200,000 |
| AL QUETNED' O DIGENCE AND DELATO | NONE | DC | CADINGWIND C DESCRIPTION | |
| ALZHEIMER'S DISEASE AND RELATED | NONE | PC | CARINGKIND'S DEMENTIA CARE TRAINING FOR | |
| DISORDERS NEW YORK CITY, INC. 360 LEXINGTON AVENUE, 3RD FLOOR | | | PROFESSIONAL | |
| NEW YORK, NY 10017 | | | CAREGIVERS | 32,699 |
| | | | | |
| AMERICAN CANCER SOCIETY, INC. | NONE | PC | HELPING VULNERABLE NEW | |
| 250 WILLIAMS AVENUE, 4TH FLOOR | | | YORK CANCER PATIENTS | |
| ATLANTA, GA 30303 | | | ACCESS LIFESAVING TREATMENT | 105 000 |
| Total from continuation sheets | 1 | | | 105,000 |

| Part XV Supplementary Information | CABRINI HEALTH N | TOUIDATIO | 1, INC. 83-059 | 0405 |
|---|--|--------------------------------------|---|------------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | | | | |
| AMERICARES | NONE | PC | MATCHING GRANT | |
| 88 HAMILTON AVENUE STAMFORD, CT 06902 | | | | 200. |
| | | | | 200. |
| ARC OF LIVINGSTON | NONE | PC | COMPASSION PAY AND PPE | |
| 18 MAIN STREET | | | SUPPLIES | |
| MOUNT MORRIS, NY 14510 | | | | 75,000. |
| ARC OF MONROE | NONE | PC | COVID-19 CRISIS PAY | |
| 2060 BRIGHTON-HENRIETTA TOWNLINE RD | NONE | | FOR ARC CAREGIVERS | |
| ROCHESTER, NY 14623 | | | | 125,000. |
| | | | | |
| ARC WAYNE | NONE | PC | HEALTH ASSIST PROGRAM | |
| 150 VAN BUREN STREET | | | | |
| NEWARK, NY 14513 | | | | 25,000. |
| ARC WAYNE | NONE | PC | COMBATING SOCIAL | |
| 150 VAN BUREN STREET | | | ISOLATION | |
| NEWARK, NY 14513 | | | | 75,000. |
| ARCHCARE COMMUNITY SERVICES, INC. | NONE | PC | FAMILY GOVERNED | |
| 205 LEXINGTON AVENUE, 3RD FL | | | HOUSING FOR YOUNG | |
| NEW YORK, NY 10016 | | | ADULTS WITH AUTISM - ARCHCARE AT ST. | |
| | | | TERESA'S | 166,666. |
| | | | | |
| ARCHCARE COMMUNITY SERVICES, INC. | NONE | PC | EXPANDING SPECIALTY | |
| 205 LEXINGTON AVENUE, 3RD FL | | | HOSPITAL CARE IN NEW | |
| NEW YORK, NY 10016 | | | YORK STATE | 1,033,333. |
| ARCHCARE COMMUNITY SERVICES, INC. | NONE | PC | MOBILE VAN PROGRAM - | |
| 205 LEXINGTON AVENUE, 3RD FL | | | DENTAL CARE | |
| NEW YORK, NY 10016 | | | | 525,000. |
| ARTHUR ASHE INSTITUTE FOR URBAN | NONE | PC | COVID-19 COMMUNITY | |
| HEALTH | | | ENGAGEMENT PROPOSAL | |
| 450 CLARKSON AVENUE | | | | 105 000 |
| BROOKLYN, NY 11203 | | | | 125,000. |
| ARTHUR ASHE INSTITUTE FOR URBAN | NONE | PC | OVERCOMING HEALTH | |
| HEALTH | | | DISPARITIES | |
| 450 CLARKSON AVENUE | | | | |
| BROOKLYN, NY 11203 Total from continuation sheets | | | | 525,000. |

| Part XVSupplementary Information3Grants and Contributions Paid During the N | | | | |
|---|---|-------------------------|-------------------------------------|---------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| , , , , , , , , , , , , , , , , , , , | or substantial contributor | recipient | | |
| ASCENSION HEALTH ALLIANCE | NONE | PC | RESPONDING TO COVID-19 | |
| PO BOX 45998 | | | | |
| SAINT LOUIS, MO 63145 | | | | 350,000 |
| | | | | |
| ASIAN AMERICAN FEDERATION | NONE | PC | CHANGING MINDS, | |
| 120 WALL STREET 9TH FLOOR | | | CHANGING COMMUNITIES | |
| NEW YORK, NY 10005 | | | MENTAL HEALTH PROJECT | 105,875 |
| ASPHALT GREEN, INC. | NONE | PC | SIGNATURE COMMUNITY | |
| 555 EAST 90TH STREET | NONE | FC | PROGRAMS | |
| NEW YORK, NY 10128 | | | | 80,250 |
| ASSOCIATED MEDICAL SCHOOLS OF NEW | NONE | PC | DIVERSITY IN MEDICINE | |
| YORK | | | SCHOLARSHIP PROGRAM | |
| 1270 AVENUE OF THE AMERICAS NEW YORK, NY 10020 | | | | 700,000 |
| | | | | |
| ASSOCIATION OF THE BAR OF THE CITY OF NEW YORK FUND, INC. | NONE | PC | VETERANS ASSISTANCE PROJECT | |
| 42 WEST 44TH STREET | | | | |
| NEW YORK, NY 10036 | | | | 129,547 |
| ASSOCIATION OF THE BAR OF THE CITY OF | NONE | PC | IMMIGRANT JUSTICE | |
| NEW YORK FUND, INC. | | | PROJECT | |
| 42 WEST 44TH STREET | | | | |
| NEW YORK, NY 10036 | | | | 100,000 |
| ASSOCIATION TO BENEFIT CHILDREN | NONE | PC | RENEWAL PROPOSAL FOR | |
| 419 EAST 86TH STREET | | | ABCS FAST BREAK + | |
| NEW YORK, NY 10028 | | | CHILDREN'S MOBILE | |
| | | | MENTAL HEALTH SERVICES | 350,000 |
| AUGUSTINIAN ACADEMY | NONE | PC | ESTABLISHING WHOLISTIC | |
| 317 WEST STREET | | | & HEALTHY ACTIVITIES | |
| CARTHAGE, NY 13619 | | | FOR AFTER-SCHOOL PROGRAMS | 75,000 |
| | | | | |
| BACK TO BASICS OUTREACH MINISTRIES, | NONE | PC | BACK TO BASICS FOOD | |
| INC. 1370 WILLIAM STREFT | | | AND PPE RESPONSE | |
| 1370 WILLIAM STREET BUFFALO, NY 14206 | | | INITIATIVE | 82,235 |
| BARD COLLEGE | NONE | PC | COLLEGE-TO-CAREER: | |
| PO BOX 5000 | | | BARD PRISON | |
| ANNANDALE-ON-HUDSON, NY 12504 | | | INITIATIVES TRANSITION | |
| | | | HOME PROGRAM | 87,500 |

023631 04-01-20

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Info

| Part XV Supplementary Information | CABRINI HEALTH | T OUNDAT TO | N, INC. 83-059 | 0203 |
|--|--|--------------------------------------|--|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| BEDFORD STUYVESANT RESTORATION CORPORATION 1368 FULTON STREET | NONE | PC | CENTRAL BROOKLYN COVID- 19 RESPONSE FUND | |
| BROOKLYN, NY 11216 | | | _ | 125,000. |
| BEDFORD STUYVESANT RESTORATION CORPORATION 1368 FULTON STREET | NONE | PC | STRENGTHENING CENTRAL BROOKLYN'S FOOD SYSTEM FOR HEALTHY OUTCOMES | |
| BROOKLYN, NY 11216 | | | | 525,000. |
| BEHAVIORAL HEALTH SERVICES NORTH, INC. 22 US OVAL PLATTSBURGH, NY 12903 | NONE | ₽C | CLINTON COUNTY BEHAVIORAL HEALTH IMPROVEMENT PROJECT | 48 833 |
| TERTISBORGH, NT 12505 | | | | 48,833. |
| BEHAVIORAL HEALTH SERVICES NORTH, INC. 22 US OVAL | NONE | PC | BHSN CONNECT | |
| PLATTSBURGH, NY 12903 | | | | 75,000. |
| | | | | |
| BENNINGTON COLLEGE CORPORATION ONE COLLEGE DRIVE BENNINGTON, VT 05201 | NONE | ₽C | BENNINGTON COLLEGE PRISON EDUCATION INITIATIVE | 40,000. |
| | | | | |
| BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVENUE BUFFALO, NY 14202 | NONE | PC | BESTSELF BEHAVIORAL HEALTH'S LIGHTHOUSE COVID-19 RELIEF | 150,000. |
| BESTSELF BEHAVIORAL HEALTH 255 DELAWARE AVENUE BUFFALO, NY 14202 | NONE | ₽C | PRIMARY AND BEHAVIORAL HEALTH CARE INTEGRATION | |
| | | | CONTINUATION | 455,000. |
| BIG BROTHERS BIG SISTERS OF NEW YORK CITY | NONE | ₽C | BBBS OF NYC'S NEW AMERICAN PROGRAM | |
| 40 RECTOR STREET, 11TH FL NEW YORK, NY 10006 | | | | 154,077. |
| | | | | 131,077. |
| BIGS & LITTLES NYC MENTORING 137 EAST 2ND STREET NEW YORK, NY 10009 | NONE | ₽C | GENERAL OPERATIONS OF OUR MENTORING AND FAMILY STRENGTHENING INITIATIVE | 125 000 |
| | | 1 | | 125,000. |
| BIGS & LITTLES NYC MENTORING 137 EAST 2ND STREET NEW YORK, NY 10009 | NONE | ₽C | FAMILY STRENGTHENING INITIATIVE | 516,666. |
| Total from continuation sheets | | • | | , - |

| Part XV Supplementary Information | | | | |
|---|--|-------------------------|----------------------------------|-----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| BISON CHILDREN'S SCHOLARSHIP FUND | NONE | PC | BISON CHILDREN'S | |
| 284 DELAWARE AVENUE | | | SCHOLARSHIP FUND K-12 | |
| BUFFALO, NY 14202 | | | INITIATIVE - BUFFALO | |
| | | | RENEWAL | 166,667 |
| BISON CHILDREN'S SCHOLARSHIP FUND | NONE | ₽C | BISON CHILDREN'S | |
| 284 DELAWARE AVENUE | | | SCHOLARSHIP FUND - | |
| BUFFALO, NY 14202 | | | SCHOLARSHIP INITIATIVE | 166,667 |
| BISON CHILDREN'S SCHOLARSHIP FUND | NONE | PC | BISON CHILDREN'S | |
| 284 DELAWARE AVENUE | | | SCHOLARSHIP FUND K-12 | |
| BUFFALO, NY 14202 | | | - EXPANSION TO | |
| | | | ROCHESTER AND SYRACUSE | 1,000,000 |
| | | | | |
| BISON CHILDREN'S SCHOLARSHIP FUND | NONE | PC | EDUCATIONAL TECHNOLOGY | |
| 284 DELAWARE AVENUE | | | GRANT | 1 500 000 |
| BUFFALO, NY 14202 | | | | 1,500,000 |
| BLESSED SACRAMENT PARISH | NONE | PC | INCREASE ACCESS TO | |
| 30 MANOR ROAD | | | COMMUNITY PROGRAMMING | |
| STATEN ISLAND, NY 10310 | | | FOR THE ELDERLY AND | |
| , | | | DISABLED | 80,000 |
| BON SECOURS CHARITY HEALTH SYSTEM, | NONE | PC | CARE COORDINATION TO | |
| INC. | | | BRING OUR COMMUNITIES | |
| 255 LAFAYETTE AVENUE | | | TO HEALTH AND WELLNESS | |
| SUFFERN, NY 10901 | | | | 750,000 |
| | | | | |
| BOYS & GIRLS CLUB OF GENEVA | NONE | PC | EMERGENCY CORONAVIRUS | |
| 160 CARTER ROAD | | | FEEDING PROGRAM | |
| GENEVA, NY 14456 | | | | 50,000 |
| BOYS & GIRLS CLUBS OF THE NORTHTOWNS | NONE | PC | BGCNT PREVENTION | |
| 54 RIVERDALE AVENUE | | Ĩ | SPECIALISTS AND SUMMER | |
| BUFFALO, NY 14207 | | | CAMP SCHOLARSHIPS | 125,000 |
| | | | | , |
| BRADY FAITH CENTER, INC. | NONE | ₽C | BRADY FAITH CENTER'S | |
| 404 SOUTH AVENUE | | | BRADY FARM | |
| SYRACUSE, NY 13204 | | | | 33,250 |
| | | | | |
| BRADY SOCIAL ENTERPRISE, INC. | NONE | PC | HOPE, HEALTH & HEALING | |
| 404 SOUTH AVENUE | | | INITIATIVE | |
| SYRACUSE, NY 13204 | | | 1 | 526,750 |

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| Part XV Supplementary Information | CABRINI HEALTH | TOUDATION | I, INC. 83-059 | 5203 |
|--|---|------------------------|------------------------|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| BREAKTHROUGH NEW YORK | NONE | PC | MENTAL HEALTH PROJECT | |
| 123 WILLIAM STREET, 4TH FL | | | | |
| NEW YORK, NY 10038 | | | | 25,000. |
| BRONXWORKS, INC. | NONE | PC | EXCEL EDUCATION AND | |
| 50 E. TREMONT AVENUE | | | EMPLOYMENT PROGRAM | |
| BRONX, NY 10453 | | | | 95,000. |
| BRONXWORKS, INC. | NONE | PC | THE HEALTHY EATING, | |
| 60 E. TREMONT AVENUE | | | ACTIVE LIVING (HEAL) | |
| BRONX, NY 10453 | | | PROJECT | 160,607. |
| BRONXWORKS, INC. | NONE | PC | THE BRONXWORKS | |
| 60 E. TREMONT AVENUE | | | COVID-19 RESPONSE | |
| BRONX, NY 10453 | | | INITIATIVE | 125,000. |
| BROOKLYN COMMUNITIES COLLABORATIVE, | NONE | PC | INVESTING IN THE LOCAL | |
| INC. | | | WORKFORCE THROUGH THE | |
| 4802 10TH AVENUE | | | BROOKLYN HEALTHCARE | |
| BROOKLYN, NY 11219 | | | ENTERPRISE HUB | 210,000. |
| BROOKLYN COMMUNITY FOUNDATION | NONE | PC | IMMIGRANT RIGHTS FUND | |
| 1000 DEAN STREET, SUITE 307 | | | IMMIGRANT RIGHTD FORD | |
| BROOKLYN, NY 11238 | | | | 175,000. |
| BROOKLYN COMMUNITY HOUSING AND | NONE | PC | BCHS COVID-19 RESPONSE | |
| SERVICES, INC. | | | | |
| 105 CARLTON AVENUE BROOKLYN, NY 11205 | | | | 125,000. |
| | | | | |
| BROOKLYN PUBLIC LIBRARY | NONE | PC | BROOKLYN SUPPORTS | |
| 10 GRAND ARMY PLAZA | | | | |
| BROOKLYN, NY 11238 | | | | 38,405. |
| BROTHERS OF MERCY FACILITIES | NONE | PC | COVID-19 RESPONSE FUND | |
| FOUNDATION | | | | |
| 1520 RANSOM ROAD | | | | |
| CLARENCE, NY 14031 | | | | 150,000. |
| BROTHERS OF MERCY FACILITIES | NONE | ₽C | GERIATRIC PRIMARY CARE | |
| FOUNDATION | | | CLINIC | |
| 4520 RANSOM ROAD | | | | |
| | | | | |

| Part XV Supplementary Informatio | | | | |
|--|--|-------------------------|--|----------|
| 3 Grants and Contributions Paid During the | rear (Continuation) | • | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| BUFFALO GO GREEN, INC. | NONE | ₽C | BGG GREENHOUSE | |
| 45 PEMBROKE AVENUE | | | EXPANSION PROJECT | |
| BUFFALO, NY 14215 | | | | 46,773. |
| BUFFALO PRENATAL-PERINATAL NETWORK, | NONE | PC | RESPONSIBLE FATHERHOOD | |
| INC. | | | INITIATIVE | |
| 625 DELAWARE AVENUE, STE 410 | | | | |
| BUFFALO, NY 14202 | | | | 45,500. |
| CABRINI MISSION FOUNDATION | NONE | PC | EXPANDING AND | |
| 222 E 19TH STREET, SUITE 5E | NONE | FC | MAINTAINING HEALTH AND | |
| NEW YORK, NY 10003 | | | SOCIAL SERVICES TO | |
| , | | | SENIORS AND IMMIGRANTS | 499,999. |
| | | | | |
| CABRINI OF WESTCHESTER | NONE | PC | COVID-19 INITIATIVE | |
| 115 BROADWAY | NONE | PC | COVID-19 INITIATIVE | |
| DOBBS FERRY, NY 10522 | | | | 175,000. |
| | | | | |
| CARRING OF MEGMONER | NONE | D.C. | | |
| CABRINI OF WESTCHESTER 115 BROADWAY | NONE | PC | ENSURING PREPAREDNESS FOR AND SUPPORT AFTER | |
| DOBBS FERRY, NY 10522 | | | COVID-19 | 175,000. |
| | | | | |
| CABRINI OF WESTCHESTER | NONE | ₽C | SUPPORTING UNFUNDED | |
| 115 BROADWAY | | | SERVICES TO ELDERS AND | |
| DOBBS FERRY, NY 10522 | | | IMMIGRANTS AT CABRINI OF WESTCHESTER | 470 450 |
| | | | | 470,450. |
| | | | | |
| CALVARY HOSPITAL | NONE | PC | COMMUNITY PALLIATIVE | |
| 1740 EASTCHESTER ROAD BRONX, NY 10461 | | | CARE SERVICE EXPANSION | 700,000. |
| | | | | ,00,000. |
| CAMBA, INC. | NONE | PC | BUILDING CONNECTION IN | |
| 1720 CHURCH AVENUE, 2ND FL | | | A TIME OF DISTANCING, | |
| BROOKLYN, NY 11226 | | | ISOLATION AND | |
| | | | INCREASED HEALTH NEEDS | 103,392. |
| CANCER ACTION - GILDA'S CLUB | NONE | PC | CANCER SERVICES DURING | |
| ROCHESTER | | | COVID-19 FOR | |
| 255 ALEXANDER STREET | | | UNDERSERVED | |
| ROCHESTER, NY 14607 | | | POPULATIONS | 75,000. |
| | | | | |
| CANISIUS COLLEGE | NONE | PC | ADDRESSING PRIMARY | |
| 2001 MAIN STREET | | | HEALTHCARE NEEDS IN | |
| BUFFALO, NY 14208 | | | WESTERN NEW YORK | 537,250. |
| Total from continuation sheets | | | | |

023631 04-01-20

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| Part XV Supplementary Information | | | | |
|--|--|-------------------------|---|----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | - | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| CANTON-POTSDAM HOSPITAL FOUNDATION 50 LEROY STREET POTSDAM, NY 13676 | NONE | ₽C | COMMUNITY AGING IN PLACE-ADVANCING BETTER LIVING FOR ELDERS (CAPABLE) | 100,000. |
| CAPITAL ROOTS 594 RIVER STREET TROY, NY 12180 | NONE | ₽C | EXPANDING HOLISTIC FOOD ACCESS TO LOW-INCOME RESIDENTS OF THE CAPITAL REGION | 121,138. |
| CARE FOR THE HOMELESS 30 EAST 33RD STREET, 5TH FL NEW YORK, NY 10016 | NONE | PC | EXPANDING ORAL HEALTH ACCESS FOR HOMELESS NEW YORKERS | 175,000. |
| CARE FOR THE HOMELESS 30 EAST 33RD STREET, 5TH FL NEW YORK, NY 10016 | NONE | PC | SUPPORT FOR UNINSURED PHARMACY NEEDS OF HOMELESS NEW YORKERS | 250,000. |
| CARING FOR THE HOMELESS OF PEEKSKILL, INC. 200 NORTH WATER STREET PEEKSKILL, NY 10566 | NONE | ₽C | FEEDING THE HUNGRY IN PEEKSKILL AND SURROUNDING COMMUNITIES | 87,500. |
| CARMEL RICHMOND NURSING HOME 88 OLD TOWN ROAD STATEN ISLAND, NY 10304 | NONE | PC | COVID-19 EMERGENCY RESPONSE | 331,500. |
| CARMELITE COMMUNION, INC. 89 HIDDENBROOKE DRIVE BEACON, NY 12508 | NONE | PC | MATCHING GRANT | 300. |
| CARNEGIE EAST HOUSE HOUSING DEVELOPMENT FUND COMPANY, INC. 1844 SECOND AVENUE | NONE | PC | RESPONSE TO COVID-19 PANDEMIC | |
| NEW YORK, NY 10128 | | | | 100,000. |
| CARTHAGE AREA HOSPITAL, INC. 1001 WEST STREET CARTHAGE, NY 13619 | NONE | ₽C | HEALTHCARE TRANSPORTATION PROGRAM | 84,000. |
| CATHOLIC CHARITIES COMMUNITY SERVICES ARCHDIOCESE OF NEW YORK 1011 FIRST AVENUE 6TH FL | NONE | PC | CASE MANAGEMENT SERVICES | |
| NEW YORK, NY 10022 | | | | 196,433. |
| Total from continuation sheets | | | | |

023631 04-01-20

| 3 Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual show any relationship any foundation manager or substantial contribution. Name and address (home or business) If recipient is an individual show any relationship any foundation manager or substantial contribution. ATHOLIC CHARITIES COMMUNITY SERVICES NONE RCHDIOCESE OF NEW YORK NONE 011 FIRST AVENUE, 6TH FL EW YORK, NY 10022 | to Foundation ger status of | Purpose of grant or contribution | Amount |
|---|--|-------------------------------------|-----------|
| Name and address (home or business) show any relationship any foundation manag or substantial contribution ATHOLIC CHARITIES COMMUNITY SERVICES NONE RCHDIOCESE OF NEW YORK 011 FIRST AVENUE, 6TH FL | to Foundation ger status of itor recipient | contribution | Amount |
| ATHOLIC CHARITIES COMMUNITY SERVICES NONE RCHDIOCESE OF NEW YORK 011 FIRST AVENUE, 6TH FL | | EMERGENCY ASSISTANCE: | |
| RCHDIOCESE OF NEW YORK 011 FIRST AVENUE, 6TH FL | PC | EMERGENCY ASSISTANCE: | |
| 011 FIRST AVENUE, 6TH FL | | 1 | |
| | | THE FEEDING OUR | |
| EW YORK, NY 10022 | | NEIGHBORS PROGRAM | |
| | | | 203,835 |
| ATHOLIC CHARITIES COMMUNITY SERVICES NONE | PC | IMMIGRANT LEGAL | |
| RCHDIOCESE OF NEW YORK | | SERVICES | |
| 011 FIRST AVENUE, 6TH FL | | | |
| EW YORK, NY 10022 | | | 305,801 |
| ATHOLIC CHARITIES COMMUNITY SERVICES NONE | PC | CCCS - CORONAVIRUS | |
| RCHDIOCESE OF NEW YORK | FC | EMERGENCY SUPPORT | |
| 011 FIRST AVENUE, 6TH FL | | INITIATIVE | |
| EW YORK, NY 10022 | | INTIATIVE | 1,050,000 |
| ATHOLIC CHARITIES COMMUNITY SERVICES NONE | PC | SUPPORT IMPROVEMENT & | _,000,000 |
| RCHDIOCESE OF NEW YORK | | EXPANSION OF 6 | |
| 011 FIRST AVENUE, 6TH FL | | PROGRAMS FOR SERVICES | |
| EW YORK, NY 10022 | | TO LOW-INCOME | |
| | | INDIVIDUALS | 1,000,000 |
| | | | |
| ATHOLIC CHARITIES DIOCESE OF NONE | PC | COVID-19 RESPONSE | |
| YRACUSE | | PROJECT | |
| 654 WEST ONONDAGA STREET YRACUSE, NY 13204 | | | 183,516 |
| IRACODE, NI 15204 | | | 105,510 |
| ATHOLIC CHARITIES OF BROOKLYN AND NONE | PC | DISASTER PREPAREDNESS, | |
| UEENS | | SERVICE IMPROVEMENTS, | |
| 91 JORALEMON STREET | | AND PROGRAM EXPANSION | |
| ROOKLYN, NY 11201 | | SUPPORT | 833,332 |
| ATHOLIC CHARITIES OF BROOKLYN AND NONE | PC | COVID-19 EMERGENCY | |
| UEENS | | RESPONSE FOR | |
| 91 JORALEMON STREET | | VULNERABLE POPULATIONS | |
| ROOKLYN, NY 11201 | | | 3,050,000 |
| | | | |
| ATHOLIC CHARITIES OF BROOME COUNTY NONE | PC | COVID-19 EMERGENCY | |
| 32 MAIN STREET | | RESPONSE: LEAVE NO ONE | |
| INGHAMTON, NY 13905 | | BEHIND | 171,799 |
| | | | |
| ATHOLIC CHARITIES OF BUFFALO NONE | PC | CC BUFFALO: COVID-19 | |
| 41 DELAWARE AVENUE | | EMERGENCY GRANT FUNDS | |
| UFFALO, NY 14209 | | | 435,000 |
| | | | |
| ATHOLIC CHARITIES OF CHENANGO COUNTY NONE | PC | COVID-19 SUPPORT | |
| O'HARA DRIVE | | | |
| ORWICH, NY 13815 | | | 62,730 |

023631 04-01-20

| Part XV Supplementary Information | ABRINI HEALTH | <u>1 000020011101</u> | I, INC. 83-059 | 0205 |
|--|--|--------------------------------------|--|------------------|
| 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | | |
| Recipient Name and address (home or business) | 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 |
| CATHOLIC CHARITIES OF CORTLAND COUNTY 33-35 CENTRAL AVENUE CORTLAND, NY 13045 | NONE | PC | SERVICE CAPACITY ENHANCEMENT - COVID-19 | 36,068, |
| CATHOLIC CHARITIES OF CORTLAND COUNTY 33-35 CENTRAL AVENUE CORTLAND, NY 13045 | NONE | PC | COVID-19 EMERGENCY MANAGEMENT FUNDS | 84,000 |
| CATHOLIC CHARITIES OF THE ARCHDIOCESE OF NEW YORK 1011 FIRST AVENUE, 11TH FLOOR | NONE | PC | MATCHING GRANT | |
| NEW YORK, NY 10022 CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 NORTH MAIN AVENUE ALBANY, NY 12203 | NONE | PC | COVID-19 RESPONSE | 250. 865,000. |
| CATHOLIC CHARITIES OF THE DIOCESE OF ALBANY 40 NORTH MAIN AVENUE ALBANY, NY 12203 | NONE | PC | NO WRONG DOOR | 503,215. |
| CATHOLIC CHARITIES OF THE DIOCESE OF OGDENSBURG 6866 STATE HIGHWAY 37 OGDENSBURG, NY 13669 | NONE | PC | CATHOLIC CHARITIES COVID-19 RECOVERY PROGRAM | 605,000. |
| CATHOLIC CHARITIES OF THE DIOCESE OF ROCHESTER 1150 BUFFALO ROAD ROCHESTER, NY 14624 | NONE | PC | CATHOLIC CHARITIES 360 NETWORK EXPANSION | 200,000. |
| CATHOLIC CHARITIES OF THE DIOCESE OF ROCKVILLE CENTRE 90 CHERRY LANE | NONE | PC | ADDRESSING NECESSARY COVID-19 FUNDING | |
| HICKSVILLE, NY 11801 CATHOLIC CHARITIES ONEIDA MADISON COUNTY 1408 GENESEE STREET UTICA, NY 13502 | NONE | PC | COVID-19 EMERGENCY ASSISTANCE FUND | 765,000. |
| CATHOLIC CHARITIES OSWEGO COUNTY 808 WEST BROADWAY FULTON, NY 13069 | NONE | PC | EMERGENCY COVID-19 MCHF PROJECT | 42,000. |

| Part XVSupplementary Information3Grants and Contributions Paid During the Y | | | | |
|---|--|-------------------------|---|---|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| CATHOLIC FAMILY CENTER | NONE | PC | BEHAVIORAL HEALTH | |
| 87 N. CLINTON AVENUE | | | NETWORK FISCAL | |
| ROCHESTER, NY 14604 | | | VIABILITY | 198,164 |
| CATHOLIC FOUNDATION FOR BROOKLYN AND | NONE | PC | ADDRESSING FOOD | |
| QUEENS | | | INSECURITY IN BROOKLYN | |
| 243 PROSPECT PARK WEST | | | AND QUEENS | |
| BROOKLYN, NY 11215 | | | | 700,000 |
| | | | | |
| CATHOLIC HEALTH CARE SYSTEM | NONE | PC | COVID-19 EMERGENCY | |
| 205 LEXINGTON AVENUE, 3RD FL | | | RESPONSE | |
| NEW YORK, NY 10016 | | | | 436,000 |
| | | | | |
| CAMUAITA URAIMU CARE SYSMEM | NONE | PC | CYCTEM WIDE TOATNING | |
| CATHOLIC HEALTH CARE SYSTEM 205 LEXINGTON AVENUE, 3RD FL | NOINE | PC | SYSTEM-WIDE TRAINING IN NEW NURSING HOME | |
| NEW YORK, NY 10016 | | | EMR | 350,000 |
| | | | | |
| | | | | |
| CATHOLIC HEALTH CARE SYSTEM | NONE | ₽C | ARCHCARE PROTECT | |
| 205 LEXINGTON AVENUE, 3RD FL NEW YORK, NY 10016 | | | | 700,000 |
| CATHOLIC HEALTH CONTINUING CARE | NONE | PC | ST. JOSEPH CENTER | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| FOUNDATION | | | POST-ACUTE COVID-19 | |
| 144 GENESEE STREET | | | QUARANTINE SITE FOR | |
| BUFFALO, NY 14202 | | | LONG-TERM-CARE | |
| | | | RESIDENTS | 500,000 |
| CATHOLIC HEALTH SERVICES OF LONG | NONE | PC | COVID-19 IMMIGRANT | |
| ISLAND | | | OUTREACH INITIATIVE IN | |
| 992 NORTH VILLAGE AVENUE | | | NASSAU COUNTY | |
| ROCKVILLE CENTRE, NY 11570 | | | | 650,000 |
| CATHOLIC HEALTH SERVICES OF LONG | NONE | PC | PALLIATIVE CARE & | |
| ISLAND | NONE | | BEREAVEMENT SUPPORT | |
| 992 NORTH VILLAGE AVENUE | | | AMID THE COVID-19 | |
| ROCKVILLE CENTRE, NY 11570 | | | PANDEMIC PROJECT | 800,000 |
| | | | | · · · |
| CAMUNITO MANAGED IONO MEDN CADE THO | NONE | PC | | |
| CATHOLIC MANAGED LONG TERM CARE, INC. 1432 FIFTH AVENUE | | | NEW HARLEM PACE CENTER | |
| NEW YORK, NY 10035 | | | | 350,000 |
| | | | | , |
| CAMULATIC MANAGED LONG MEDY CARD THE | NONE | D.C. | COUTD 10 ENERGENCY | |
| CATHOLIC MANAGED LONG TERM CARE, INC. 1432 FIFTH AVENUE | NONE | PC | COVID-19 EMERGENCY RESPONSE | |
| NEW YORK, NY 10035 | | | | 433,000 |
| Total from continuation sheets | | | | 200,000 |

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26 2020.05000 MOTHER CABRINI HEALTH FOU 23452821

| Part XVSupplementary Information3Grants and Contributions Paid During the Yes | ar (Continuation) | | I | |
|---|--|------------------------|--|----------|
| | If recipient is an individual, | | | |
| Recipient | show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| | | | | |
| CARUALLA NANAGED LONG REDN CARE INC | NONE | PC | DROGRAM OF | |
| CATHOLIC MANAGED LONG TERM CARE, INC. | NONE | PC | PROGRAM OF | |
| 1432 FIFTH AVENUE | | | ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE) | 593 333 |
| NEW YORK, NY 10035 | | | | 583,333. |
| CATHOLIC MIGRATION SERVICES | NONE | PC | NATURALIZATION PROJECT | |
| 191 JORALEMON STREET | | | | |
| BROOKLYN, NY 11201 | | | | 136,500. |
| | | | | |
| CATHOLIC MIGRATION SERVICES | NONE | PC | IMMIGRANT IMPACT TEAM | |
| 191 JORALEMON STREET | | | PROJECT | |
| BROOKLYN, NY 11201 | | | | 534,166. |
| | | | | |
| CATHOLIC MIGRATION SERVICES | NONE | PC | DETENTION AND REMOVAL | |
| 191 JORALEMON STREET | | | DEFENSE SERVICES | |
| BROOKLYN, NY 11201 | | | | 168,000 |
| | | | | |
| CATHOLIC MIGRATION SERVICES | NONE | PC | MIGRANT WORKER TEAM | |
| 191 JORALEMON STREET | | | PROJECT | |
| BROOKLYN, NY 11201 | | | | 194,250. |
| | | | | |
| CATHOLIC MIGRATION SERVICES | NONE | PC | LOW-INCOME TENANTS | |
| 191 JORALEMON STREET | | | PROJECT HEALTHY AND | |
| BROOKLYN, NY 11201 | | | STABLE HOMES | 241,500. |
| | | | | , |
| CATSKILL AREA HOSPICE AND PALLIATIVE | NONE | PC | FREE BEREAVEMENT AND | |
| CARE, INC. | | | GRIEF COUNSELING | |
| 297 RIVER STREET SERVICE ROAD, SUITE 1 | | | SERVICES FOR THE | |
| ONEONTA, NY 13820 | | | PUBLIC | 50,000. |
| CAYUGA HOME FOR CHILDREN, INC. | NONE | PC | ALBANY COUNTY | |
| 101 HAMILTON AVENUE | | | FUNCTIONAL FAMILY | |
| AUBURN, NY 13021 | | | THERAPY- THERAPEUTIC | |
| | | | CASE MANAGEMENT | 166 666 |
| CAVILCA HOME FOR CUTIEDEN THE | NONE | PC | (FFT-TCM) | 166,666. |
| CAYUGA HOME FOR CHILDREN, INC. 101 HAMILTON AVENUE | NONE | | ONONDAGA COUNTY | |
| AUBURN, NY 13021 | | | FUNCTIONAL FAMILY THERAPY- THERAPEUTIC | |
| 102011, NI 10021 | | | CASE MANAGEMENT | |
| | | | (FFT-TCM) | 166,666. |
| | | | | |
| CAZENOVIA RECOVERY SYSTEMS, INC. | NONE | PC | INVIGORATING HEALTH IN | |
| 2671 MAIN STREET | | | RECOVERY | |
| BUFFALO, NY 14214 | | | | 51,106. |
| Total from continuation sheets | | • | · | |

| Part XV Supplementary Information | | | | |
|---|--|-------------------------|-----------------------------------|---------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| CAZENOVIA RECOVERY SYSTEMS, INC. | NONE | PC | CHANGING THE CULTURE | |
| 2671 MAIN STREET | | | OF WELLNESS IN | |
| BUFFALO, NY 14214 | | | CAZENOVIA RECOVERY | 193,859 |
| CENTER FOR AGRICULTURAL DEVELOPMENT & | NONE | PC | LAUNCHING NEW | |
| ENTREPRENEURSHIP (CADE) | | | TECHNOLOGY TO FEED | |
| 189 MAIN STREET, 5TH FL MEZZANINE | | | FRESH FOOD TO | |
| DNEONTA, NY 13820 | | | VULNERABLE COMMUNITIES | 95,975 |
| CENTER FOR ALTERNATIVE SENTENCING AND | NONE | PC | JOBS FOR AMERICA'S | |
| EMPLOYMENT SERVICES | | | GRADUATES NEW YORK | |
| 151 LAWRENCE STREET, 3RD FLOOR | | | | |
| BROOKLYN, NY 11201 | | | | 28,298 |
| | | | | |
| CENTER FOR COMMUNITY ALTERNATIVES | NONE | PC | FREEDOM COMMONS | |
| 115 EAST JEFFERSON STREET, SUITE 300 | | | EMERGENCY/TRANSITIONAL HOUSING | 21 720 |
| SYRACUSE, NY 13202 | | | HOUSING | 21,739 |
| CENTER FOR DISABILITY SERVICES, INC. | NONE | PC | COVID-19 EMERGENCY | |
| 314 SO. MANNING BOULEVARD | NONE | | NEEDS | |
| ALBANY, NY 12208 | | | | 75,000 |
| CENTER FOR DISABILITY SERVICES, INC. | NONE | PC | SUSTAINING DENTAL | |
| 314 SO. MANNING BOULEVARD | | | SERVICES FOR | |
| ALBANY, NY 12208 | | | INDIVIDUALS WITH | |
| | | | DISABILITIES | 122,500 |
| | | | | |
| CENTER FOR FOOD ACTION | NONE | PC | MATCHING GRANT | |
| 192 W. DEMAREST AVENUE ENGLEWOOD, NJ 07631 | | | | 250 |
| | | | | |
| CENTER FOR MIGRATION STUDIES | NONE | PC | BEYOND MAPPING PROJECT | |
| 307 EAST 60TH STREET, 4TH FLOOR | | | | |
| NEW YORK, NY 10022 | | | | 110,000 |
| | | | | |
| CENTER FOR URBAN COMMUNITY SERVICES | NONE | PC | CUCS 2020 COVID-19 | |
| 198 E 121ST STREET, 6TH FLOOR NEW YORK, NY 10035 | | | RELIEF REQUEST | 150,000 |
| CENTER TO ADVANCE PALLIATIVE CARE | NONE | PC | IMPROVING ACCESS TO | |
| ONE GUSTAVE L. LEVY PLACE | | | QUALITY PALLIATIVE | |
| NEW YORK, NY 10029 | | | CARE IN UNDERSERVED | |
| | | | POPULATIONS IN NEW | 130 134 |
| Total from continuation sheets | | | YORK STATE | 130,434 |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the Y | | | I | |
|--|--|------------------------|--|----------|
| | If recipient is an individual, | | | |
| Recipient | show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| ENTRAL ADIRONDACK PARTNERSHIP FOR | NONE | PC | CAP-21 CENTRAL | |
| HE 21ST CENTURY, INC. | | | ADIRONDACK COVID-19 | |
| O BOX 288 | | | EMERGENCY RELIEF FUND | |
| AKE PLACID, NY 12946 | | | | 76,080, |
| ENTRAL ASSOCIATION FOR THE BLIND, | NONE | PC | HEALTH AND NUTRITION | , |
| , NC. | | | EDUCATION FOR | |
| 07 KENT STREET | | | INDIVIDUALS AT RISK OF | |
| TICA, NY 13501 | | | VISION LOSS FROM | |
| | | | DIABETES | 99,700. |
| ENTRAL NEW YORK COMMUNITY | NONE | PC | CNY COMMUNITY | |
| OUNDATION, INC. | | | FOUNDATION WINDOW AND | |
| 31 EAST FAYETTE STREET, SUITE 100 | | | DOORS REPLACEMENT | |
| YRACUSE, NY 13202 | | | PROGRAM | 210,000 |
| ENMONT NEW YORK HENTMU HOME NEMHORK | NONE | PC | NO MEONG DOOD AN | |
| ENTRAL NEW YORK HEALTH HOME NETWORK, | NONE | FC | NO WRONG DOOR - AN INTEGRATED SYSTEM OF | |
| NC. 500 GENESEE STREET | | | CARE | |
| TICA, NY 13502 | | | CARE | 350,000 |
| 11CR, NI 13302 | | | | 550,000 |
| ENTRAL NEW YORK LYME AND TICK-BORNE | NONE | PC | GEOGRAPHIC EXPANSION | |
| DISEASE ALLIANCE | | | OF THE CNY LYME AND | |
| .31 WEST SENECA STREET, BOX 9 | | | TICK-BORNE DISEASE | |
| ANLIUS, NY 13104 | | | ALLIANCE | 105,000. |
| EREBRAL PALSY ASSOCIATIONS OF NEW | NONE | PC | CLINICIAN OUTREACH AND | |
| ORK STATE | NONE | FC | DISABILITY SERVICES | |
| CEDAR STREET EXT., SUITE 2 | | | TRAINING PROGRAM | |
| COHOES, NY 12047 | | | | 309,854. |
| EREBRAL PALSY ASSOCIATIONS OF NEW | NONE | PC | | |
| ORK STATE | NONE | FC | EQUIPMENT, SUPPORT & ENHANCEMENT INITIATIVE | |
| CEDAR STREET EXT., SUITE 2 | | | ENHANCEMENT INTITATIVE | |
| CHEAR STREET EXT., SOTTE 2 OHOES, NY 12047 | | | | 400,000 |
| HARLES B. WANG COMMUNITY HEALTH | NONE | PC | BILINGUAL SMOKING | |
| ENTER, INC. | | | CESSATION HEALTH | |
| 68 CANAL STREET | | | COACHING PROGRAM FOR | |
| EW YORK, NY 10013 | | | IMMIGRANT, ASIAN | |
| | | | SMOKERS IN QUEENS | 49,700. |
| | NONE | P.C. | OPECIAL NEEDS DOCDAY | |
| HARLES B. WANG COMMUNITY HEALTH | NONE | PC | SPECIAL NEEDS PROGRAM | |
| ENTER, INC. | | | (SNP) AT THE CHARLES | |
| 68 CANAL STREET | | | B. WANG COMMUNITY | E0 225 |
| EW YORK, NY 10013 | | | HEALTH CENTER | 59,335. |
| | | | | |
| HILD & FAMILY SERVICES | NONE | PC | CHILD & FAMILY | |
| 30 DELAWARE AVENUE | | | SERVICES COVID-19 | |
| SUFFALO, NY 14201 | 1 | 1 | RELIEF FUNDING | 135,000 |

| Part XV Supplementary Informatic 3 Grants and Contributions Paid During the | | | I | |
|---|--|------------------------|------------------------|-----------|
| Recipient | If recipient is an individual, | | | |
| Recipient | show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| HILD CARE COUNCIL OF WESTCHESTER, | NONE | PC | PROYECTO CALIDAD EN | |
| INC. | | | ACCION INTEGRADA - | |
| 313 CENTRAL PARK AVENUE, SUITE 4 | | | QUALITY IN ACTION | |
| SCARSDALE, NY 10583 | | | PROJECT | 96,149 |
| | | | | |
| CHILDREN OF THE CITY | NONE | PC | CREATE SUCCESS | |
| 740 40TH STREET | | | | 05 000 |
| BROOKLYN, NY 11232 | | | | 25,000 |
| CHILDREN'S HEALTH FUND | NONE | PC | MOTT HAVEN HEALTHY AND | |
| 215 W. 125 STREET, 301 | | | READY TO LEARN SCHOOLS | |
| NEW YORK, NY 10027 | | | PROJECT | 43,487 |
| | | | | |
| CHILDREN'S HOPE INDIA, INC. | NONE | PC | EVERY CHILDS HEALTH | |
| 7 EDGEMERE DRIVE | | | COUNTS: A REMOTE | |
| ALBERTSON, NY 11507 | | | LEARNING INITIATIVE | 130,550 |
| CHILDREN'S HOSPITAL OF BUFFALO | NONE | PC | OISHEI CHILDREN'S | |
| 1028 MAIN STREET, FLOOR 4 | NONE | | HOSPITAL, EAST SIDE | |
| BUFFALO, NY 14202 | | | COMMUNITY CARE | |
| | | | COLLABORATIVE | 333,333 |
| | | | | |
| CHILDREN'S SCHOLARSHIP FUND | NONE | PC | CHILDREN'S SCHOLARSHIP | |
| 8 WEST 38TH STREET, 9TH FLOOR | | | FUND | |
| NEW YORK, NY 10018 | | | | 2,000,000 |
| CHINESE AMERICAN PLANNING COUNCIL, | NONE | PC | SOCIAL SERVICES CASE | |
| INC. | | | MANAGEMENT FOR SENIORS | |
| L50 ELIZABETH STREET | | | IN SUNSET PARK, | |
| NEW YORK, NY 10012 | | | BROOKLYN | 95,000 |
| | | | | |
| CHRISTIAN HERALD ASSOCIATION, INC. 00 LAFAYETTE STREET, 6TH FLOOR | NONE | PC | MONT LAWN CITY CAMP | |
| NEW YORK, NY 10013 | | | | 141,278 |
| | | | | ,_, |
| CHURCH OF ST. CLARE | NONE | PC | ST. VINCENT DE PAUL | |
| 110 NELSON AVENUE | | | SOCIETY | |
| STATEN ISLAND, NY 10308 | | | | 15,000 |
| | | | | |
| CHURCH OF ST. CLARE | NONE | PC | NURSE/COUNSELING | |
| 110 NELSON AVENUE | | | PROGRAM | |
| STATEN ISLAND, NY 10308 Total from continuation sheets | | 1 | -1 | 85,000 |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Info

| Part XV Supplementary Informatio | CABRINI HEALTH n | I COMDATION | I, INC. 83-059 | 0205 |
|---|---|-------------------------|-------------------------------------|------------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, | _ | | |
| · | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| CIRCULO DE LA HISPANIDAD | NONE | PC | PROJECT OPPORTUNITY | |
| 26 WEST PARK AVENUE | | | | |
| LONG BEACH, NY 11561 | | | | 123,556. |
| | | | | |
| CIRCULO DE LA HISPANIDAD | NONE | PC | PROJECT HOPE/ESPERANZA | |
| 26 WEST PARK AVENUE | | | | |
| LONG BEACH, NY 11561 | | | | 125,000. |
| | | | | |
| CITIZEN ADVOCATES, INC. | NONE | PC | HARISON PLACE | |
| L25 FINNEY BOULEVARD, PO BOX 608 | | | | |
| MALONE, NY 12953 | | | | 166,667. |
| CITIZENS' COMMITTEE FOR CHILDREN OF | NONE | PC | PANDEMIC RECOVERY: | |
| JEW YORK | | | PROMOTING CHILD AND | |
| 4 WALL STREET, SUITE 4E | | | ADOLESCENT WELLBEING | |
| IEW YORK, NY 10005 | | | | 100,000. |
| | | | | |
| CITY HARVEST | NONE | PC | CITY HARVEST RESPONDS | |
| 5 EAST 32ND STREET, 5TH FLOOR | | | TO COVID-19 | |
| NEW YORK, NY 10016 | | | | 300,000. |
| CITY HARVEST | NONE | PC | CITY HARVEST: | |
| 5 EAST 32ND STREET, 5TH FLOOR | | | INCREASING ACCESS TO | |
| NEW YORK, NY 10016 | | | HEALTHY FOOD THROUGH | |
| | | | FOOD RESCUE AND DISTRIBUTION | 500 000 |
| | | | DISTRIBUTION | 500,000. |
| | | | | |
| CITY MISSION OF SCHENECTADY | NONE | PC | VICTIMS OF DOMESTIC | |
| 125 HAMILTON STREET | | | VIOLENCE SHELTER EXPANSION | 1 400 000 |
| SCHENECTADY, NY 12305 | | | EAFANGION | 1,400,000. |
| | | | | |
| CITY YEAR, INC. | NONE | PC | CITY YEAR BUFFALO - | |
| 2495 MAIN STREET, SUITE 317 | | | WHOLE SCHOOL WHOLE | 140 000 |
| BUFFALO, NY 14214 | | | CHILD PROGRAM | 140,000. |
| | | | | |
| CITYMEALS ON WHEELS | NONE | PC | EMERGENCY MEALS FOR | |
| 355 LEXINGTON AVENUE, 3RD FLOOR | | | NYC SENIORS | 300 000 |
| NEW YORK, NY 10017 | | | | 300,000. |
| CLEAR PATH FOR VETERANS | NONE | PC | CLEAR PATH FOR | |
| 223 SALT SPRINGS ROAD | | | VETERANS PEER | |
| CHITTENANGO, NY 13037 Total from continuation sheets | | | MENTORING EXPANSION | |
| | | | PROGRAM | 150,000. |

023631 04-01-20

| Part XV Supplementary Information | | | | |
|---|---|------------------------|-------------------------------|----------|
| 3 Grants and Contributions Paid During the N | (ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| CN GUIDANCE & COUNSELING SERVICES, | NONE | PC | ACCESS IN MOTION (AIM) | |
| INC. | | | | |
| 950 SOUTH OYSTER BAY ROAD | | | | |
| HICKSVILLE, NY 11801 | | | | 52,435. |
| COALITION FOR THE HOMELESS | NONE | PC | CFH COVID-19 RESPONSE | |
| 129 FULTON STREET | | | | |
| NEW YORK, NY 10038 | | | | 200,744. |
| | | | | |
| COLLEGE & COMMUNITY FELLOWSHIP | NONE | PC | COLLEGE & COMMUNITY | |
| 475 RIVERSIDE DRIVE, SUITE 1626 NEW YORK, NY 10115 | | | FELLOWSHIP DIRECT SERVICES | 146,958. |
| COLONIE SENIOR SERVICE CENTERS, INC. | NONE | PC | PROVIDING TRANSP. | 140,000. |
| 6 WINNERS CIRCLE | | | SERVICES TO ISOLATED | |
| ALBANY, NY 12205 | | | SENIORS TO MAINTAIN | |
| | | | PHYSICAL & MENTAL | |
| | | | HEALTH | 125,000. |
| | | | | |
| COMIC RELIEF US | NONE | PC | MATCHING GRANT | |
| 28 LIBERTY STREET, 35TH FLOOR | | | | |
| NEW YORK, NY 10005 | | | | 6,000. |
| | | | | |
| COMMONPOINT QUEENS | NONE | PC | CENTRAL QUEENS SENIOR | |
| 67-09 108TH STREET FOREST HILLS, NY 11375 | | | CENTER | 105,000. |
| | | | | 105,000. |
| COMMUNITY ACTION OF ORLEANS AND | NONE | PC | ENHANCED | |
| GENESEE, INC. | | | SOCIAL/EMOTIONAL | |
| 409 EAST STATE STREET | | | SERVICES FOR CHILDREN | |
| ALBION, NY 14411 | | | ENROLLED IN HEAD START | 25,103. |
| COMMUNITY ACTION PLANNING COUNCIL OF | NONE | PC | COVID-19 ASSISTANCE | |
| JEFFERSON COUNTY, INC. | | | | |
| 518 DAVIDSON STREET | | | | |
| WATERTOWN, NY 13601 | | | | 56,263. |
| COMMUNITY ACTION SOUTHOLD TOWN, INC. | NONE | PC | PROVIDING COVID-19 | |
| P.O. BOX 159, 316 FRONT STREET | | | RELIEF TO VULNERABLE | |
| GREENPORT, NY 11944 | | | FAMILIES ON THE NORTH | |
| | | | FORK OF LONG ISLAND | 75,000. |
| COMMUNITY CENTER OF NORTHERN | NONE | PC | CCNW COVID-19 | |
| WESTCHESTER, INC. | | | EMERGENCY RESPONSE | |
| 84 BEDFORD ROAD | | | PROGRAM: EMERGENCY | |
| KATONAH, NY 10536 | | | FOOD AND HOUSEHOLD | 105 000 |
| Total from continuation sheets | | | SUPPLIES | 125,000. |

| 3 Grants and Contributions Paid During the | (ear (Continuation) | | | |
|--|--|-------------------------|-------------------------------------|-----------|
| Recipient | If recipient is an individual, | | | |
| · · · · · · · · · · · · · · · · · · · | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | , intount |
| | | | | |
| COMMUNITY FOUNDATION OF NEW JERSEY | NONE | PC | MATCHING GRANT | |
| PO BOX 338 | | | | |
| MORRISTOWN, NJ 07963 | | | | 1,000 |
| COMMUNITY FOUNDATIONS OF THE HUDSON | NONE | PC | THE FARM FRESH FOOD | |
| VALLEY | | | INITIATIVE FEEDHV | |
| 80 WASHINGTON STREET, SUITE 201 | | | PROGRAM | |
| POUGHKEEPSIE, NY 12601 | | | | 19,985. |
| COMMUNITY HEALTH AND HOME CARE | NONE | PC | PROVIDING | |
| 138 CECIL A. MALONE DRIVE | | | TRANSPORTATION | |
| ITHACA, NY 14850 | | | SERVICES TO SENIORS TO | |
| | | | MAINTAIN PHYSICAL AND | |
| | | | MENTAL HEALTH | 45,000 |
| | | | | |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | SUPPORTING PIPELINE | |
| NEW YORK STATE, INC. | | | RECRUITMENT EFFORTS OF | |
| 111 BROADWAY, SUITE 1402 | | | NYS CHCS | |
| NEW YORK, NY 10006 | | | | 43,912. |
| | | | | |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | TRAUMA INFORMED | |
| NEW YORK STATE, INC. | | | PRIMARY CARE AT NEW | |
| 111 BROADWAY, SUITE 1402 | | | YORK STATE COMMUNITY | |
| NEW YORK, NY 10006 | | | HEALTH CENTERS | 86,689. |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | EMERGENCY MANAGEMENT | |
| NEW YORK STATE, INC. | | | CHC TRAINING AND | |
| 111 BROADWAY, SUITE 1402 | | | TECHNICAL ASSISTANCE | |
| NEW YORK, NY 10006 | | | IN A POST-COVID NEW | |
| | | | YORK STATE | 163,658, |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | COMMUNITY HEALTH | |
| NEW YORK STATE, INC. | | | CENTER (CHC) WORKFORCE | |
| 111 BROADWAY, SUITE 1402 | | | RECRUITMENT AND | |
| NEW YORK, NY 10006 | | | RETENTION, POST-COVID | |
| | | | 19 | 172,404 |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | TRAUMA INFORMED | |
| NEW YORK STATE, INC. | | | PRIMARY CARE (TIC) AT | |
| 111 BROADWAY, SUITE 1402 | | | NEW YORK STATE | |
| NEW YORK, NY 10006 | | | COMMUNITY HEALTH | |
| | | | CENTERS (NYS CHCS) | 305,161. |
| | | | | |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | COVID-19 RELATED NEEDS | |
| NEW YORK STATE, INC. | | | BY FQHCS | |
| 111 BROADWAY, SUITE 1402 | | | | |
| NEW YORK, NY 10006 | | | | 500,000 |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | TRAINING AND TECHNICAL | |
| NEW YORK STATE, INC. | | | ASSISTANCE, RESOURCES, | |
| 111 BROADWAY, SUITE 1402 | | | AND ANALYSES FOR NYS | |
| NEW YORK, NY 10006 | | | COMMUNITY HEALTH | |
| | | | CENTERS | 504,722. |

023631 04-01-20

| Part XV Supplementary Information | CABRINI HEALTH | | N, INC. 83-059 | |
|--|---|-------------------------|--|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, | | | |
| | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| COMMUNITY HEALTH CENTER OF RICHMOND, | NONE | PC | SOUTH SHORE HEALTH AND HOUSING CENTER | |
| INC. 439 PORT RICHMOND AVENUE | | | HOUSING CENTER | |
| STATEN ISLAND, NY 10302 | | | | 39,100. |
| | | | | |
| | | | | |
| COMMUNITY HEALTHCARE NETWORK, INC. | NONE | PC | TELEHEALTH INTEGRATION | |
| 60 MADISON AVENUE, 5TH FLOOR | | | PROJECT | 100 000 |
| NEW YORK, NY 10010 | | | | 100,000. |
| COMMUNITY OF FRANCISCAN FRIARS OF THE | NONE | PC | SAINT FRANCIS YOUTH | |
| RENEWAL | | | CENTER UPDATING FOR | |
| 421 E 155 STREET | | | SERVICE TO THE POOR | |
| BRONX, NY 10455 | | | | 87,500, |
| | | | | |
| COMPEER ROCHESTER, INC. | NONE | PC | COMPEERCORPS VETERANS | |
| 259 MONROE AVENUE | | | SUPPORT SERVICES | |
| ROCHESTER, NY 14607 | | | | 105,022. |
| COMPREHENSIVE YOUTH DEVELOPMENT | NONE | PC | COMPREHENSIVE | / |
| 240 SECOND AVENUE | | | POSTSECONDARY | |
| NEW YORK, NY 10003 | | | READINESS SERVICES AND | |
| | | | SOCIAL & LEGAL SUPPORT | |
| | | | FOR IMMIGRANTS | 100,000. |
| | | | | |
| COMUNILIFE, INC. | NONE | PC | COMUNILIFE MEDICAL | |
| 462 7TH AVENUE, 3RD FL | | | RESPITE PROGRAM | |
| NEW YORK, NY 10018 | | | | 97,172. |
| | | | | |
| COMUNILIFE, INC. | NONE | PC | COMUNILIFE COVID-19 | |
| 462 7TH AVENUE, 3RD FL | | | MEDICAL RESPITE | |
| NEW YORK, NY 10018 | | | PROGRAM | 125,000. |
| | | | | |
| COPTIC ORTHODOX DIOCESE OF NEW YORK | NONE | ₽C | ANBA ABRAAM FUND | |
| AND NEW ENGLAND | | | COVID-19 EXPANSION | |
| 500 TODT HILL ROAD | | | | |
| STATEN ISLAND, NY 10304 | | | | 100,000. |
| COPTIC ORTHODOX DIOCESE OF NEW YORK | NONE | PC | ANBA ABRAAM FUND | |
| AND NEW ENGLAND | | | | |
| 500 TODT HILL ROAD | | | | |
| STATEN ISLAND, NY 10304 | | | | 516,666. |
| , | | | | 1 |
| CORNELL COOPERATIVE EXTENSION | NONE | PC | ULTIMATE REENTRY | |
| TOMPKINS COUNTY | | | OPPORTUNITY HEALTHFUL | |
| 615 WILLOW AVENUE | | | TRANSITIONS PROJECT | |
| ITHACA, NY 14850 | | | | 145,421. |
| Total from continuation sheets | | | | |

| Part XV Supplementary Information | | | Г | |
|---|--|--------------------------------------|---|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient Name and address (home or business) | 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 |
| | NONE | PC | TOMPKINS FAMILIES | |
| CORNELL COOPERATIVE EXTENSION TOMPKINS COUNTY | NONE | PC | IOMPRING FAMILIES | |
| 515 WILLOW AVENUE | | | | |
| ITHACA, NY 14850 | | | | 90,000. |
| COUNCIL OF PEOPLES ORGANIZATION, INC. 1077 CONEY ISLAND AVENUE BROOKLYN, NY 11230 | NONE | ₽C | MOBILE FOOD PANTRY | 250,000. |
| | | | | |
| COUNCIL OF PEOPLES ORGANIZATION, INC. | NONE | ₽C | COPO SENIOR CENTER | |
| BROOKLYN, NY 11230 | | | | 600,000. |
| COVENANT HOUSE 5 PENN PLAZA, 3RD FLOOR | NONE | PC | MATCHING GRANT | |
| NEW YORK, NY 10001 | | | | 500. |
| COVENANT HOUSE | NONE | PC | COVENANT HOUSE NEW | |
| 5 PENN PLAZA, 3RD FLOOR NEW YORK, NY 10001 | | | YORKS EMERGENCY COVID-19 INITIATIVE | 150,000. |
| | | | | |
| COVENANT HOUSE | NONE | PC | SUPPORTING AT-RISK | |
| 5 PENN PLAZA, 3RD FLOOR NEW YORK, NY 10001 | | | YOUTH WITH RESIDENTIAL MENTAL HEALTHCARE | 291,067. |
| COVENANT HOUSE | NONE | PC | CENTER FOR HOMELESS | |
| 5 PENN PLAZA, 3RD FLOOR | | | YOUTH (CAPITAL) & | |
| NEW YORK, NY 10001 | | | INDIVIDUALIZED PLACEMENT AND SUPPORT | 333,333. |
| | | | | |
| CRISTO REY NEW YORK HIGH SCHOOL | NONE | PC | EXPANSION OF MENTAL | |
| 112 EAST 106TH STREET NEW YORK, NY 10029 | | | HEALTH COUNSELING DEPARTMENT | 140,000. |
| CROUSE HEALTH HOSPITAL | NONE | PC | PROVIDING EXPANDED | , |
| 736 IRVING AVENUE | | | ADDICTION TREATMENT | |
| SYRACUSE, NY 13210 | | | SERVICES TO PEOPLE | |
| | | | WITH SUBSTANCE USE DISORDER | 87,500. |
| | | | | |
| DAY ONE NEW YORK, INC. | NONE | PC | MENTAL HEALTH CARE FOR | |
| PO BOX 3220 CHURCH STREET STATION NEW YORK, NY 10008 | | | YOUNG SURVIVORS OF DOMESTIC VIOLENCE | 75,000. |
| Total from continuation sheets | 1 | 1 | | |

023631 04-01-20

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Info

| Part XV Supplementary Information | <u>CABRINI HEALTH</u> 1 | | N, INC. 83-059 | |
|---|--|-------------------------|-------------------------------------|------------|
| 3 Grants and Contributions Paid During the N | (ear (Continuation) | | | |
| Recipient | If recipient is an individual, | Farmal-Mar. | Durnass of such as | |
| | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| AVENAD FOD MEDICATIV PDACTIP | NONE | PC | BRIDGING THE GAP FROM | |
| AYSTAR FOR MEDICALLY FRAGILE HILDREN | NONE | PC | HOSPITAL TO HOME | |
|)0 LAC DE VILLE BLVD. | | | | |
| OCHESTER, NY 14618 | | | | 100,000. |
| | | | | |
| SPARTMENT OF EDUCATION, ARCHDIOCESE | NONE | PC | INCREASED RENEWAL: | |
| F NEW YORK | | | INCORPORATION OF NEW | |
| ATHOLIC CENTER, 1011 1ST AVENUE - | | | MENTAL HEALTH | |
| BTH FLOOR NEW YORK, NY 10022 | | | CURRICULUM | 150,000. |
| | | | | |
| EPARTMENT OF EDUCATION, ARCHDIOCESE | NONE | PC | PPE AND COVID TESTING | |
| NEW YORK | | | | |
| ATHOLIC CENTER, 1011 1ST AVENUE - | | | | 050 005 |
| TH FLOOR NEW YORK, NY 10022 | | | | 250,000. |
| PARTMENT OF EDUCATION, ARCHDIOCESE | NONE | PC | ENHANCED SPECIAL | |
| NEW YORK | | | EDUCATION PROGRAM AT | |
| ATHOLIC CENTER, 1011 1ST AVENUE - | | | FOUR SCHOOLS | |
| TH FLOOR NEW YORK, NY 10022 | | | | 948,516. |
| ,,, | | | | , |
| PARTMENT OF EDUCATION, ARCHDIOCESE | NONE | PC | STREAM CURRICULUM AT | |
| F NEW YORK | | | THREE INNER-CITY | |
| ATHOLIC CENTER, 1011 1ST AVENUE - | | | CATHOLIC SCHOOLS | |
| 8TH FLOOR NEW YORK, NY 10022 | | | | 300,000. |
| | | | | |
| EPARTMENT OF EDUCATION, ARCHDIOCESE | NONE | ₽C | PERSONAL TECHNOLOGY | |
| F NEW YORK | | | DEVICES FOR LOW-INCOME | |
| ATHOLIC CENTER, 1011 1ST AVENUE - | | | STUDENTS | 1 000 000 |
| TH FLOOR NEW YORK, NY 10022 | | | | 1,000,000. |
| EPARTMENT OF EDUCATION, DIOCESE OF | NONE | PC | CONTINUATION OF | |
| ROOKLYN | | | ENGLISH LANGUAGE | |
| 0 PROSPECT PARK WEST | | | LEARNERS INSTITUTE | |
| ROOKLYN, NY 11215 | | | | 100,000. |
| | | 1 | | |
| PARTMENT OF EDUCATION, DIOCESE OF | NONE | PC | GUIDANCE COUNSELORS | |
| COOKLYN | | | FOR THE ACADEMIES AND | |
| 0 PROSPECT PARK WEST | | | PARISH SCHOOLS | |
| ROOKLYN, NY 11215 | | | | 166,665. |
| PARTMENT OF EDUCATION, DIOCESE OF | NONE | PC | COUNSELING SERVICES | |
| ROOKLYN | | | FOR CATHOLIC ACADEMIES | |
| 10 PROSPECT PARK WEST | | | AND PARISH SCHOOLS | |
| ROOKLYN, NY 11215 | | | WITHIN THE DIOCESE OF | 252 225 |
| | | | BROOKLYN | 350,000. |
| PARTMENT OF EDUCATION DIOCESE OF | NONE | PC | TESTING AND PPE NEEDS | |
| EPARTMENT OF EDUCATION, DIOCESE OF ROOKLYN | IN OTHE | | FOR DIOCESE OF | |
| 10 PROSPECT PARK WEST | | | BROOKLYN CATHOLIC | |
| ROOKLYN, NY 11215 | | | SCHOOLS | 1,300,000. |
| Total from continuation sheets | 1 | 1 | | _,000,000. |

| Part XV Supplementary Information | <u>ו</u> | | | |
|---|--|-------------------------|--|----------|
| 3 Grants and Contributions Paid During the N | ear (Continuation) | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| DEPARTMENT OF EDUCATION, DIOCESE OF | NONE | PC | PROJECT ALPHA | |
| ROCKVILLE CENTRE | | | | |
| L28 CHERRY LANE | | | | 166 666 |
| HICKSVILLE, NY 11801 | | | | 166,666. |
| DEPAUL ADULT CARE COMMUNITIES, INC. | NONE | ₽C | ENHANCING QUALITY OF | |
| 1931 BUFFALO ROAD | | | LIFE FOR OLDER ADULTS | |
| ROCHESTER, NY 14624 | | | THROUGH TECHNOLOGY | 150,000. |
| | | | | |
| DIOCESE OF ROCHESTER, INC. | NONE | PC | PILOT PROGRAM OF | |
| 1150 BUFFALO ROAD | | | COORDINATORS OF | |
| ROCHESTER, NY 14624 | | | VOLUNTEER ENGAGEMENT | 50,000. |
| | | | | |
| DIOCESE OF ROCHESTER, INC. | NONE | PC | PATHWAYS FOR SUPPORT | |
| 150 BUFFALO ROAD | | | OF LIFE DECISIONS | |
| ROCHESTER, NY 14624 | | | | 51,250. |
| | | | | |
| DIOCESE OF ROCHESTER, INC. 1150 BUFFALO ROAD | NONE | PC | HAPPY. HEALTHY. HOLY YOUTH INITIATIVE | |
| ROCHESTER, NY 14624 | | | IOUTH INITIATIVE | 75,000. |
| | | | | |
| DIOCESE OF ROCHESTER, INC. | NONE | ₽C | MIGRANT SUPPORT | |
| , 1150 BUFFALO ROAD | | | PROGRAM | |
| ROCHESTER, NY 14624 | | | | 76,125. |
| | | | | |
| DIOCESE OF ROCHESTER, INC. | NONE | PC | CONSISTENT LIFE ETHIC | |
| 1150 BUFFALO ROAD | | | GRANT PROGRAM | |
| ROCHESTER, NY 14624 | | | | 78,750. |
| DIOCESE OF SYRACUSE CATHOLIC SCHOOLS | NONE | PC | IMPROVING HEALTH & | |
| 40 E ONONDAGA STREET | | | WELLNESS THROUGH | |
| SYRACUSE, NY 13202 | | | NURSING CARE, PE AND | |
| DOMINICAN RETREAT AND CONFERENCE | NONE | PC | ADAPEP SERVICES "SPIRITUAL SANCTUARY" | 60,000. |
| CENTER | NONE | | FOR SENIORS, PERSONS | |
| 1945 UNION STREET | | | WITH DISABILITIES | |
| NISKAYUNA, NY 12309 | | | (PWD) AND 12-STEP | |
| | | | PROGRAM MEMBERS | 35,501. |
| DOMINICAN RETREAT AND CONFERENCE | NONE | PC | SPIRITUAL SANCTUARY | |
| CENTER | | | 2021 | |
| 1945 UNION STREET | | | | |
| NISKAYUNA, NY 12309 | | | | 99,400. |

023631 04-01-20

| Part XV Supplementary Informat | | | | |
|---|--|------------------------|------------------------|----------|
| 3 Grants and Contributions Paid During th | e Year (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager | status of recipient | contribution | Amount |
| | or substantial contributor | Тесіріені | | |
| DOMINICAN SISTERS FAMILY HEALTH | NONE | PC | COVID-19 EMERGENCY | |
| SERVICE, INC. | | | RESPONSE | |
| 115 E. STEVENS AVENUE, SUITE 105 | | | | |
| VALHALLA, NY 10595 | | | | 240,750. |
| DOMINICAN SISTERS FAMILY HEALTH | NONE | PC | BUILDING HOME CARE | |
| SERVICE, INC. | NONE | FC | SERVICE CAPACITY IN | |
| 115 E. STEVENS AVENUE, SUITE 105 | | | NYC AND THE HUDSON | |
| VALHALLA, NY 10595 | | | VALLEY | 700,000. |
| DOROT, INC. | NONE | PC | ENSURING VULNERABLE | ,00,000 |
| 171 WEST 85 STREET | | | OLDER ADULTS HAVE THE | |
| NEW YORK, NY 10024 | | | SERVICES AND SUPPORT | |
| | | | THEY NEED DURING | |
| | | | COVID-19 | 125,000. |
| | | | | 120,000, |
| | | | | |
| DUNBAR ASSOCIATION, INC. | NONE | PC | THE CAPACITY BUILDING | |
| 1453 SOUTH STATE STREET | | | PROJECT | |
| SYRACUSE, NY 13205 | | | | 31,250. |
| | | | | |
| DUNBAR ASSOCIATION, INC. | NONE | PC | WELLNESS & BEHAVIORAL | |
| 1453 SOUTH STATE STREET | | | HEALTH SERVICES | |
| SYRACUSE, NY 13205 | | | HEADTH SERVICES | 105,000. |
| 511110052, NI 15205 | | | | 100,000, |
| | | | | |
| D'YOUVILLE COLLEGE | NONE | PC | THE HEALTH PROFESSIONS | |
| 320 PORTER AVENUE | | | HUB MEDICAL CLINIC | |
| BUFFALO, NY 14201 | | | | 166,665. |
| | | | | |
| D'YOUVILLE COLLEGE | NONE | PC | THE HEALTH PROFESSIONS | |
| 320 PORTER AVENUE | | | HUB PATHWAYS PROGRAM | |
| BUFFALO, NY 14201 | | | | 225,873. |
| | | | | |
| D'YOUVILLE COLLEGE | NONE | PC | NUTRITIONAL | |
| 320 PORTER AVENUE | | | EMPOWERMENT THROUGH | |
| BUFFALO, NY 14201 | | | TEACHING, OPPORTUNITY, | |
| | | | AND SHARING | 350,000. |
| | | | | |
| EDUCATIONAL ALLIANCE, INC. | NONE | PC | OLDER ADULT SERVICES | |
| 197 EAST BROADWAY | | | AT EDUCATIONAL | |
| NEW YORK, NY 10002 | | | ALLIANCE | 21,739. |
| EDUCATIONAL ALLIANCE, INC. | NONE | PC | SUPPORTING THE MENTAL | |
| 197 EAST BROADWAY | | | AND PHYSICAL WELLBEING | |
| NEW YORK, NY 10002 | | | OF AT-RISK OLDER | |
| | | | ADULTS TO AGE WITH | |
| | | | DIGNITY | 100,000. |

023631 04-01-20

21061115 153541 2345282

38 2020.05000 MOTHER CABRINI HEALTH FOU 23452821

| Part XV Supplementary Information | CABRINI HEALTH | FOUNDATION | 1, INC. 83-059 | 0203 |
|--|--|--------------------------------------|---|------------|
| 3 Grants and Contributions Paid During the Ye | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| ELIZABETH PIERCE OLMSTED M.D. CENTER FOR THE VISUALLY IMPAIRED 1170 MAIN STREET BUFFALO, NY 14209 | NONE | PC | ADAPTED LIVING PROGRAM (ALP) FOR SENIOR CITIZENS WHO ARE BLIND OR VISUALLY IMPAIRED | 37,500. |
| ELIZABETH SETON PEDIATRIC CENTER 300 CORPORATE BLVD, SOUTH YONKERS, NY 10701 | NONE | PC | PIONEERING RESIDENTIAL CENTER FOR YOUNG ADULTS WITH MEDICALLY COMPLEX CONDITIONS | 1,033,333. |
| ELLIS HOSPITAL FOUNDATION INC 1101 NOTT STREET SCHENECTADY, NY 12308 | NONE | PC | THE LIVING ROOM SERVING LOW-INCOME, AT-RISK INDIVIDUALS IN CRISIS | 245,000. |
| ELLIS HOSPITAL FOUNDATION INC 1101 NOTT STREET SCHENECTADY, NY 12308 | NONE | PC | EXPANDING ACCESS TO MENTAL HEALTH SUPPORTS FOR AT-RISK CHILDREN, ADOLESCENTS AND THEIR FAMILIES | 541,945. |
| ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308 | NONE | ₽C | SAFEGUARDING SERVICES FOR THOSE NEEDING INPATIENT PSYCHIATRIC CARE | 200,000. |
| EMMA'S TORCH 345 SMITH STREET BROOKLYN, NY 11231 | NONE | PC | THE EMMAS TORCH CULINARY APPRENTICESHIP | 24,829. |
| EMPIRE JUSTICE CENTER 1 W MAIN STREET, SUITE 200 ROCHESTER, NY 14614 | NONE | PC | ENSURING ACCESS TO HEALTHCARE | 136,500. |
| ENCORE COMMUNITY SERVICES 239 WEST 49TH STREET NEW YORK , NY 10019 | NONE | PC | C.A.R.E., CARING FOR AT-RISK ELDERLY | 255,637. |
| EPISCOPAL CHARITIES OF THE DIOCESE OF NEW YORK 1047 AMSTERDAM AVENUE NEW YORK, NY 10025 | NONE | PC | EMERGENCY GRANT PROGRAM FOR GRASSROOTS ORGANIZATIONS | 125,000. |
| EXPLORE & MORE A CHILDREN'S MUSEUM 130 MAIN STREET BUFFALO, NY 14202 Total from continuation sheets | NONE | PC | AU-SOME EVENINGS | 71,472. |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the V | | | I | |
|--|--|----------------------|--|---------|
| | If recipient is an individual, | | | |
| Recipient Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| FAMILY AND CHILDREN'S ASSOCIATION | NONE | PC | NEWCOMER RESOURCE | |
| 100 EAST OLD COUNTRY ROAD MINEOLA, NY 11501 | | | CENTER | 240,690 |
| AINEOLA, NI 11501 | | | | 240,090 |
| FAMILY AND CHILDREN'S ASSOCIATION | NONE | PC | FCA'S RUNAWAY/HOMELESS | |
| 100 EAST OLD COUNTRY ROAD | | | YOUTH COVID-19 | |
| MINEOLA, NY 11501 | | | RESPONSE PROJECT | 78,558 |
| FAMILY OF WOODSTOCK, INC. | NONE | PC | YOUTH AND YOUNG ADULT | |
| 166 ALBANY AVENUE KINGSTON, NY 12401 | | | SHELTER AND TRANSITIONAL LIVING | |
| | | | PROGRAM | 62,500 |
| | | | | |
| FAMILY OF WOODSTOCK, INC. | NONE | PC | 2020 COVID-19 AGENCY | |
| 166 ALBANY AVENUE | | | RESPONSE | 105 000 |
| KINGSTON, NY 12401 | | | | 125,000 |
| FAMILY SERVICE LEAGUE | NONE | PC | THE LINKAGE CENTER | |
| 790 PARK AVENUE | | | (TLC) | |
| HUNTINGTON, NY 11743 | | | | 151,837 |
| EADAMIAN BANTIN GERUTGEG | NONE | D.C. | | |
| FARNHAM FAMILY SERVICES 283 WEST SECOND STREET | NONE | PC | TELEPRACTICE CAPACITY EXPANSION PROJECT | |
| OSWEGO, NY 13126 | | | | 75,000 |
| | | | | |
| FEDERATION OF ORGANIZATIONS | NONE | PC | PHYSICIAN ASSISTANT TO | |
| ONE FARMINGDALE ROAD | | | SERVE THE WYANDANCH | |
| WEST BABYLON, NY 11704 | | | MENTAL HEALTH CLINIC | 112,500 |
| FERNCLIFF NURSING HOME COMPANY, INC. | NONE | PC | COVID-19 EMERGENCY | |
| 21 FERNCLIFF DRIVE | | Ĩ | RESPONSE | |
| RHINEBECK, NY 12572 | | | | 235,000 |
| | | | | |
| FERNCLIFF NURSING HOME COMPANY, INC. | NONE | PC | CREATING A | |
| 21 FERNCLIFF DRIVE | | | STATE-OF-THE-ART | 700 000 |
| RHINEBECK, NY 12572 | | | MEMORY CARE UNIT | 700,000 |
| FIFTH AVENUE COMMITTEE, INC. | NONE | PC | SUNSET PARK BRIDGE | |
| 621 DEGRAW STREET | | | PROGRAM & COMMUNITY | |
| BROOKLYN, NY 11217 | | | HEALTH WORKER INITIATIVE | 150,000 |
| Total from continuation sheets | | | | 100,000 |

| Part XV Supplementary Informati | | | | |
|---|--|-------------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| FIFTH AVENUE PRESBYTERIAN CHURCH | NONE | PC | ECUMENICAL OUTREACH | |
| 7 WEST 55TH STREET | | | PARTNERSHIP PROJECT | |
| NEW YORK, NY 10027 | | | | 86,475 |
| FIND AID FOR THE AGED | NONE | PC | HOMELESS IN-REACH PLUS | |
| 160 WEST 71ST STREET, SUITE 2F | | | | |
| NEW YORK, NY 10023 | | | | 75,000 |
| FOOD BANK FOR NEW YORK CITY | NONE | PC | COVID-19 CITYWIDE | |
| 39 BROADWAY, 10TH FLOOR | | | EMERGENCY FOOD | |
| NEW YORK, NY 10006 | | | DISTRIBUTION | 300,000 |
| FOOD BANK FOR NEW YORK CITY | NONE | PC | HEALTHY COMMUNITIES | |
| 39 BROADWAY, 10TH FLOOR | | | PROGRAM | |
| NEW YORK, NY 10006 | | | | 425,000 |
| | | | | |
| FOOD BANK OF CENTRAL NEW YORK | NONE | PC | EMERGENCY FOOD | |
| 7066 INTERSTATE ISLAND ROAD | | | RESPONSE | |
| SYRACUSE, NY 13209 | | | | 250,000 |
| | | | | |
| FOOD BANK OF CENTRAL NEW YORK | NONE | ₽C | MOBILE FOOD PANTRY | |
| 7066 INTERSTATE ISLAND ROAD SYRACUSE, NY 13209 | | | | 200,000 |
| 51MRC001, NI 15205 | | | | 200,000 |
| FOOD BANK OF WNY | NONE | PC | FEEDMORE WNY COVID-19 | |
| 91 HOLT STREET | | | RESPONSE | |
| BUFFALO, NY 14206 | | | | 225,000 |
| FOOD BANK OF WNY | NONE | PC | BABY NEEDS PROGRAM | |
| 91 HOLT STREET | | | | |
| BUFFALO, NY 14206 | | | | 150,000 |
| | | | | |
| FOODLINK, INC. | NONE | PC | FOODLINK COVID-19 | |
| 1999 MT. READ BLVD. | | | EMERGENCY RESPONSE | 225 000 |
| ROCHESTER, NY 14615 | | | | 225,000 |
| FOODLINK, INC. | NONE | PC | FOODLINK MOBILE PANTRY | |
| 1999 MT. READ BLVD. | | | AND EMERGENCY FOOD | |
| ROCHESTER, NY 14615 | | | DISTRIBUTION | 175,000 |
| Total from continuation sheets | | | | |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| Part XV Supplementary Info | ormation | | <u>1</u> | |
|--|--|-------------------------|-------------------------------------|------------|
| 3 Grants and Contributions Paid Du | | 1 | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or busine | or substantial contributor | recipient | | |
| FORDHAM UNIVERSITY | NONE | PC | FORDHAM UNIVERSITY | |
| 441 EAST FORDHAM ROAD, DEALEY H | IALL | | INSTITUTE OF AMERICAN | |
| NEW YORK, NY 10458 | | | LANGUAGE AND CULTURE | |
| | | | COMMUNITY ENGLISH AS A | |
| | | | SECOND LANGUAGE | 150,000. |
| | | | | |
| FORDHAM UNIVERSITY | NONE | PC | HEALTH AND MENTAL | |
| 441 EAST FORDHAM ROAD, DEALEY H | IALL | | HEALTH CARE FOR WOMEN | |
| NEW YORK, NY 10458 | | | ASYLUM SEEKERS IN NYC | 150,000. |
| | | | | |
| FORDHAM UNIVERSITY | NONE | PC | CLINICAL MENTAL HEALTH | |
| 441 EAST FORDHAM ROAD, DEALEY H | IALL | | SERVICES IN THE BRONX | |
| NEW YORK, NY 10458 | | | COMMUNITY | 300,000. |
| FORT DRUM REGIONAL HEALTH PLANN | VING NONE | ₽C | IMPACTING DRIVERS OF | |
| DRGANIZATION, INC. | | | HEALTH CARE | |
| 20 WASHINGTON STREET, SUITE 23 | 30 | | UTILIZATION | |
| WATERTOWN, NY 13601 | | | | 46,200. |
| FORT DRUM REGIONAL HEALTH PLANN | VING NONE | PC | HEALTH CAREER ARMY | |
| DRGANIZATION, INC. | | | PATHWAYS PROGRAM | |
| 120 WASHINGTON STREET, SUITE 23 | 30 | | | |
| , WATERTOWN, NY 13601 | | | | 134,453. |
| FOUNDATION FOR LONG TERM CARE | NONE | PC | SUPPORTING LONG-TERM | |
| 13 BRITISH AMERICAN BLVD., SUIT | TE 2 | | CARE PROVIDERS AND | |
| LATHAM, NY 12110 | | | THEIR RESIDENTS AND | |
| | | | PATIENTS DURING THE | |
| | | | COVID-19 PANDEMIC | 1,500,000. |
| | | | | |
| FOUNTAIN HOUSE, INC. | NONE | PC | FOUNTAIN HOUSE BRONX | |
| 425 WEST 47TH STREET NEW YORK, NY 10036 | | | | 100,000. |
| | | | | |
| FREEDOM GUIDE DOGS FOR THE BLIN | ID, NONE | PC | HOMETOWN TRAINING: SPECIAL NEEDS | |
| INC. 1210 HARDSCRABBLE ROAD | | | SPECIAL NEEDS | |
| | | | | 75 000 |
| CASSVILLE, NY 13318 | | | | 75,000. |
| FRIARS OF THE ATONEMENT | NONE | PC | MATCHING GRANT | |
| PO BOX 301 | | | | |
| GARRISON, NY 10524 | | | | 100. |
| | | | | |
| FRIENDS OF GREEN CHIMNEYS | NONE | PC | GREEN CHIMNEYS | |
| 400 DOANSBURG ROAD, BOX 719 | | | COMMUNITY OUTREACH | |
| BREWSTER, NY 10509 | | | CENTER | 95,000. |
| Total from continuation sheets | ····· | <u></u> | | |

| Part XV Supplementary Informatio | CABRINI HEALTH n | POUNDATIO | N, INC. 83-059 | 0203 |
|--|--|--------------------------------------|-------------------------------------|------------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | | | | |
| FUTURES IN EDUCATION | NONE | PC | FUTURES IN EDUCATION | |
| 243 PROSPECT PARK WEST | | | SCHOLARSHIP PROGRAM | |
| BROOKLYN, NY 11215 | | | | 1,000,000. |
| | | | | |
| GEORGE JACKSON ACADEMY | NONE | PC | MENTAL HEALTH AND | |
| 104 ST MARK'S PLACE | | | RESILIENCE | |
| NEW YORK, NY 10009 | | | | 75,000. |
| | | | | |
| GERARD PLACE | NONE | PC | PATHWAYS OUT OF | |
| 2515 BAILEY AVENUE | | | POVERTY - JOB/CAREER | |
| BUFFALO, NY 14215 | | | CENTER | 151,349. |
| GILDA'S CLUB WESTCHESTER, INC. | NONE | PC | OUTREACH OF CANCER | |
| 80 MAPLE AVENUE | | | SUPPORT SERVICES TO | |
| WHITE PLAINS, NY 10601 | | | UNDERSERVED | |
| | | | COMMUNITIES | 82,100. |
| | | | | |
| GLOW YMCA, INC. | NONE | ₽C | HEALTHY LIVING CAMPUS | |
| 209 EAST MAIN STREET | | | | |
| BATAVIA, NY 14020 | | | | 333,333. |
| | | | | |
| GODDARD RIVERSIDE COMMUNITY CENTER | NONE | PC | INTEGRATED HEALTH | |
| 593 COLUMBUS AVENUE | | | SERVICES FOR FORMERLY | |
| NEW YORK, NY 10024 | | | HOMELESS INDIVIDUALS | 185,929. |
| | | | | |
| GOD'S LOVE WE DELIVER | NONE | PC | MATCHING GRANT | |
| 166 AVENUE OF THE AMERICAS NEW YORK, NY 10013 | | | | 500. |
| | | | | |
| GOD'S LOVE WE DELIVER | NONE | PC | COVID-19 RESPONSE | |
| 166 AVENUE OF THE AMERICAS | | | | |
| NEW YORK, NY 10013 | | | | 300,000. |
| | | | | |
| GOOD SHEPHERD SERVICES | NONE | PC | COVID-19 RESPONSE | |
| 305 7TH AVENUE | | | | |
| NEW YORK, NY 10001 | | | | 100,000. |
| GOOD SHEPHERD SERVICES | NONE | PC | FUTURE FOCUS-A COMP. | |
| 305 7TH AVENUE | | | INITIATIVE TO ENSURE A | |
| NEW YORK, NY 10001 | | | HEALTHY & THRIVING | |
| | | | FUTURE FOR FOSTER YOUTH | 249 997 |
| Total from continuation sheets | I | 1 | | 249,997. |

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MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| | supplementary Information | | | | |
|--|---------------------------------|---|------------------------|---|-----------|
| 3 Grants and | Contributions Paid During the Y | | 1 | | |
| | Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | A |
| Name an | d address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| GOODWILL INDU | JSTRIES OF GREATER NEW | NONE | PC | REMOTE SERVICES FOR | |
| ORK AND NORT | HERN NEW JERSEY | | | PEOPLE WITH | |
| 1-21 27TH AVE | ENUE | | | DISABILITIES | |
| ASTORIA, NY 1 | 1102 | | | | 98,291 |
| GRASSROOTS GA | ARDENS OF WESTERN NEW | NONE | PC | GROWING TOMATOES AND | |
| YORK | | | | POTATOES IN FOOD | |
| 889 BROADWAY | | | | DESERTS: GGWNY | |
| BUFFALO, NY 1 | 4204 | | | COMMUNITY GARDEN | |
| | | | | PROGRAM | 45,000 |
| BREATER NEW Y | ORK HOSPITAL FOUNDATION, | NONE | PC | IMPROVING ACCESS TO | |
| INC. | | | | EMERGENCY DEPARTMENT | |
| 555 WEST 57TH | I STREET | | | BUPRENORPHINE | |
| NEW YORK, NY | 10019 | | | INDUCTION FOR PATIENTS | |
| | | | | WITH OUD | 46,750 |
| | | NONE | | | |
| INC. | ORK HOSPITAL FOUNDATION, | NONE | PC | IMPROVING ACCESS TO | |
| | I STREET, 15TH FLOOR | | | INTEGRATED REMOTE HEALTH AND SOCIAL CARE | |
| NEW YORK, NY | | | | HEALIN AND SOCIAL CARE | 146,213 |
| | 10015 | | | | 140,213 |
| REATER NEW Y | ORK HOSPITAL FOUNDATION, | NONE | PC | SUPPORTING NYC'S | |
| INC. | , | | | HEALTH CARE WORKFORCE | |
| | I STREET, 15TH FLOOR | | | DURING THE COVID-19 | |
| NEW YORK, NY | | | | EMERGENCY | 250,000 |
| | | | | | |
| | ORK HOSPITAL FOUNDATION, | NONE | PC | SUPPORTING NYC | |
| INC. | | | | HOSPITALS' RESPONSE TO | |
| | I STREET, 15TH FLOOR | | | THE COVID-19 EMERGENCY | |
| NEW YORK, NY | 10019 | | | | 750,000 |
| GREATER NEW Y | ORK HOSPITAL FOUNDATION, | NONE | PC | COVID-19 RELATED NEEDS | |
| INC. | | | | OF HOSPITALS AND | |
| | I STREET, 15TH FLOOR | | | FRONTLINE WORKERS | |
| NEW YORK, NY | | | | | 1,500,000 |
| · | | | | | · · · |
| | | | | | |
| | RK HOLIDAY FUND | NONE | PC | MATCHING GRANT | |
| PO BOX 59 | | | | | |
| NEWARK, NJ 07 | 7646 | | | | 200 |
| | | | | | |
| GUIDING EYES | FOR THE BLIND, INC. | NONE | PC | TRAINING PROGRAM | |
| 611 GRANITE S | | | | | |
| | GHTS, NY 10598 | | | | 100,000 |
| | | | | | |
| | | | | | |
| | | k | ba | HARLEM CHILDREN'S ZONE | |
| | REN'S ZONE, INC. | NONE | PC | | |
| HARLEM CHILDR 35 EAST 125TH NEW YORK, NY | I STREET | NONE | | (HCZ) COVID-19 EMERGENCY RESPONSE | 100,000 |

| Part XV Supplementary Information 3 Grants and Contributions Paid During the | | | 1 | |
|--|--|-------------------------|-------------------------------------|---|
| Recipient | If recipient is an individual, | | | |
| | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | , anount |
| | | | | |
| HARLEM CHILDREN'S ZONE, INC. | NONE | PC | HEALTHY HARLEM | |
| 35 EAST 125TH STREET | | | | |
| NEW YORK, NY 10035 | | | | 683,333 |
| HCA EDUCATION AND RESEARCH | NONE | PC | IMPROVING SEPSIS | , |
| 388 BROADWAY, 4TH FLOOR | | | PREVENTION, SCREENING | |
| ALBANY, NY 12207 | | | AND INTERVENTION IN | |
| | | | THE COMMUNITY AND | |
| | | | ACROSS THE CONTINUUM | 156,444 |
| | | | | |
| HCA EDUCATION AND RESEARCH | NONE | PC | COVID-19 RELATED NEEDS | |
| 388 BROADWAY, 4TH FLOOR | | | IN HOME CARE | |
| ALBANY, NY 12207 | | | | 194,118 |
| i | | | | |
| HCA EDUCATION AND RESEARCH | NONE | PC | PROVIDE STATEWIDE | |
| 388 BROADWAY, 4TH FLOOR | | | TRAINING OF HOME CARE | |
| ALBANY, NY 12207 | | | CLINICIANS TO CONDUCT | |
| | | | COVID-19 TESTING | 199,566 |
| | | | | |
| HCA EDUCATION AND RESEARCH | NONE | PC | HOSPITAL - HOME CARE | |
| 388 BROADWAY, 4TH FLOOR | | | COLLABORATIVE FOR | |
| ALBANY, NY 12207 | | | COVID-19 AND BEYOND | 228,570 |
| HCA EDUCATION AND RESEARCH | NONE | PC | VIRTUAL SENIOR CENTER | |
| 389 BROADWAY, 4TH FLOOR | | | - STATEWIDE EXPANSION | |
| ALBANY, NY 12207 | | | TO SUPPPORT ISOLATED | |
| | | | ELDERLY AND MEDICALLY | |
| | | | VULNERABLE | 811,810 |
| HEADSTRONG PROJECT | NONE | PC | HEADSTRONG PROJECT | |
| 655 MADISON AVENUE 18TH FLOOR | | | VETERANS MENTAL HEALTH | |
| NEW YORK, NY 10065 | | | - COVID-19 EXPANSION | |
| | | | OF SERVICES | 125,000 |
| | | | | |
| HEALTH CARE EDUCATIONAL & RESEARCH | NONE | PC | ADDRESSING HEALTHCARE | |
| FUND, INC. | | | DISPARITIES THROUGH | |
| 1 EMPIRE DRIVE | | | EDUCATION AND | |
| RENSSELAER, NY 12144 | | | LEADERSHIP | 79,326 |
| HEALTH CARE EDUCATIONAL & RESEARCH | NONE | PC | 2020 COVID-19 | |
| FUND, INC. | | - | EMERGENCY GRANTS | |
| 1 EMPIRE DRIVE | | | PROGRAM | |
| RENSSELAER, NY 12144 | | | | 1,400,000 |
| · · · · · · | | | | |
| HEALTHCARE CHAPLAINCY, INC. | NONE | PC | CREATING CHAPLAIN | |
| 505 EIGHTH AVENUE, SUITE 900 | | | LEADERS IN NEW YORK: | |
| NEW YORK, NY 10018 | | | SCHOLARSHIPS FOR | |
| | | | ADVANCED TRAINING | 99,050 |

023631 04-01-20

| Part XV Supplementary Infor | mation | | | |
|--------------------------------------|--|--------------------------------------|-------------------------------------|----------|
| 3 Grants and Contributions Paid Duri | ng the Year (Continuation) | | | |
| Recipient | If recipient is an individual, | Foundation | Durpoos of grant or | |
| Name and address (home or business | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| HEALTHCARE CHOICES NY | NONE | PC | "NUTRITIONAL WELLNESS | |
| 6209 16TH AVENUE | | | PROGRAM" - A | |
| BROOKLYN, NY 11204 | | | MULTIDISCIPLINARY | |
| | | | APPROACH TO TREATING | |
| | | | CO-MORBIDITIES | 87,823. |
| | | | | |
| HEALTHECONNECTIONS | NONE | PC | COMMUNITY REFERRALS | |
| 443 N. FRANKLIN STREET, SUITE 00 | 1 | | FOR SOCIAL | |
| SYRACUSE, NY 13204 | | | DETERMINANTS OF HEALTH | 248,779. |
| HEARTSHARE EDUCATION CENTER | NONE | PC | SUPPLEMENTAL FUNDING | |
| 1825 BATH AVENUE | | | FOR NEW SPACE TO | |
| BROOKLYN, NY 11214 | | | ACCOMMODATE GREATER | |
| | | | VOCATIONAL TRAINING | |
| | | | OPPORTUNITIES | 175,000. |
| HEARTSHARE HUMAN SERVICES OF NEW | YORK NONE | PC | RELOCATION AND | |
| 12 METROTECH CENTER, 29TH FLOOR | | | EXPANSION OF THE RUSSO | |
| BROOKLYN, NY 11201 | | | FIRST STEP EARLY | |
| | | | CHILDHOOD CENTER | 62,500. |
| HEARTSHARE HUMAN SERVICES OF NEW | YORK NONE | PC | HIRE BCBAS TO | |
| 12 METROTECH CENTER, 29TH FLOOR | | | IMPLEMENT STRUCTURAL | |
| BROOKLYN, NY 11201 | | | BEHAVIORAL PLANS; | |
| | | | SUPPORT DIRECT SERVICE | |
| | | | PROFESSIONALS (DSP) | 62,500. |
| | | | | |
| HEARTSHARE HUMAN SERVICES OF NEW | YORK NONE | PC | ENHANCED STAFFING TO | |
| 12 METROTECH CENTER, 29TH FLOOR | | | SUPPORT EARLY | |
| BROOKLYN, NY 11201 | | | CHILDHOOD SERVICES | 175,000. |
| HEARTSHARE HUMAN SERVICES OF NEW | YORK NONE | PC | NURSING SUPERVISION | |
| 12 METROTECH CENTER, 29TH FLOOR | | | SUPPORTS FOR I/DD | |
| BROOKLYN, NY 11201 | | | RESIDENCES AND DAY | |
| , | | | PROGRAMS | 175,000. |
| | | | | |
| HEBREW FREE LOAN SOCIETY INCORPO | RATED NONE | PC | CORONAVIRUS FINANCIAL | |
| 675 3RD AVENUE, RM 1905 | | | IMPACT LOAN PROGRAM | |
| NEW YORK, NY 10017 | | | | 100,000. |
| HELEN KELLER INTERNATIONAL | NONE | ₽C | HELEN KELLER | |
| ONE DAG HAMMARSKJOLD PLAZA, FLOO | | Ĩ | INTERNATIONALS U.S. | |
| | R 2 | | VISION PROGRAM: | |
| NEW YORK, NY 10017 | | | HOMELESS FAMILIES | 65,218. |
| | | | | |
| HELEN KELLER INTERNATIONAL | NONE | PC | HELEN KELLER | |
| ONE DAG HAMMARSKJOLD PLAZA, FLOO | R 2 | | INTERNATIONALS U.S. | |
| NEW YORK, NY 10017 | | | VISION PROGRAM: | |
| | | | SENIORS | 81,522. |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Info

| Part XV Supplementary Information | CABRINI HEALTH | | 1, INC. 83-059 | 0200 |
|--|---|-------------------------|-------------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, | | | |
| · | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| | | | | |
| HELEN KELLER SERVICES | NONE | PC | HEALTH/WELLNESS | |
| 180 LIVINGSTON STREET | | | PROGRAM ENHANCEMENT | |
| BROOKLYN, NY 11201 | | | AND EXPANSION | 139,042. |
| | | | | , |
| | NONE | D.C. | | |
| HENRY STREET SETTLEMENT 265 HENRY STREET | NONE | PC | COVID-19: HENRY STREET RESPONDS | |
| | | | RESPONDS | 125 000 |
| NEW YORK, NY 10002 | | | | 125,000. |
| | | | | |
| HERITAGE CHRISTIAN SERVICES | NONE | PC | AGING IN PLACE | |
| 275 KENNETH DRIVE, SUITE 100 | | | | |
| ROCHESTER, NY 14623 | | | | 100,000. |
| HIAS | NONE | PC | EMERGENCY RESPONSE TO | |
| 411 FIFTH AVENUE, SUIT 1060 | NONE | | COVID-19 FOR REFUGEES | |
| NEW YORK, NY 10016 | | | AND ASYLUM SEEKERS IN | |
| | | | NEW YORK | 100,000. |
| | | | | 100,000. |
| | | | | |
| HILBERT COLLEGE | NONE | ₽C | FRANCISCAN ADVOCACY & | |
| 5200 SOUTH PARK AVENUE | | | RESOURCE CENTER AT | |
| HAMBURG, NY 14075 | | | HILBERT COLLEGE | 350,000. |
| | | | | |
| HISPANIC COUNSELING CENTER, INC. | NONE | ₽C | BREAKING THE CYCLE OF | |
| 344 FULTON AVENUE | | | CHILDREN EXPOSED TO | |
| HEMPSTEAD , NY 11550 | | | DOMESTIC VIOLENCE | 116,900. |
| HISPANIC RESOURCE CENTER OF LARCHMONT | NONE | PC | BUILDING OUR FUTURE | |
| MAMARONECK, INC. | | | | |
| 134 CENTER AVENUE | | | | |
| MAMARONECK, NY 10543 | | | | 75,000. |
| HOPE FOR THE WARRIORS | NONE | ₽C | COVID-19 EMERGENCY | |
| 8003 FORBES PLACE, SUITE 201 | | | FINANCIAL ASSISTANCE | |
| SPRINGFIELD, VA 22151 | | | FOR VETERANS, SERVICE | |
| | | | MEMBERS, AND THEIR | |
| | | | FAMILIES. | 75,000. |
| | | | | |
| HOPE FOR YOUTH | NONE | PC | HOMELESS YOUTH STREET | |
| 201 DIXON AVENUE | | | OUTREACH | |
| AMITYVILLE, NY 11701 | | | | 115,220. |
| | | | | , , |
| NODE OF DIVERSION INC. | NONE | D.C. | | |
| HOPE OF BUFFALO, INC. 660 SMITH STREET | NONE | PC | PROJECT BLUE | |
| BUFFALO, NY 14210 | | | | 181,160. |
| Total from continuation sheets | 1 | 1 | -' | , |

| Part XV Supplementary Informatio | <u>CABRINI HEALTH</u> n | | 1, INC. 83-059 | ~ 4 ~ 7 |
|---|--|--------------------------------------|---|----------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| HORSEHEADS FAMILY RESOURCE CENTER, | NONE | ₽C | PLAYFUL LEARNING | |
| INC. 1034 W BROAD STREET | | | PROGRAM | |
| HORSEHEADS, NY 14845 | | | | 15,000. |
| · · · · | | | | , |
| HOSPICE OF ROCKLAND | NONE | PC | COVID-19 RESPONSE | |
| 11 STOKUM LANE | | | | |
| NEW CITY, NY 10956 | | | | 125,000. |
| HOSPICE OF ROCKLAND | NONE | PC | HISPANIC/LATINO AND | |
| 11 STOKUM LANE | | | UNDERSERVED CLINICAL | |
| NEW CITY, NY 10956 | | | COMMUNITY OUTREACH | |
| | | | (HLUCCO) | 333,333. |
| NOODIENT FOR OPECINE OUROPPY | NONE | PC | | |
| HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH STREET | NONE | PC | HSS GREENBERG ACADEMY FOR SUCCESSFUL AGING | |
| NEW YORK, NY 10021 | | | | 81,420. |
| · · · | | | | , |
| HOUR CHILDREN | NONE | PC | HOUR CHILD CARE | |
| 36-11 12TH STREET | | | | |
| LONG ISLAND CITY, NY 11106 | | | | 336,000. |
| | | | | |
| HOUR CHILDREN | NONE | PC | HOUR CHILDREN RE-ENTRY | |
| 36-11 12TH STREET | | | WELLBEING PROJECT | |
| LONG ISLAND CITY, NY 11106 | | | | 463,040. |
| | | | | |
| HUDSON GUILD | NONE | PC | COVID-19 EMERGENCY | |
| 441 WEST 26TH STREET | | | RESPONSE | 101 660 |
| NEW YORK, NY 10001 | | | | 121,662. |
| | NONE | D.C. | | |
| HUDSON HEADWATERS HEALTH NETWORK 9 CAREY ROAD | NONE | PC | FRESH FOOD FARMACY | |
| QUEENSBURY, NY 12804 | | | | 43,750. |
| | | | | , |
| HUNTINGTON FAMILY CENTERS | NONE | PC | COVID-19 CCC | |
| 405 GIFFORD STREET | | | | |
| SYRACUSE, NY 13204 | | | | 75,000. |
| | | | | |
| IBERO-AMERICAN ACTION LEAGUE, INC. | NONE | PC | IMPLEMENTING IBEROS | |
| 817 EAST MAIN STREET | | | COMMUNITY RESOURCE | 100 500 |
| ROCHESTER, NY 14605 Total from continuation sheets | | 1 | CENTER (CRC) | 199,500. |

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MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 1----

| Part XVSupplementary Information3Grants and Contributions Paid During the N | | | | |
|---|---|-------------------------|-------------------------------------|-----------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| , , , , , , , , , , , , , , , , , , , | or substantial contributor | recipient | | |
| IMMACULATE HEART CENTRAL | NONE | PC | IHC COUNSELOR | |
| 1316 IVES STREET | | | | |
| WATERTOWN, NY 13601 | | | | 75,000 |
| IMMIGRANT JUSTICE CORPS | NONE | PC | ACCESS TO COUNSEL FOR | |
| 17 BATTERY PLACE, SUITE 236 | | | LOW-INCOME IMMIGRANTS | |
| NEW YORK, NY 10004 | | | | 210,000 |
| INJURED MARINE SEMPER FI FUND | NONE | PC | EMERGENCY COVID-19 | |
| 825 COLLEGE BLVD.,SUITE 102, PMB 609 | | | ASSISTANCE FOR | |
| OCEANSIDE, CA 92057 | | | VETERANS AND SERVICE | |
| | | | MEMBERS IN NEW YORK | 75,000 |
| INNER-CITY SCHOLARSHIP FUND, INC. | NONE | PC | INCREASED RENEWAL: | |
| 1011 FIRST AVENUE, SUITE 1800 | NOME | | GRSS SCHOLARSHIPS | |
| NEW YORK, NY 10022 | | | | 1,000,000 |
| INSTITUTE FOR COMMUNITY LIVING, INC. | NONE | PC | CARE NAVIGATION FOR | |
| 125 BROAD STREET, 3RD FLOOR | | | UNDERSERVED IN | |
| NEW YORK, NY 10004 | | | BROWNSVILLE & EAST NY: | |
| | | | HEALTHCARE, HOUSING & | |
| | | | FOOD SECURITY | 166,666 |
| INSTITUTE FOR COMMUNITY LIVING, INC. | NONE | PC | CARE NAVIGATION IN | |
| 125 BROAD STREET, 3RD FLOOR NEW YORK, NY 10004 | | | BROWNSVILLE AND EAST | |
| NEW TORK, NI 10004 | | | NY: HEALTHCARE, HOUSING AND FOOD | |
| | | | SECURITY | 262,500 |
| INTERFAITH PARTNERSHIP FOR THE | NONE | PC | COVID-19 INITIATIVE | |
| HOMELESS | | | PROGRAM | |
| 176 SHERIDAN AVENUE | | | | |
| ALBANY, NY 12210 | | | | 75,000 |
| INTERFAITH PARTNERSHIP FOR THE | NONE | PC | COVID-19 INITIATIVE | |
| HOMELESS | NONE | FC | PROGRAM IPH MEDICAL | |
| 176 SHERIDAN AVENUE | | | RESPITE PROGRAM | |
| ALBANY, NY 12210 | | | | 100,000 |
| | | | | |
| INTERFAITH PARTNERSHIP FOR THE HOMELESS | NONE | PC | COMMUNITY CONNECTIONS | |
| 176 SHERIDAN AVENUE | | | | |
| ALBANY, NY 12210 | | | | 100,000 |
| INTERFAITH WORKS OF CENTRAL NEW YORK | NONE | PC | SENIOR SERVICES | |
| 1010 JAMES STREET | | | PROGRAM - ONE TO ONE | |
| SYRACUSE, NY 13203 | | | PROGRAM - ONE TO ONE PROGRAM | 19,906 |
| Total from continuation sheets | 1 | 1 | | 19,500 |

83-0590263

| Part XV Supplementary Information | | | | |
|--|---|------------|------------------------|------------------|
| 3 Grants and Contributions Paid During the Y | | 1 | _ | |
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager | status of | contribution | Amount |
| Name and address (nome of business) | or substantial contributor | recipient | | |
| | | | | |
| INTERFAITH WORKS OF CENTRAL NEW YORK | NONE | PC | ADDRESSING | |
| 1010 JAMES STREET | | | TECHNOLOGICAL AND | |
| SYRACUSE, NY 13203 | | | MENTAL HEALTH GAPS | |
| | | | DURING COVID-19 | 75,000. |
| | | | | |
| INTERFAITH WORKS OF CENTRAL NEW YORK | NONE | PC | ONE TO ONE PROGRAM | |
| 1010 JAMES STREET | | | | |
| SYRACUSE, NY 13203 | | | | 86,212. |
| | | | | |
| IONA COLLEGE | NONE | DC | TONA INTERDORECCIONAL | |
| | NONE | PC | IONA INTERPROFESSIONAL | |
| 715 NORTH AVENUE | | | EDUCATION (IPE) IN THE | 250 000 |
| NEW ROCHELLE, NY 10801 | | | FIELD | 350,000. |
| IRAQ AND AFGHANISTAN VETERANS OF | NONE | PC | QUICK REACTION FORCE, | |
| AMERICA | NONE | | A RAPID RESPONSE | |
| 35 BROAD STREET 16TH FLOOR | | | REFERRAL PROGRAM | |
| | | | REFERRAL PROGRAM | 100 000 |
| NEW YORK, NY 10004 | NONE | PC | EXDANGION OF MODVEODCE | 100,000. |
| IROQUOIS HEALTHCARE ASSOCIATION, INC. | NONE | FC | EXPANSION OF WORKFORCE | |
| 15 HALFMOON EXECUTIVE PARK DRIVE | | | INVESTMENT | |
| CLIFTON PARK, NY 12065 | | | ORGANIZATION TO | |
| | | | ESSENTIAL WORKERS AT | 600 0 5 0 |
| | | | ACUTE CARE PROVIDERS | 699,852. |
| | | | | |
| IROQUOIS HEALTHCARE ASSOCIATION, INC. | NONE | ₽C | PREPAREDNESS FOR | |
| 15 HALFMOON EXECUTIVE PARK DRIVE | | | COVID-19 SURGE IN | |
| CLIFTON PARK, NY 12065 | | | UPSTATE NY | 1,250,000. |
| | | | | |
| ISLAND HARVEST | NONE | PC | ISLAND HARVEST FOOD | |
| 15 GRUMMAN ROAD W, SUITE 1450 | | | BANK'S MOBILE FOOD | |
| BETHPAGE, NY 11714 | | | PANTRY | 35,000. |
| | | | | |
| | | | | |
| ISLAND HARVEST | NONE | PC | ISLAND HARVEST FOOD | |
| 15 GRUMMAN ROAD W, SUITE 1450 | | | BANK CORONAVIRUS | |
| BETHPAGE, NY 11714 | | | EMERGENCY RESPONSE | 300,000. |
| | | | | |
| JAWONIO, INC. | NONE | PC | JAWONIO BUILDING FOR | |
| 260 N. LITTLE TOR ROAD | | | TOMORROW | |
| NEW CITY, NY 10956 | | | | 94,595. |
| , | | | | , |
| | | | | |
| JAWONIO, INC. | NONE | PC | JAWONIO SERVICES | |
| 260 N. LITTLE TOR ROAD | | | RESPONSE TO COVID-19 | |
| NEW CITY, NY 10956 | | | EMERGENCY | 125,000. |
| Total from continuation sheets | | | | |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Info

| Part XV Supplementary Information | CABRINI HEALTH | FOUNDATION | I, INC. 83-059 | 0205 |
|---|---|-------------------------|---|------------|
| 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| JERICHO ROAD COMMUNITY HEALTH CENTER | NONE | PC | THE VIVE SHELTER FOR | |
| 184 BARTON STREET BUFFALO, NY 14213 | | | ASYLUM SEEKERS | 62,500. |
| | | | | |
| JERICHO ROAD COMMUNITY HEALTH CENTER 184 BARTON STREET | NONE | PC | SAFETY NET DENTAL CLINIC AT 1021 | |
| BUFFALO, NY 14213 | | | BROADWAY | 280,000. |
| JEWISH ASSOCIATION SERVING THE AGING 247 WEST 37TH ST, 9TH FLOOR | NONE | ₽C | CARING LINK | |
| NEW YORK, NY 10018 | | | | 1,333,330. |
| JEWISH ASSOCIATION SERVING THE AGING | NONE | ₽C | SENIOR COMMUNITY | |
| 247 WEST 37TH ST, 9TH FLOOR NEW YORK, NY 10018 | | | CONNECTION | 700,000. |
| JEWISH COMMUNITY CENTER OF STATEN ISLAND, INC. | NONE | PC | COVID-19 2020 EMERGENCY | |
| 1466 MANOR ROAD STATEN ISLAND, NY 10314 | | | | 125,000. |
| JEWISH COMMUNITY COUNCIL OF CANARSIE | NONE | ₽C | SOUTHEASTERN BROOKLYN | |
| 1170 PENNSYLVANIA AVE, STE 1B BROOKLYN, NY 11239 | | | SAFETY NET | 80,000. |
| JEWISH COMMUNITY COUNCIL OF GREATER CONEY ISLAND, INC. | NONE | ₽C | EMERGENCY FOOD FOR SENIORS | |
| 3001 WEST 37TH STREET BROOKLYN, NY 11224 | | | | 125,000. |
| JEWISH FAMILY SERVICE OF BUFFALO AND ERIE COUNTY | NONE | ₽C | NGUVU PAMOJA (STRONGER TOGETHER) | |
| 70 BARKER STREET BUFFALO, NY 14209 | | | | 75,000. |
| JEWISH FAMILY SERVICE OF BUFFALO AND ERIE COUNTY | NONE | ₽C | TRAUMA SYSTEMS THERAPY FOR REFUGEE YOUTH | |
| 70 BARKER STREET BUFFALO, NY 14209 | | | | 180,000. |
| JEWISH FAMILY SERVICE OF ORANGE COUNTY, INC. | NONE | ₽C | SAFETY NET | |
| 720 ROUTE 17M MIDDLETOWN, NY 10940 | | | | 31,625. |

| Part XV Supplementary Informatio | <u>CABRINI HEALTH</u> n | | N, INC. 83-059 | |
|--|---|------------------------|--|------------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | . . |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| JEWISH HOME OF CENTRAL NEW YORK | NONE | PC | DEMENTIA FRIENDLY | |
| 4101 EAST GENESEE STREET | | | CENTRAL NEW YORK | |
| SYRACUSE, NY 13214 | | | | 32,500. |
| JOE TORRE SAFE AT HOME | NONE | PC | VIRTUAL MENTAL HEALTH | |
| 55 WEST 39TH ST, SUITE 600 | | | SUPPORT & RESOURCES | |
| NEW YORK, NY 10018 | | | DURING COVID-19 | 75,000. |
| JOE TORRE SAFE AT HOME | NONE | PC | MENTAL HEALTH SUPPORT | |
| 55 WEST 39TH ST, SUITE 600 | | | FOR ELEMENTARY-AGED | |
| NEW YORK, NY 10018 | | | YOUTH | 100,000. |
| JOINT COUNCIL FOR ECONOMIC | NONE | PC | FOOD INSECURITY | |
| OPPORTUNITY OF CLINTON & FRANKLIN | | | PROGRAM SUPPORT FOR | |
| 54 MARGARET STREET PLATTSBURGH, NY 12901 | | | RURAL COMMUNTIES IN THE NORTH COUNTRY | 220,223. |
| | | | | 220,223. |
| JOSEPH'S HOUSE FOR WOMEN, INC. | NONE | PC | JOSEPH'S HOUSE | |
| 1101 BURNET AVENUE | | | RESIDENTIAL EXPANSION | |
| SYRACUSE, NY 13203 | | | | 175,000. |
| | | | | |
| JUDICIAL PROCESS COMMISSION 1921 NORTON STREET | NONE | PC | NEW JOURNEY | |
| ROCHESTER, NY 14609 | | | | 49,251. |
| | | | | |
| JULIA DYCKMAN ANDRUS MEMORIAL, INC. | NONE | PC | COMMUNITY OUTREACH | |
| 1156 NORTH BROADWAY YONKERS, NY 10701 | | | SPECIALIST | 31,648. |
| | | | | |
| JULIA DYCKMAN ANDRUS MEMORIAL, INC. | NONE | PC | WESTCHESTER COUNTY | |
| 1156 NORTH BROADWAY | | | HEALTHY FAMILIES | |
| YONKERS, NY 10701 | | | EXPANSION | 46,435. |
| JULIA DYCKMAN ANDRUS MEMORIAL, INC. | NONE | PC | ANDRUS MHD COMMUNITY | |
| 1156 NORTH BROADWAY | | | OUTREACH | |
| YONKERS, NY 10701 | | | | 96,911. |
| | NONE | D.C. | | |
| JULIA DYCKMAN ANDRUS MEMORIAL, INC. 1156 NORTH BROADWAY | NONE | PC | ANDRUS WESTCHESTER COUNTY HEALTHY | |
| YONKERS, NY 10701 | | | FAMILIES EXPANSION | 142,406. |
| Total from continuation sheets | | | | |

| 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | | |
|--|--|--------------------------------------|-------------------------------------|---------------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| KALEIDA HEALTH FOUNDATION | NONE | PC | ELIMINATE BARRIERS AND | |
| 1028 MAIN STREET 4TH FL | | | BRIDGE GAPS IN | |
| BUFFALO, NY 14202 | | | SERVICES FOR CANCER | |
| | | | PATIENTS THROUGH NURSE | |
| | | | NAVIGATION | 51,562. |
| KINGS AGAINST VIOLENCE INITIATIVE, INC. | NONE | PC | HEALTHY YOUNG MINDS OF BROOKLYN | |
| 451 CLARKSON AVE, STE A-7221 BROOKLYN, NY 11203 | | | | 50,000 |
| | | | | |
| KINGS BAY YM-YWHA, INC. | NONE | PC | SERVICES FOR DEAF AND | |
| 3495 NOSTRAND AVENUE, 3495 | | | HARD OF HEARING SENIOR | |
| BROOKLYN, NY 11229 | | | ADULTS | 100,000. |
| | | | | |
| L.I. AGAINST DOMESTIC VIOLENCE | NONE | PC | TRAUMA FOCUSED | |
| 320 CARLETON AVE, SUITE 8000 | | | COUNSELING AND | |
| CENTRAL ISLIP, NY 11722 | | | EDUCATION TO PROMOTE | 102 412 |
| | | | RESILIENT FAMILIES | 193,412. |
| | | | | |
| LAMP MINISTRIES, INC. | NONE | PC | LAMPCAF PROPOSAL | |
| 2704 SCHURZ AVENUE | | | | T0 000 |
| BRONX, NY 10465 | | | | 70,000 |
| LAVELLE SCHOOL FOR THE BLIND | NONE | PC | INCLUSIVE AND | |
| 3830 PAULDING AVENUE | | | ACCESSIBLE OUTDOOR | |
| BRONX, NY 10469 | | | SPACE FOR CHILDREN | |
| | | | WITH DISABILITIES | 125,000. |
| | | | | |
| LE MOYNE COLLEGE | NONE | PC | CARE SPIRITUALITY AND | |
| 1419 SALT SPRINGS ROAD | | | EMPOWERMENT IN AGING: | |
| SYRACUSE, NY 13214 | | | A WEBINAR SERIES | 76,561. |
| | | | | |
| LE MOYNE COLLEGE | NONE | PC | RETRAINING | |
| 1419 SALT SPRINGS ROAD | | | FOREIGN-TRAINED | |
| SYRACUSE, NY 13214 | | | MEDICAL PROFESSIONALS | 337,333. |
| | | | | |
| LE MOYNE COLLEGE | NONE | PC | CABRINI SCHOLARSHIPS | |
| 1419 SALT SPRINGS ROAD | | | IN NURSING | |
| SYRACUSE, NY 13214 | | | | 350,000 |
| LEGAL ASSISTANCE OF WESTERN NEW YORK, | NONE | ₽C | FINGER LAKES LEGAL | |
| INC. | | | CARE | |
| 361 SOUTH MAIN STREET | | | | |
| GENEVA, NY 14456 | | | | 300,000 |

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| Part XV Supplementary Information | | | I | |
|--|--|-------------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid During the V | | 1 | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| LIBERTY RESOURCES | NONE | PC | CORONAVIRUS EMERGENCY | |
| 1045 JAMES STREET | | | FOOD SUPPORT | |
| SYRACUSE, NY 13203 | | | | 75,000 |
| LIBERTY RESOURCES | NONE | ₽C | FAMILY RESILIENCE | |
| 1045 JAMES STREET | | | COMMUNITY CENTER | |
| SYRACUSE, NY 13203 | | | | 166,665 |
| LIFESPAN OF GREATER ROCHESTER | NONE | PC | FINGER LAKES | |
| 1900 S. CLINTON AVENUE | | | HEALTHCARE ELDER | |
| ROCHESTER, NY 14618 | | | JUSTICE SPECIALIST | |
| | | | PROJECT | 18,830 |
| LIFESPAN OF GREATER ROCHESTER | NONE | PC | LIFESPAN COVID-19 | |
| 1900 S. CLINTON AVENUE | NONE | FC | EMERGENCY | |
| ROCHESTER, NY 14618 | | | | 26,630 |
| LIGHTHOUSE MISSION OUTREACH, INC. | NONE | PC | FOOD DISTRIBUTION AND | , |
| 1543 MONTAUK HIGHWAY | | | AT-HOME PANTRY | |
| BELLPORT, NY 11713 | | | DELIVERY FOR | |
| | | | FOOD-INSECURE SUFFOLK | |
| | | | COUNTY RESIDENTS | 150,000. |
| LINCOLN HALL BOYS' HAVEN | NONE | PC | SUCCESSFUL STEPS | |
| P.O. BOX 600 ROUTE 202 | | | | |
| LINCOLNDALE, NY 10540 | | | | 725,000 |
| | | | | |
| LONG ISLAND CARES, INC. | NONE | PC | COVID-19 EMERGENCY | |
| 10 DAVIDS DRIVE HAUPPAUGE, NY 11788 | | | RESPONSE | 300,000 |
| · · · · · | Novie | | | |
| LONG ISLAND CENTER FOR INDEPENDENT LIVING, INC. | NONE | PC | LICIL TRANSPORTATION | |
| 3601 HEMPSTEAD TURNPIKE, STE 208 | | | | |
| LEVITTOWN, NY 11756 | | | | 26,250 |
| LONG ISLAND CENTER FOR INDEPENDENT | NONE | PC | HISPANIC OUTREACH | |
| LIVING, INC. | | | SERVICES | |
| 3601 HEMPSTEAD TURNPIKE, STE 208 | | | | |
| LEVITTOWN, NY 11756 | | | | 29,500 |
| LONG ISLAND COALITION FOR THE | NONE | PC | COVID-19 RESPONSE | |
| HOMELESS | | | | |
| 600 ALBANY AVENUE, SUITE 2 | | | | |
| AMITYVILLE, NY 11701 | | | | 250,000 |

| Part XVSupplementary Informatio3Grants and Contributions Paid During the | | | Ι | |
|--|--|------------------------|--------------------------------------|---------|
| Recipient | If recipient is an individual, | | | |
| поорон | show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| LONG ISLAND COUNCIL ON ALCOHOLISM, | NONE | PC | H.E.R.E. NOW | |
| INC. | | | | |
| 1025 OLD COUNTRY ROAD, STE. 221 | | | | |
| WESTBURY, NY 11590 | | | | 80,000 |
| LORETTO HEALTH AND REHABILITATION | NONE | PC | SYRACUSE AND AUBURN | |
| CENTER | | | COVID-19 RESPONSE | |
| 700 EAST BRIGHTON AVENUE | | | UNITS | |
| SYRACUSE, NY 13205 | | | | 625,000 |
| LORETTO HEALTH AND REHABILITATION | NONE | PC | PPE SUPPLY INITIATIVE | |
| CENTER | | | | |
| 700 EAST BRIGHTON AVENUE | | | | |
| SYRACUSE, NY 13205 | | | | 625,000 |
| LORETTO MANAGEMENT CORPORATION | NONE | PC | DAY CARE I DN | |
| 700 E. BRIGHTON AVENUE | NONE | FC | DAY CARE, LPN APPRENTICE PROGRAMS | |
| SYRACUSE, NY 13205 | | | AND REMOTE PATIENT | |
| JIMICODE, NI 10200 | | | MONITORING | 166,666 |
| | | | | |
| | | | | |
| LORETTO MANAGEMENT CORPORATION | NONE | PC | ELECTRONIC MEDICAL | |
| 700 E. BRIGHTON AVENUE | | | RECORD SYSTEMWIDE | 250.000 |
| SYRACUSE, NY 13205 | | | IMPLEMENTATION | 350,000 |
| | | | | |
| LOURDES CAMP, INC. | NONE | PC | CAMPERSHIP PROGRAM | |
| 1654 W. ONONDAGA STREET | | | | |
| SYRACUSE, NY 13204 | | | | 25,000 |
| LUTHERAN SOCIAL SERVICES OF | NONE | PC | DISTANCE LEARNING | |
| METROPOLITAN NEW YORK, INC. | | | EQUIPMENT FOR SPECIAL | |
| 475 RIVERSIDE DRIVE, SUITE 1244 | | | EDUCATION STUDENTS AT | |
| NEW YORK, NY 10115 | | | THE NEW LIFE SCHOOL | 125,000 |
| | | | | |
| MANAGEMENT LEADERSHIP FOR TOMORROW | NONE | PC | MATCHING GRANT | |
| 7201 WISCONSIN AVENUE NW, SUITE 400 | | | | |
| BETHESDA, MD 20814 | | | | 51 |
| | | | | |
| MARIA COLLEGE | NONE | PC | BISHOP MAGINN | |
| 700 NEW SCOTLAND AVENUE | | | PARTNERSHIP | |
| ALBANY, NY 12208 | | | | 117,000 |
| ANDIA COLLEGE | NONE | P.C. | | |
| MARIA COLLEGE | NONE | PC | ACCESSIBILITY SERVICES | |
| 700 NEW SCOTLAND AVENUE | | | & COUNSELING AT THE | |
| ALBANY, NY 12208 | | | FRANK E. O'BRIEN, JR. | 120 000 |
| Total from continuation sheets | | | STUDENT SUPPORT CENTER | 120,000 |

| Part XV Supplementary Informatio | | | | |
|--|--|-------------------------|--|----------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | - | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| MARIA REGINA RESIDENCE, INC. | NONE | PC | MARIA REGINA COVID-19 | |
| 1725 BRENTWOOD ROAD, BLDG # 1 | | | STAFFING COSTS | |
| BRENTWOOD, NY 11717 | | | | 125,000. |
| MARIA REGINA RESIDENCE, INC. | NONE | PC | MARIA REGINA | |
| 1726 BRENTWOOD ROAD, BLDG # 1 | | | RESIDENCE, INC. | |
| BRENTWOOD, NY 11717 | | | COVID-19 PPE PURCHASES | |
| | | | FOR FRONT LINE STAFF | 175,000. |
| | | | | |
| MARLENE MEYERSON JCC MANHATTAN 334 AMSTERDAM AVENUE | NONE | PC | CENTER FOR POSITIVE AGING | |
| VEW YORK, NY 10023 | | | AGING | 20,900. |
| | | | | 20,900. |
| MARLENE MEYERSON JCC MANHATTAN | NONE | PC | THE VIRTUAL CENTER FOR | |
| 334 AMSTERDAM AVENUE | | | POSITIVE AGING | |
| NEW YORK, NY 10023 | | | | 91,505. |
| | | | | |
| MARY CARIOLA CHILDREN'S CENTER | NONE | PC | ELIMINATING LANGUAGE | |
| 1000 ELMWOOD AVENUE | | | BARRIERS | |
| ROCHESTER, NY 14620 | | | | 81,660. |
| MARY MANNING WALSH NURSING HOME CO, | NONE | PC | COVID-19 EMERGENCY | |
| INC. | | | RESPONSE | |
| 1339 YORK AVENUE | | | | |
| NEW YORK, NY 10022 | | | | 280,000. |
| | | | | |
| MARYHAVEN CENTER OF HOPE | NONE | PC | MARYHAVEN CENTER OF | |
| 51 TERRYVILLE ROAD PORT JEFFERSON STATION, NY 11776 | | | HOPE INTEGRATED BUSINESS CENTER | 166,666. |
| | | | | |
| MASA | NONE | PC | A HEALTHY START FOR | |
| 2770 THIRD AVENUE, FIRST FL | | | SOUTH BRONX LATINO | |
| BRONX, NY 10455 | | | IMMIGRANT FAMILIES | 105,000. |
| | | | | |
| MASSENA INDEPENDENT LIVING CENTER | NONE | PC | ENHANCING INDEPENDENCE | |
| 156 CENTER STREET | | | IN THE HOME | |
| MASSENA, NY 13662 | | | | 80,000. |
| ALCENA MEALS ON WHEELS INC | NONE | PC | ENHANCING THE CEDUTCE | |
| MASSENA MEALS ON WHEELS, INC. 70 EAST HATFIELD | | | ENHANCING THE SERVICE AND PROTECTION OF | |
| MASSENA, NY 13662 | | | CLIENTS | 10,000. |
| Total from continuation sheets | | 1 | | |

| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
|--|--|------------------------|------------------------|----------|
| Recipient | If recipient is an individual, | | | |
| noopion | show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| MEALS ON WHEELS PROGRAMS & SERVICES | NONE | PC | ADVANCED SAFETY CHECKS | |
| | NONE | FC | ADVANCED SAFETT CHECKS | |
| OF ROCKLAND, INC. | | | | |
| 121 WEST NYACK ROAD NANUET, NY 10954 | | | | 100,000 |
| , | | | | , |
| MEDICARE RIGHTS CENTER | NONE | PC | BENEFITS ENROLLMENT TO | |
| 266 WEST 37TH STREET | | | HELP LOW-INCOME NEW | |
| NEW YORK, NY 10025 | | | YORKERS WITH MEDICARE | |
| | | | ACCESS AND AFFORD CARE | 29,349 |
| | | | | |
| MENTAL HEALTH ADVOCATES OF WESTERN | NONE | PC | JUST TELL ONE/YOUTH | |
| NEW YORK | | | PEER ADVOCATES | |
| 999 DELAWARE AVENUE BUFFALO, NY 14209 | | | | 48,100. |
| borrmbo, NI 14205 | | | | 40,100 |
| MENTAL HEALTH AMERICA OF DUTCHESS | NONE | PC | INTERSECTIONS | |
| COUNTY, INC. | | | INITIATIVE INTENDED TO | |
| 253 MANSION STREET | | | HELP WITH COVID-19 | |
| POUGHKEEPSIE, NY 12601 | | | ISSUES OR CONSEQUENCES | 35,690 |
| MENTAL HEALTH ASSOCIATION IN NEW YORK | NONE | PC | MHANYS SCHOOL MENTAL | |
| STATE, INC. | | | HEALTH RESOURCE AND | |
| 194 WASHINGTON AVE, SUITE 415 | | | TRAINING CENTER'S | |
| ALBANY, NY 12210 | | | FAMILY EDUCATION | |
| | | | PROJECT | 202,508. |
| | | | | |
| MENTAL HEALTH ASSOCIATION OF FRANKLIN | NONE | PC | COVID-19 COMMUNITY | |
| COUNTY, INC. | | | RESPONSE | |
| 7 PEARL STREET, 7 PEARL ST | | | | |
| MALONE, NY 12953 | | | | 75,000. |
| MENTAL HEALTH ASSOCIATION OF NASSAU | NONE | PC | LIVE2HEAL AFTER | |
| COUNTY, INC. | | | COVID-19 (VETERANS | |
| 16 MAIN STREET | | | GRIEF/BEREAVEMENT | |
| HEMPSTEAD , NY 11550 | | | SUPPORT PROJECT) | 100,190. |
| MENTAL HEALTH ASSOCIATION OF | NONE | PC | EXPANSION OF MHA | |
| WESTCHESTER COUNTY, INC. | | | CLINIC SERVICES IN | |
| 580 WHITE PLAINS ROAD | | | ROCKLAND TO EXPAND | |
| TARRYTOWN, NY 10591 | | | ACCESS, REDUCE WAIT | |
| | | | TIME | 27,174. |
| MENTAL HEALTH ASSOCIATION OF | NONE | PC | PROJECT ACCESS: | , |
| WESTCHESTER COUNTY, INC. | | | PROVIDING NEEDED FOOD | |
| 580 WHITE PLAINS ROAD | | | AND ESSENTIAL SUPPLIES | |
| TARRYTOWN, NY 10591 | | | TO COVID-19 IMPACTED | |
| | | | PEOPLE | 125,000. |
| | | | | |
| MENTAL HEALTH PROVIDERS OF WESTERN | NONE | PC | MENTAL HEALTH AND | |
| QUEENS, INC. | | | SOCIAL SUPPORT | |
| 40-23 62ND STREET, 2ND FL | | | SERVICES FOR | _ |
| WOODSIDE, NY 11377 | | | IMMIGRANTS | 370,400 |

| Part XV Supplementary Information | CABRINI HEALTH | | 1, INC. 83-059 | ~ |
|--|--|--------------------------------------|---|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| MENTAL HEALTH SERVICES OF ERIE | NONE | PC | SERVICE LINK STOP ONE | |
| COUNTY, SOUTH EAST CORP V | | | STOP HUB FOR SERVICES | |
| 227 THORN AVENUE | | | IN ERIE COUNTY | F0 000 |
| ORCHARD PARK, NY 14127 | | | | 50,000. |
| MERCY CARE FOR THE ADIRONDACKS | NONE | PC | AGE-FRIENDLY | |
| 185 OLD MILITARY ROAD | | | COMMUNITIES INITIATIVE | |
| LAKE PLACID, NY 12946 | | | | 249,270. |
| MERCY HOME FOR CHILDREN | NONE | ₽C | MERCY HOME HEAL: | |
| 273 WILLOUGHBY AVENUE | | | HEALTH ENRICHMENT AND | |
| BROOKLYN, NY 11205 | | | LEARNING | 250,000. |
| WERCY HOME FOR CUTINEN | NONE | PC | MEDOW HOME THOM | |
| MERCY HOME FOR CHILDREN 273 WILLOUGHBY AVENUE | NONE | PC | MERCY HOME JUST IMAGINE! THERAPEUTIC | |
| BROOKLYN, NY 11205 | | | HEALTH | 250,000. |
| / | | | | , |
| MERCY HOME FOR CHILDREN | NONE | PC | MERCY HOME "LIFE | |
| 273 WILLOUGHBY AVENUE | | | SKILLS LIFELONG | |
| BROOKLYN, NY 11205 | | | INITIATIVE" | 250,000. |
| MERCY HOUSE OF THE SOUTHERN TIER, INC. | NONE | ₽C | MERCY HOUSE ADMISSIONS | |
| 212 N. MCKINLEY AVENUE | | | | |
| ENDICOTT, NY 13760 | | | | 100,000. |
| MERCY MEDICAL CENTER PART OF CATHOLIC | NONE | PC | MERCY MEDICAL CENTER | |
| HEALTH SYSTEM OF LONG ISLAND | | | TELEHEALTH EXPANSION | |
| 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 | | | FOR HIGH-RISK PREGNANCY | 221 865 |
| · · · · · · · · · · · · · · · · · · · | | | | 221,865. |
| MERCY MEDICAL CENTER PART OF CATHOLIC | NONE | PC | COVID-19 INITIATIVE | |
| HEALTH SYSTEM OF LONG ISLAND 992 NORTH VILLAGE AVENUE | | | FOR VULNERABLE POPULATIONS | |
| ROCKVILLE CENTRE, NY 11570 | | | | 800,000. |
| METROPOLITAN NEW YORK COORDINATING | NONE | PC | CORONAVIRUS EMERGENCY | |
| COUNCIL ON JEWISH POVERTY | | | FOOD DELIVERY PROJECT | |
| 77 WATER STREET, 26TH FLOOR | | | FOR AT-RISK SENIORS | |
| NEW YORK, NY 10005 | | | | 300,000. |
| METROPOLITAN NEW YORK COORDINATING | NONE | PC | HARNESSING TECHNOLOGY | |
| COUNCIL ON JEWISH POVERTY | | | TO FEED UNDERSERVED | |
| 77 WATER STREET, 26TH FLOOR | | | NEW YORKERS FACING | |
| NEW YORK, NY 10005 | | | FOOD INSECURITY | 250,000. |
| Total from continuation sheets | | | | |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| Part XV Supplementary Information | | | | |
|--|--|------------------------|---------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| METROPOLITAN NEW YORK COORDINATING | NONE | ₽C | MOBILE PANTRY SERVICES | |
| COUNCIL ON JEWISH POVERTY | | | FOR NEW YORKERS WITH | |
| 77 WATER STREET, 26TH FLOOR | | | BARRIERS TO ACCESSING | |
| NEW YORK, NY 10005 | | | EMERGENCY FOOD | |
| | | | RESOURCES | 278,691. |
| | | | | |
| MID-ISLAND Y JEWISH COMMUNITY CENTER, | NONE | PC | FEEDING OUR NEIGHBORS | |
| INC. | | | | |
| 45 MANETTO HILL ROAD | | | | |
| PLAINVIEW , NY 11803 | | | _ | 85,817. |
| NODILIZATION FOR INGUIGE INC | NONT | | MODILIZATION FOD | |
| MOBILIZATION FOR JUSTICE, INC. | NONE | ₽C | MOBILIZATION FOR | |
| 100 WILLIAM STREET, 6TH FL | | | JUSTICE CHILDRENS | |
| NEW YORK, NY 10038 | | | MEDICAL-LEGAL | |
| | | | PARTNERSHIP (CMLP) | 25,000. |
| MOLLOY COLLEGE | NONE | PC | MULTIDISCIPLINARY | |
| 1000 HEMPSTEAD AVENUE | | | PRIMARY CARE | |
| ROCKVILLE CENTRE, NY 11571 | | | COLLABORATION: | |
| | | | INCREASING ACCESS TO | |
| | | | HEALTH SERVICES | 700,000. |
| | | | | |
| MOM'S HOUSE OF ENDICOTT, NY, INC. | NONE | PC | MENTAL HEALTH AND | |
| 770 HARRY L DRIVE | NONE | 10 | WELLNESS PROGRAM | |
| JOHNSON CITY, NY 13790 | | | WEILINESS FROGRAM | 75 500 |
| MONROE COMMUNITY HOSPITAL | NONE | PC | BUILDING FRIENDSHIP | 75,500. |
| 435 E. HENRIETTA ROAD | NONE | 10 | PLACE: A COMMUNITY | |
| | | | | |
| ROCHESTER, NY 14620 | | | FOCUSED ON WELL-BEING | |
| | | | OF INDIVIDUALS WITH DEMENTIA | 100,000. |
| | | | | 100,000. |
| | | | | |
| MONTCLAIR STATE UNIVERSITY FOUNDATION | NONE | ₽C | MATCHING GRANT | |
| 1 NORMAL AVENUE | | | | |
| MONTCLAIR, NJ 07043 | | | | 500. |
| | | | | |
| MONTEFIORE MEDICAL CENTER | NONE | ₽C | COMMUNITY PEDIATRIC | |
| 1225 MORRIS PARK AVENUE | | | PROGRAMS | |
| BRONX, NY 10461 | | | | 125,000. |
| <i>,</i> | | | | |
| MONTEFIORE MEDICAL CENTER | NONE | ₽C | ENHANCING TREATMENT | |
| 1225 MORRIS PARK AVENUE | | | FOR CHILDREN WITH | |
| BRONX, NY 10461 | | | AUTISM AT RFK CERC AT | |
| · | | | MONTEFIORE | 178,784. |
| | | | | |
| MOUNT SAINT MARY COLLEGE | NONE | PC | MOUNT SAINT MARY | |
| 330 POWELL AVENUE | | | COLLEGE COMMUNITY | |
| NEWBURGH, NY 12550 | | | ENGAGEMENT AND | |
| | | | WELLNESS CENTER | 425,000. |
| Total from continuation sheets | | | | |

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| Part XV Supplementary Information | | | | |
|--|--|-------------------------|------------------------|----------|
| 3 Grants and Contributions Paid During the Ye | ar (Continuation) | - | | |
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| MUSEUM OF PUBLIC RELATIONS | NONE | PC | MATCHING GRANT | |
| 85 BROAD STREET, 27TH FLOOR | | | | |
| NEW YORK, NJ 10004 | | | | 200. |
| NATIONAL ALLIANCE FOR THE MENTALLY | NONE | ₽C | HELPING AND SUPPORTING | |
| ILL OF NEW YORK CITY, INC. | | | NEW YORK CITY | |
| 505 EIGHTH AVENUE, SUITE 1103 | | | RESIDENTS WITH MENTAL | |
| NEW YORK, NY 10018 | | | ILLNESS AND THEIR | |
| · | | | FAMILIES | 100,000. |
| | | | | |
| NAZARETH COLLEGE OF ROCHESTER | NONE | PC | EL CUIDADO DE NUESTROS | |
| 4245 EAST AVENUE | | | VECINOS (CARING FOR | |
| ROCHESTER, NY 14618 | | | OUR NEIGHBORS) | 229,363. |
| NEIGHBORHOOD LEGAL SERVICES, INC. | NONE | PC | NEIGHBORHOOD LEGAL | 225,505. |
| | NONE | FC | | |
| 237 MAIN STREET, SUITE 400 | | | SERVICES CATHOLIC | |
| BUFFALO, NY 14203 | | | HEALTH/CATHOLIC | |
| | | | CHARITIES 24/7 | |
| | | | TELE-LEGAL LINE | 156,905. |
| | | | | |
| NEW ALTERNATIVES FOR CHILDREN, INC. | NONE | ₽C | ABA SERVICES FOR | |
| 37 W. 26TH STREET | | | CHILDREN ON THE AUTISM | |
| NEW YORK, NY 10010 | | | SPECTRUM IN THE CHILD | |
| | | | WELFARE SYSTEM | 37,500. |
| NEW IMMIGRANT COMMUNITY EMPOWERMENT | NONE | ₽C | TRAINING | |
| 71-29 ROOSEVELT AVENUE, 2ND FL | | | RECENTLY-ARRIVED | |
| JACKSON HEIGHTS, NY 11372 | | | IMMIGRANTS FOR | |
| | | | LIVING-WAGE | |
| | | | CONSTRUCTION WORK | 200,000. |
| NEW YORK ASSOCIATION ON INDEPENDENT | NONE | PC | GOOD NEIGHBOR PROGRAM | |
| LIVING | NONE | | GOOD MEIGHDON FROGRAM | |
| | | | | |
| 155 WASHINGTON AVENUE, SUITE 208 ALBANY, NY 12210 | | | | 91,125. |
| | | | | , |
| | | | | |
| NEW YORK CARES | NONE | PC | NEW YORK CARES | |
| 65 BROADWAY, 19TH FLOOR | | | COVID-19 RELIEF | |
| NEW YORK, NY 10006 | | | PROGRAMS | 125,000. |
| | | | | |
| NEW YORK CARES | NONE | ₽C | COMMUNITY FOCUS | |
| 65 BROADWAY, 19TH FLOOR | | | PLAN-SOUTH BRONX | |
| NEW YORK, NY 10006 | | | | 140,000. |
| NEW YORK CITY BALLET, INC. | NONE | PC | FUNDING FOR THE NEW | , |
| NEW YORK STATE THEATER, 20 LINCOLN CTR | | | YORK CITY BALLET | |
| NEW YORK, NY 10025 | | | ACCESS PROGRAMS AND | |
| | | | NYC SCHOOLS RESIDENCY | |
| | | | PROGRAM | 350 000 |
| | 1 | | - 10010111 | 350,000. |

| 83- | 059 | 0263 |
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| Part XV Supplementary Information | | | | |
|---|--|-------------------------|-------------------------------------|----------|
| 3 Grants and Contributions Paid During the Ye | ear (Continuation) | | | |
| Recipient | If recipient is an individual, | Foundation | Burpasa of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| EW YORK COMMITTEE FOR OCCUPATIONAL | NONE | PC | NEW YORK NAIL SALON | |
| AFETY AND HEALTH, INC. | | | WORKER SCHOOL | |
| 0 BROADWAY, 28TH FLOOR | | | | 25 000 |
| IEW YORK, NY 10004 | | | | 25,000. |
| | | | | |
| IEW YORK COMMON PANTRY | NONE | PC | MATCHING GRANT | |
| EAST 109TH STREET | | | | |
| EW YORK, NY 10128 | | | | 250. |
| EW YORK LAWYERS FOR THE PUBLIC | NONE | PC | IMMIGRANT HEALTH | |
| INTEREST | | ľ | INITIATIVE | |
| 51 WEST 30TH STREET, 11TH FLOOR | | | | |
| EW YORK, NY 10001 | | | | 100,000. |
| EW TORK, NI 10001 | | | | 100,000. |
| EW YORK LEGAL ASSISTANCE GROUP | NONE | PC | LEGALHEALTH SPECIAL | |
| NCORPORATED | | | EDUCATION PROJECT | |
| HANOVER SQUARE, 18TH FL | | | | |
| EW YORK, NY 10004 | | | | 112,700. |
| | | | | , |
| EW YORK LEGAL ASSISTANCE GROUP | NONE | PC | LEGALHEALTH VETERANS | |
| NCORPORATED | | | PROJECT | |
| HANOVER SQUARE, 18TH FL | | | | |
| EW YORK, NY 10004 | | | | 230,043. |
| | | | | |
| EW YORK SCHOOL-BASED HEALTH | NONE | PC | SBHC STATEWIDE DATA | |
| OUNDATION, INC. | | | SYSTEM | |
| .O. BOX 8324 | | | | |
| LBANY, NY 12208 | | | | 74,060. |
| EW YORK SCHOOL-BASED HEALTH | NONE | PC | EXPANDING | |
| OUNDATION, INC. | | | SUSTAINABLETELEHEALTH | |
| .0. BOX 8324 | | | CAPACITY AT SBHCS | |
| LBANY, NY 12208 | | | | 106,400. |
| EW YORK STATE NETWORK FOR YOUTH | NONE | PC | INCREASING NYS STAFF, | 200,200. |
| UCCESS | | | YOUTH, AND FAMILY | |
| 15 RIVER STREET | | | HEALTH OUTCOMES | |
| ROY, NY 12180 | | | THROUGH AFTERSCHOOL | |
| , | | | PROGRAM TRAININGS | 19,235. |
| EW YORKERS FOR CHILDREN | NONE | PC | IMPROVING SERVICES TO | |
| 50 SEVENTH AVENUE, SUITE 403 | | | PARENTS WITH | |
| IEW YORK , NY 10123 | | | INTELLECTUAL OR | |
| , | | | DEVELOPMENTAL | |
| | | | DISABILITIES | 111,500. |
| | | | | · · |
| ITACADA DAILO MENODIAL MEDICAL CENTERS | NONE | PC | | |
| NIAGARA FALLS MEMORIAL MEDICAL CENTER 521 TENTH STREET | NONE | PC | CIRCLE OF CARE FOR | |
| | | | MENTAL HEALTH | |
| MIAGARA FALLS, NY 14302 | | | CAREGIVERS | 153,129. |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| Part XV Supplementary Information | | | | |
|--|--|-------------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Y | 1 | 1 | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| NIAGARA UNIVERSITY | NONE | PC | IMPROVING BEHAVIORAL | |
| 5795 LEWISTON RD, ACAD 227, PO BOX 1853 | | | HEALTH ACCESS & | |
| NIAGARA UNIVERSITY, NY 14109 | | | QUALITY | 262,500 |
| NORTH COUNTRY PRENATAL/PERINATAL | NONE | PC | CHOICES FOR CHILDREN | |
| COUNCIL, INC. | | | | |
| 200 WASHINGTON STREET | | | | |
| WATERTOWN , NY 13601 | | | | 114,200 |
| NORTHEAST HEALTH FOUNDATION, INC. | NONE | PC | HEALING OUR COMMUNITY: | / |
| , 310 SOUTH MANNING BLVD | | | CREATION OF A FOOD | |
| ALBANY, NY 12208 | | | "FARMACY" TO IMPROVE | |
| | | | HEALTH OUTCOMES FOR | |
| | | | THE POOR | 137,134 |
| | | | | |
| NORTHERN DUTCHESS HOSPITAL | NONE | PC | ENHANCING GERIATRIC | |
| 6511 SPRING BROOK AVENUE | NONE | rc | CARE AT NORTHERN | |
| RHINEBECK, NY 12572 | | | DUTCHESS HOSPITAL | 90,600 |
| | | | | , |
| NORTHERN MANHATTAN COALITION FOR | NONE | PC | PATHWAYS TO PROGRESS: | |
| IMMIGRANT RIGHTS | | | HEALTHY FAMILIES | |
| 5030 BROADWAY, SUITE 637 | | | | |
| NEW YORK, NY 10034 | | | | 100,000 |
| NORTHERN MANHATTAN PERINATAL | NONE | PC | BEST BABIES ZONE | |
| PARTNERSHIP | | | | |
| 127 WEST 127 STREET, 3RD FLOOR | | | | |
| NEW YORK, NY 10027 | | | | 65,229 |
| NYC HEALTH AND HOSPITALS CORPORATION | NONE | PC | CHAPLAIN RESIDENCY | |
| 462 FIRST AVENUE | | | PROGRAM: ENHANCING | |
| NEW YORK, NY 10016 | | | ACCESS TO HOLISTIC | |
| | | | CARE FOR UNDERSERVED | |
| | | | PATIENTS AT BELLEVUE | 355,478 |
| NYSARC INC., BROOME-CHENANGO-TIOGA | NONE | PC | CWS PPE EQUIPMENT | |
| COUNTIES CHAPTER | | | MANUFACTURE | |
| 125 CUTLER POND ROAD | | | | |
| BINGHAMTON, NY 13905 | | | | 75,000 |
| | | | | |
| NYSARC, INC., GENESEE-ORLEANS COUNTY | NONE | PC | ARC OF GENESEE ORLEANS | |
| CHAPTER | | | COVID-19 SUPPORT FOR | |
| 122 CAROLINE STREET | | | DEVELOPMENTALLY | 75 000 |
| ALBION, NY 14411 | | | DISABLED | 75,000 |
| NYSARC, INC., HERKIMER COUNTY CHAPTER | NONE | PC | COVID-19 PROTECTION | |
| 350 SOUTH WASHINGTON STREET | | | THROUGH EMPLOYMENT OF | |
| HERKIMER, NY 13350 | | | PEOPLE WITH SPECIAL | |
| | | | NEEDS | 75,000 |
| Total from continuation sheets | • | | · | |

| Part XV Supplementary Information | | | I | |
|---|--|--------------------------------------|---|----------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient Name and address (home or business) | 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 |
| NYSARC, INC., NEW YORK CITY CHAPTER | NONE | PC | CRISIS INTERVENTION | |
| 33 MAIDEN LANE | NONE | | AND EMERGENCY CASE | |
| JEW YORK, NY 10038 | | | MANAGEMENT PROGRAM FOR | |
| | | | PERSONS WITH I/DD AND | |
| | | | THEIR FAMILIES | 350,000. |
| NYSARC, INC., WESTCHESTER COUNTY | NONE | PC | INTEGRATED AND | , |
| CHAPTER | | | FISCALLY SUSTAINABLE | |
| THE GLEESON-ISRAEL GATEWAY CTR, 265 | | | ORGANIZATIONAL | |
| SAW MILL RIVER RD HAWTHORNE, NY | | | INFRASTRUCTURE | |
| 10532 | | | | 200,000 |
| OAK ORCHARD COMMUNITY HEALTH CENTER, INC. 300 WEST AVENUE | NONE | PC | WNY OAK ORCHARD DENTAL SERVICES EXPANSION | |
| BROCKPORT, NY 14420 | | | | 455,000. |
| OHEL CHILDREN'S HOME & FAMILY SERVICES 1268 E. 14 STREET | NONE | PC | OHEL COVID-19 CARING & SUPPORT: PERSONAL PROTECTIVE EQUIPMENT | |
| BROOKLYN, NY 11230 | | | RESPONSE | 125,000. |
| OSBORNE ASSOCIATION 809 WESTCHESTER AVENUE BRONX, NY 10455 | NONE | PC | ELDER REENTRY INITIATIVE (ERI) | 37,951. |
| DUR LADY OF LOURDES MEMORIAL HOSPITAL, INC. 169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 | NONE | PC | EARLY ASSESSMENT AND INTERVENTION ADVERSE CHILDHOOD EXPERIENCES (ACES) | 323,729. |
| OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC. 169 RIVERSIDE DRIVE | NONE | PC | DENTAL MOBILE VAN PROGRAM | |
| BINGHAMTON, NY 13905 | | | | 455,000. |
| OUR LADY OF LOURDES MEMORIAL HOSPITAL, INC. 169 RIVERSIDE DRIVE BINGHAMTON, NY 13905 | NONE | ₽C | SUPPORTING VIRTUAL CARE ESPECIALLY FOR THE POOR AND VULNERABLE POPULATIONS | 495,120. |
| DZANAM HALL OF QUEENS NURSING HOME, INC. 42-41 201 STREET | NONE | PC | COVID-19 INCREMENTAL IMPACT | |
| BAYSIDE, NY 11361 | | | | 300,000. |
| PARENT NETWORK OF WNY 1000 MAIN STREET BUFFALO, NY 14202 | NONE | PC | THE WNY PARENT LEADER INSTITUTE | 25,000 |

| Part XV Supplementary Information | <u>CABRINI HEALTH</u> 1 | I COMDATION | N, INC. 83-059 | 0203 |
|---|--|--------------------------------------|-------------------------------------|-----------|
| 3 Grants and Contributions Paid During the N | | | | |
| Recipient | If recipient is an individual, | Eoundation | Durpose of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| PARK SLOPE CENTER FOR MENTAL HEALTH | NONE | PC | IT TAKES A VILLAGE: | |
| 348 13TH STREET , SUITE 203 | | | INTERGENERATIONAL | |
| BROOKLYN, NY 11215 | | | FAMILY FOCUSED | |
| | | | COMMUNITY SERVICES | 105,000. |
| PART OF THE SOLUTION (POTS) | NONE | PC | EMERGENCY FOOD | |
| 2759 WEBSTER AVENUE | | | PROGRAMS RESPONDING TO | |
| BRONX, NY 10458 | | | COVID-19 | 125,000. |
| PART OF THE SOLUTION (POTS) | NONE | PC | POTS' COMPREHENSIVE | |
| 2759 WEBSTER AVENUE | | | CASE MANAGEMENT | |
| BRONX, NY 10458 | | | | 150,000. |
| PART OF THE SOLUTION (POTS) | NONE | PC | POTS' LEGAL CLINIC | |
| 2759 WEBSTER AVENUE | | | | |
| BRONX, NY 10458 | | | | 150,000. |
| | | | | |
| PARTNERSHIP FOR THE HOMELESS | NONE | PC | EMERGENCY RENT AND | |
| 305 SEVENTH AVENUE, 14TH FL NEW YORK, NY 10001 | | | UTILITIES ASSISTANCE | 125,000. |
| , | | | | · · · · · |
| PEOPLE, INC. | NONE | PC | COVID-19 EMERGENCY | |
| 1219 NORTH FOREST ROAD | | | RESPONSE FOR PEOPLE | |
| WILLIAMSVILLE, NY 14221 | | | WITH DISABILITIES | 75,000. |
| PERINATAL NETWORK OF MONROE COUNTY, | NONE | PC | EXPANDING SUPPORT AND | |
| , INC. | | | EQUITY FOR VULNERABLE | |
| 693 EAST AVENUE, STE 200 | | | PARENTS | |
| ROCHESTER, NY 14607 | | | | 175,000. |
| PHOENIX HOUSES OF NEW YORK | NONE | PC | EXPANSION OF BROOKLYN | |
| 34-11 VERNON BOULEVARD | | | RECOVERY CENTER | |
| LONG ISLAND CITY , NY 11106 | | | | 79,819. |
| DIMNEY MEADONC COMMINITING BADM THO | NONE | ₽C | EMERGENCY FOOD | |
| PITNEY MEADOWS COMMUNITY FARM, INC. 112 SPRING STREET, SUITE 206 | NONE | PC | DONATIONS | |
| SARATOGA SPRINGS, NY 12866 | | | | 75,000. |
| POLICE ATHLETIC LEAGUE | NONE | PC | PAL THRIVES: TOOLKIT | , - |
| 34 1/2 EAST 12TH STREET | | | FOR HEALTH AND | |
| NEW YORK , NY 10003 | | | RESILIENCE IN | |
| | | | VULNERABLE | 100 000 |
| Total from continuation sheets | | | ENVIRONMENTS | 100,000. |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| Part XV Supplementary Information | 1 | | | |
|---|---|------------------------|------------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | (ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| POLISH COMMUNITY CENTER OF BUFFALO, | NONE | PC | MUC-HOPE HOUSE | |
| NC. | | | | |
| .081 BROADWAY | | | | |
| BUFFALO, NY 14212 | | | | 75,000. |
| PRESBYTERIAN SENIOR SERVICES | NONE | PC | COVID-19 RESPONSE & | |
| 2095 BROADWAY, SUITE 409 | | | PRE-EMPTIVE PLANNING | |
| IEW YORK, NY 10023 | | | FOR SENIOR FOOD/SUPPLIES & TECH | |
| | | | CAPACITY BLDG | 125,000. |
| | | | | , |
| PRESERVATION NEW JERSEY | NONE | PC | MATCHING GRANT | |
| PO BOX 7815 | | | | |
| VEST TRENTON, NJ 08628 | | | | 200. |
| PRIMARY CARE DEVELOPMENT CORPORATION | NONE | PC | RELIEF AND RESILIENCY | |
| 45 BROADWAY, SUITE 530 | | | FOR SAFETY NET | |
| NEW YORK, NY 10006 | | | COMMUNITY PRIMARY CARE | |
| | | | PROVIDERS | 300,000. |
| PRIMARY CARE DEVELOPMENT CORPORATION | NONE | PC | INTEGRATED BEHAVIORAL | |
| 45 BROADWAY, SUITE 530 | | | HEALTH CARE FOR THE | |
| NEW YORK, NY 10006 | | | HOMELESS LEARNING | |
| , | | | COLLABORATIVE | 350,000. |
| PROJECT MODEL OFFENDER REINTEGRATION | NONE | PC | PROJECT MORE WOMEN'S | |
| EXPERIENCE, INC. | | | RESIDENTIAL | |
| 830 GRAND AVENUE | | | | |
| NEW HAVEN , CT 06511 | | | | 100,000. |
| PROJECT RENEWAL, INC. | NONE | PC | SUPPORTING PROJECT | |
| 200 VARICK STREET, FL 9 | | | RENEWALS MENTAL HEALTH | |
| NEW YORK, NY 10014 | | | AND RELATED SERVICES | |
| | | | IMPACTED BY COVID-19 | 125,000. |
| | | | | |
| PRONTO OF LONG ISLAND | NONE | PC | FOOD INSECURITY AND | |
| 128 PINE AIRE DRIVE | | | CRITICAL PREVENTIVE | |
| BAY SHORE , NY 11706 | | | HEALTH CARE | 140,000. |
| PROVIDENCE HOUSE, INC. | NONE | PC | SAFETY AND SERVICES IN | |
| 703 LEXINGTON AVENUE | | | SUPPORTIVE HOUSING FOR | |
| BROOKLYN, NY 11221 | | | THE CHRONICALLY | |
| | | | HOMELESS | 121,220. |
| | | | | |
| PROVIDENCE HOUSE, INC. | NONE | PC | CHILD DEVELOPMENT | |
| 703 LEXINGTON AVENUE | | | PROGRAM | 120 025 |
| BROOKLYN, NY 11221 Total from continuation sheets | | | -1 | 132,935. |

023631 04-01-20

| Part XV Supplementary Information | | | | |
|--|--|-------------------------|--|----------|
| 3 Grants and Contributions Paid During the | (ear (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| PROVIDENCE HOUSE, INC. | NONE | PC | WOMENS JUSTICE PROGRAM | |
| 703 LEXINGTON AVENUE | | | | |
| BROOKLYN, NY 11221 | | | | 350,000. |
| PROVIDENCE REST | NONE | PC | COVID-19 EMERGENCY | |
| 3304 WATERBURY AVENUE | NONE | FC | RESPONSE | |
| BRONX, NY 10465 | | | KEST ONSE | 300,000. |
| | | | | |
| PUTNAM FAMILY AND COMMUNITY SERVICES | NONE | PC | SENIOR SUPPORT PROGRAM | |
| 1808 ROUTE SIX | | | | |
| CARMEL, NY 10512 | | | | 22,313. |
| | | | | |
| RCC OF ST ALEXANDER & ST. JOSEPH | NONE | PC | ST ALEXANDERS | |
| PO BOX 159, 1 CHURCH STREET | | | COMMUNITY OUTREACH | |
| MORRISONVILLE, NY 12962 | | | CENTER | 175,000. |
| | NONE | D.C. | | |
| REACH OUT AND READ | NONE | PC | RX FOR EARLY LITERACY IN UPSTATE NEW YORK | |
| 89 SOUTH STREET, SUITE 201 BOSTON, MA 02111 | | | IN OFSTATE NEW FORK | 150,000. |
| RED HOOK INITIATIVE, INC. | NONE | PC | RED HOOK FOOD ACCESS | 200,000. |
| , 767 HICKS STREET | | | PROJECT: CONNECTING | |
| BROOKLYN, NY 11231 | | | FOOD INSECURE | |
| | | | HOUSEHOLDS TO FRESH | |
| | | | PRODUCE | 125,000. |
| REFUGEE AND IMMIGRANT | NONE | PC | LINGUISTICALLY AND | |
| SELF-EMPOWERMENT | | | CULTURALLY APPROPRIATE | |
| 302 BURT STREET | | | JOB PLACEMENT AND | |
| SYRACUSE, NY 13202 | | | ECONOMIC SUPPORT SERVICES | 160,191. |
| | | | | 100,191. |
| RESCUE MISSION ALLIANCE OF SYRACUSE, | NONE | PC | COVID-19 SUPPORT | |
| NY | | | CROSSROADS ADULT HOME | |
| 155 GIFFORD STREET | | | | |
| SYRACUSE, NY 13202 | | | | 74,886. |
| RESCUE MISSION ALLIANCE OF SYRACUSE, | NONE | PC | RESCUE MISSION MEAL | |
| NY | | | PROGRAM FOR THE | |
| 155 GIFFORD STREET | | | HOMELESS | |
| SYRACUSE, NY 13202 | | | | 81,900. |
| RESEARCH FOUNDATION FOR THE STATE | NONE | PC | UB DRONE STEM | |
| UNIVERSITY OF NEW YORK | | | | |
| 916 KIMBALL TOWER, 3435 MAIN ST. | | | | |
| BUFFALO, NY 14214 | | | | 75,000. |
| Total from continuation sheets | | | | |

023631 04-01-20

| Part XV Supplementary Information | CABRINI HEALTH | 1 JOILDAI TON | I, INC. 83-0590 | 205 |
|--|---|-------------------------|-------------------------------------|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, | | | |
| • | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| RESTORE NYC | NONE | PC | COUNSELING SERVICES | |
| PO BOX 1003, BOWLING GREEN STATION | | | WITH HOUSING FIRST FOR | |
| NEW YORK, NY 10274 | | | SURVIVORS OF | 203 280 |
| | | | TRAFFICKING IN NYC | 203,289. |
| RF SUNY - NEW YORK STATE AREA HEALTH | NONE | ₽C | PROTECTING IMMIGRANT | |
| EDUCATION CENTER SYSTEM | | | DAIRY WORKERS IN NEW | |
| 750 E. ADAMS STREET | | | YORK FROM COVID-19 | |
| SYRACUSE, NY 13210 | | | | 50,000. |
| | | | | |
| DIGUNOND UNITVEDGINY MEDICAL GENMED | NONE | D.C. | | |
| RICHMOND UNIVERSITY MEDICAL CENTER | NONE | PC | IMPROVE HEALTH CARE | |
| 355 BARD AVENUE | | | DISPARITIES ON STATEN ISLAND | 333 333 |
| STATEN ISLAND, NY 10310 | | | | 333,333. |
| | | | | |
| RICHMOND UNIVERSITY MEDICAL CENTER | NONE | ₽C | RUMC'S PALLIATIVE CARE | |
| 355 BARD AVENUE | | | PROGRAM FOR ONCOLOGY | |
| STATEN ISLAND, NY 10310 | | | PATIENTS | 350,000. |
| COAD TO EMMAUS MINISTRY OF SYRACUSE, | NONE | PC | CAPITAL REQUEST TO | |
| INC. | | | CARE FOR HOMELESS | |
| PO BOX 15224 | | | | |
| SYRACUSE, NY 13215 | | | | 50,000. |
| ROAD TO EMMAUS MINISTRY OF SYRACUSE, | NONE | PC | COMPLETION OF | , |
| INC. | | | RENOVATION OF CENTRAL | |
| PO BOX 15224 | | | SITE AND EXPANSION OF | |
| SYRACUSE, NY 13215 | | | EMMAUS MINISTRY TO | |
| | | | CARE FOR THE HOMELESS | 175,000. |
| | | | | |
| ROCHESTER FRIENDLY HOME | NONE | ₽C | STAFF TRAINING | |
| 3156 EAST AVENUE | | | INITIATIVE | |
| ROCHESTER, NY 14618 | | | | 100,000. |
| | | | | |
| ROCHESTER GENERAL HOSPITAL | NONE | PC | YOUTH APPRENTICE | |
| 425 PORTLAND AVENUE | | | PROGRAM | |
| ROCHESTER, NY 14621 | | | | 90,000. |
| | | | | |
| | NONE | | | |
| ROCHESTER INDUSTRIES EDUCATIONAL FUND | NONE | PC | VETERANS CONNECT | |
| LOO CHESTNUT STREET, SUITE 1910 | | | | 75 000 |
| ROCHESTER, NY 14604 | | | | 75,000. |
| ROCKAWAY DEVELOPMENT AND | NONE | PC | WORKFORCE AND CAREER | |
| REVITALIZATION CORPORATION | | | DEVELOPMENT SERVICES | |
| 920 MOTT AVENUE | | | FOR COVID-19 DISPLACED | |
| FAR ROCKAWAY, NY 11691 | | | WORKERS | 100,000. |
| Total from continuation sheets | | | | |

023631 04-01-20

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Info

| Part XV Supplementary Information | | | <u>_</u> | |
|--|--|--------------------------------------|---|----------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient Name and address (home or business) | 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 |
| ROMAN CATHOLIC DIOCESE OF OGDENSBURG PO BOX 369 OGDENSBURG, NY 13669 | NONE | PC | REGIONAL SCHOLARSHIP GRANT | 175,000. |
| ROMAN CATHOLIC DIOCESE OF OGDENSBURG PO BOX 369 OGDENSBURG, NY 13669 | NONE | ₽C | TECHNOLOGY FOR LOW INCOME STUDENTS | 175,000. |
| ROMAN CATHOLIC DIOCESE OF OGDENSBURG PO BOX 369 OGDENSBURG, NY 13669 | NONE | PC | HEALTHY FAMILIES FOR A HOPEFUL FUTURE | 385,000 |
| RONALD MCDONALD HOUSE CHARITIES OF ROCHESTER, NY 333 WESTMORELAND DRIVE ROCHESTER, NY 14620 | NONE | ₽C | FACILITATING ACCESS TO PEDIATRIC CARE AT THE WESTMORELAND HOUSE | 100,000. |
| RONALD MCDONALD HOUSE OF THE GREATER HUDSON VALLEY 80 WOODS ROAD VALHALLA, NY 10595 | NONE | ₽C | ACCESS TO FAMILY CENTERED CARE FOR PEDIATRIC PATIENTS | 65,000. |
| ROOM TO GROW 7 WEST 30TH STREET, FLOOR 3 NEW YORK, NY 10001 | NONE | PC | ROOM TO GROW SOUTH BRONX PROGRAM EXPANSION | 250,000. |
| ROSWELL PARK ALLIANCE FOUNDATION ELM & CARLTON STREETS BUFFALO, NY 14263 | NONE | PC | THE IMMIGRANT AND REFUGEE BREAST HEALTH AWARENESS PROJECT | 43,561. |
| RURAL & MIGRANT MINISTRY, INC. PO BOX 4757 POUGHKEEPSIE, NY 12602 | NONE | PC | YOUTH EMPOWERMENT PROGRAM | 70,000. |
| RURAL HEALTH NETWORK OF SCNY, INC. 455 COURT STREET BINGHAMTON, NY 13904 | NONE | PC | LOCAL FOODS FOR HEALTH: IMPROVING FOOD SECURITY AND HEALTH IN SOUTH CENTRAL NY | 287,545. |
| RURAL OUTREACH CENTER, INC. 730 OLEAN ROAD EAST AURORA, NY 14052 | NONE | ₽C | THE RURAL OUTREACH CENTER ELIMINATING RURAL POVERTY & HEALING FROM TRAUMA | 233,818. |

023631 04-01-20

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 1...

| Part XV Supplementary Information | | | | |
|--|--|-------------------------|-------------------------------------|----------|
| 3 Grants and Contributions Paid During the N | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| RUTGERS UNIVERSITY FOUNDATION | NONE | PC | MATCHING GRANT | |
| 335 GEORGE STREET, SUITE 4000 | | | | |
| NEW BRUNSWICK, NJ 08901 | | | | 156. |
| SAFE PASSAGE PROJECT | NONE | PC | SAFE PASSAGE LONG | |
| 185 WEST BROADWAY | | | ISLAND LEGAL DEFENSE | |
| NEW YORK, NY 10013 | | | FOR CHILD REFUGEES | 54,348. |
| SAFE PASSAGE PROJECT | NONE | PC | COVID-19 RELATED | |
| 185 WEST BROADWAY | | | SUPPORT FOR CHILD | |
| NEW YORK, NY 10013 | | | REFUGEES ON LONG | |
| | | | ISLAND | 125,000. |
| SAFE PASSAGE PROJECT | NONE | PC | LEGAL REPRESENTATION | |
| 185 WEST BROADWAY | | | FOR CHILD REFUGEES ON | |
| NEW YORK, NY 10013 | | | LONG ISLAND | 262,500. |
| | | | | |
| SAINTS JOACHIM AND ANNE NURSING & REHABILITATION CENTER | NONE | PC | SSJA COVID-19 EMERGENCY GRANT TO | |
| 191 JORALEMON STREET | | | SUPPORT VULNERABLE | |
| BROOKLYN, NY 11201 | | | POPULATIONS | 800,000. |
| | | | | |
| SAMARITAN DAYTOP VILLAGE | NONE | ₽C | FOOD SECURITY FOR | |
| 138-02 QUEENS BOULEVARD | | | HOMELESS FAMILIES | |
| BRIARWOOD, NY 11435 | | | | 125,000. |
| | | | | |
| SAVE THE MICHAELS HOUSE OF HOPE 737 DELAWARE AVENUE | NONE | PC | COURTS PROJECT | |
| BUFFALO, NY 14209 | | | | 75,000. |
| SCAN-NEW YORK VOLUNTEER PARENT-AIDES | NONE | PC | GET HEALTHY, EAST | |
| ASSOCIATION, INC. | | | HARLEM | |
| 345 EAST 102ND STREET | | | | |
| NEW YORK, NY 10029 | | | | 62,731. |
| SCHENECTADY COMMUNITY ACTION PROGRAM | NONE | PC | BEHAVIORAL HEALTH | |
| 913 ALBANY STREET | | | SERVICES CAPACITY | |
| SCHENECTADY, NY 12307 | | | EXPANSION PROJECT | 92,025. |
| | | | | |
| SCO FAMILY OF SERVICES | NONE | PC | IMMIGRANT FAMILIES | |
| 1 ALEXANDER PLACE | | | CASE MANAGEMENT AND | |
| GLEN COVE, NY 11542 | | | EMPLOYMENT PROGRAM | 200,000. |
| Total from continuation sheets | | | | |

| Part XV Supplementary Information | CABRINI HEALTH | | N, INC. 83-059 | |
|---|--|-------------------------|-------------------------------------|---|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
| Recipient | If recipient is an individual, | Foundation | Durnoop of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| | | | | |
| CO FAMILY OF SERVICES | NONE | PC | FOOD PANTRY AND | |
| ALEXANDER PLACE | | | BENEFITS ACCESS | |
| LEN COVE, NY 11542 | | | PROGRAM | 200,000. |
| | | | | |
| CO FAMILY OF SERVICES | NONE | PC | IMMIGRANT FAMILIES | |
| ALEXANDER PLACE | | | TRAUMA-INFORMED | 200.000 |
| LEN COVE, NY 11542 | | | COUNSELING PROGRAM | 300,000. |
| | NONE | PC | ASSISTANCE FOR ASYLUM | |
| EAFARERS & INTERNATIONAL HOUSE, INC. 23 EAST 15TH STREET | NONE | FC | SEEKERS PROGRAM | |
| EW YORK, NY 10003 | | | SEERERS FROGRAM | 100,000. |
| | | | | 100,000. |
| ELFHELP COMMUNITY SERVICES, INC. | NONE | PC | REDUCING COVID-19 | |
| 20 EIGHTH AVENUE | | | ISOLATION WITH THE | |
| EW YORK, NY 10018 | | | VIRTUAL SENIOR CENTER | 125,000. |
| | | | | |
| ERVICE PROGRAM FOR OLDER PEOPLE, | NONE | PC | COMMUNITY-BASED | |
| NC. | | | BEHAVIORAL HEALTH CARE | |
| 02 WEST 91ST STREET, GROUND FL | | | FOR OLDER ADULTS | 200 000 |
| EW YORK, NY 10024 | | | | 200,000. |
| ETON CATHOLIC | NONE | PC | ENHANCING THE HEALTHY | |
| 06 NEW YORK ROAD | NONE | FC | ENVIRONMENT AT SETON | |
| LATTSBURGH, NY 12903 | | | CATHOLIC | 75,000. |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| ETTLEMENT HEALTH | NONE | PC | SETTLEMENT HEALTH | |
| 12 EAST 106TH STREET | | | WELLNESS AND OPTOMETRY | |
| EW YORK, NY 10029 | | | SERVICE PROGRAM | 25,000. |
| | | | | |
| EVEN VALLEYS HEALTH COALITION | NONE | PC | CORTLAND COUNTY FOOD | |
| 0 KENNEDY PARKWAY | | | PROGRAMS SUPPORT | |
| ORTLAND, NY 13045 | | | | 75,000. |
| EVEN VALLEYS HEALTH COALITION | NONE | ₽C | SUPPORTS FOR HEALTH | |
| 0 KENNEDY PARKWAY | | | EXPANDS: IMPROVING | |
| ORTLAND, NY 13045 | | | QUALITY OF LIFE /BY | |
| | | | ADDRESSING SOCIAL | |
| | | | DETERMINANTS OF HEALTH | 122,500. |
| HELTERING ARMS CHILDREN & FAMILY | NONE | PC | FAMILY STRONG | |
| ERVICES | | | COMMUNITY OUTREACH | |
| 05 7TH AVENUE, FLOOR 2 | | | INITIATIVE | |
| IEW YORK, NY 10001 | | | | 113,652. |
| Total from continuation sheets | | - | | |

| Part XV Supplementary Information | | | | |
|---|--|-------------------------|-------------------------------------|----------|
| 3 Grants and Contributions Paid During the Y Recipient | If recipient is an individual, | | | |
| | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| | | | | |
| SHELTERS OF SARATOGA | NONE | PC | SARATOGA SPRINGS | |
| 14 WALWORTH STREET | | | STREET OUTREACH | |
| SARATOGA SPRINGS, NY 12866 | | | INITIATIVE | 170,000. |
| | | | | |
| SISTERS OF CHARITY OF ST. ELIZABETH | NONE | PC | MATCHING GRANT | |
| PO BOX 476 | | | | |
| CONVENT STATION, NJ 07961 | | | | 250. |
| | | | | |
| SISTERS OF ST. DOMINIC | NONE | PC | MATCHING GRANT | |
| 1 RYERSON AVENUE | | | | |
| CALDWELL, NJ 07006 | | | | 500. |
| | | | | |
| SISTERS OF ST. JOSEPH | NONE | PC | DEMENTIA AND MENTAL | |
| 1725 BRENTWOOD ROAD, BLDG 4 | | | ILLNESS RECOGNITION | 100 000 |
| BRENTWOOD, NY 11717 | | | AND TRAINING | 100,000. |
| SNACK & FRIENDS | NONE | PC | SNACK PROGRAMMING FOR | |
| 316 EAST 53RD STREET | NONE | FC | ADOLESCENTS AND YOUNG | |
| NEW YORK, NY 10022 | | | ADULTS | 212,500. |
| | | | | |
| SOCIETY OF ST. VINCENT DEPAUL | NONE | PC | ST. VINCENT DEPAUL | |
| 1298 MAIN STREET | | | DINING ROOM | |
| BUFFALO, NY 14209 | | | | 100,000. |
| SOUTH ASIAN COUNCIL FOR SOCIAL | NONE | PC | SACSS' COVID-19 | • |
| SERVICES | | | EMERGENCY FOOD | |
| 143-06, 45TH AVENUE | | | DISTRIBUTION AND | |
| FLUSHING, NY 11355 | | | CRISIS COUNSELING | |
| | | | PROGRAM | 120,000. |
| SOUTH ASIAN COUNCIL FOR SOCIAL | NONE | PC | CONNECTING COMMUNITIES | |
| SERVICES | | | TO CRITICAL SERVICES | |
| 143-06, 45TH AVENUE | | | (CCCS) | |
| FLUSHING, NY 11355 | | | | 274,158. |
| SOUTHERN TIER HEALTH CARE SYSTEM, | NONE | PC | SAFE KIDS SOUTHERN | |
| INC. | | | TIER NEW YORK A NEW | |
| 150 N. UNION STREET | | | PROGRAM TO PREVENT | |
| OLEAN, NY 14760 | | | CHILD INJURIES AND FATALITIES | 23,196. |
| | | | | |
| SOUTHERN TIER HEALTH CARE SYSTEM, | NONE | PC | SOUTHERN TIER EMT-B | |
| INC. | | | ACADEMY | |
| 150 N. UNION STREET | | | | 72,521. |
| OLEAN, NY 14760 | | | | |

| Part XV Supplementary Information | <u>CABRINI HEALTH</u> n | 1 OOMDAT TOI | N, INC. 83-059 | 5205 |
|--|--|--------------------------------------|---|---------|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, | _ | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| ST ADALBERT'S RESPONSE TO LOVE CENTER, INC. | NONE | PC | COMPASSION & CARE INTERVENTION | |
| 130 KOSCIUSZKO STREET | | | | |
| BUFFALO, NY 14212 | | | | 75,000 |
| ST ADALBERT'S RESPONSE TO LOVE CENTER, INC. | NONE | PC | COMMUNITY BASED CHRONIC HEALTH | |
| 130 KOSCIUSZKO STREET | | | AWARENESS & PREVENTION | |
| BUFFALO, NY 14212 | | | PROGRAM | 80,000 |
| ST JOHN'S CATHOLIC SOCIETY OF UTICA | NONE | ₽C | THE BAKHITA PROJECT | |
| 240 BLEECKER STREET UTICA, NY 13501 | | | | 86,000 |
| ST PATRICK'S HOME OF THE AGED AND INFIRM 66 VAN CORTLANDT PARK S | NONE | ₽C | ST PATRICK'S HOME COVID RELIEF FUNDS | |
| BRONX, NY 10462 | | | | 300,000 |
| | | | | |
| ST VINCENT DE PAUL RESIDENCE 900 INTERVALE AVENUE | NONE | PC | COVID-19 EMERGENCY RESPONSE | |
| BRONX, NY 10459 | | | RESPONSE | 160,000 |
| ST. AGNES SCHOOL | NONE | PC | HEALTH & WELLNESS, | |
| 2322 SARANAC AVENUE | | | KINESTHETIC & SENSORY | |
| LAKE PLACID, NY 12946 | | | LEARNING, RTI & | |
| | | | THERAPEUTIC SUPPORT | |
| | | | SERVICES | 75,000 |
| ST. ANDRE BESSETTE ROMAN CATHOLIC | NONE | PC | ST. ANDRE'S OUTREACH | |
| PARISH | | | CENTER | |
| P.O. BOX 547, 57 RENNIE ST MALONE, NY 12953 | | | | 192,500 |
| | | | | |
| ST. ANDREW ROMAN CATHOLIC CHURCH | NONE | PC | COMFORT CARE HOME | |
| 34 FRANCIS AVENUE | | | | 56 250 |
| SLOAN, NY 14212 | | | | 56,250 |
| ST. ANN'S CHURCH | NONE | PC | ST. ANN'S FOOD PANTRY | |
| 101 CROMWELL AVENUE | | | | |
| STATEN ISLAND, NY 10304 | | | | 14,000 |
| CM 2.1111'C FOITNDAMTON TNO | NONE | PC | בחבא כווושווסב | |
| ST. ANN'S FOUNDATION, INC. 1500 PORTLAND AVENUE | NONE | PC | EDEN CULTURE TRANSFORMATION | |
| ROCHESTER, NY 14621 | | | | 125,000 |
| Total from continuation sheets | ı | | - | , |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 1.....

| Part XV Supplementary Information | | | | |
|--|--|------------|------------------------|-----------|
| 3 Grants and Contributions Paid During the Y | | 1 | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager or substantial contributor | status of | contribution | Amount |
| `````````````````````````````````````` | or substantial contributor | recipient | | |
| | | | | |
| T. ANN'S FOUNDATION, INC. | NONE | PC | ST. ANN'S RESPONSE TO | |
| 500 PORTLAND AVENUE | | | COVID-19 | |
| COCHESTER, NY 14621 | | | | 750,000. |
| | | | | |
| T. BARNABAS HOSPITAL | NONE | PC | SBH HEALTH & WELLNESS | |
| 422 THIRD AVENUE | | | CENTER PROGRAMMING | |
| RONX, NY 10457 | | | | 50,000. |
| | | | | |
| T. CATHERINE'S CENTER FOR CHILDREN | NONE | PC | PATHWAYS TO HEALTH | |
| 0 N MAIN AVENUE | | | | |
| LBANY, NY 12203 | | | | 350,000. |
| | | | | |
| T. CHARLES HOSPITAL | NONE | PC | STEPHEN B. GOLD DENTAL | |
| 92 NORTH VILLAGE AVENUE | | | CLINIC | |
| OCKVILLE CENTRE, NY 11570 | | | | 210,000. |
| _ | | | | |
| T. COLUMBAN'S ON THE LAKE HOME FOR | NONE | PC | ST. COLUMBAN'S ON THE | |
| HE WELL-AGED, INC. | | | LAKE RESIDENTS | |
| 546 LAKE ROAD | | | ASSISTANCE FUND | 200 000 |
| ILVER CREEK, NY 14136 | | | | 200,000. |
| | | | | |
| T. FRANCES CABRINI SHRINE | NONE | PC | MATCHING GRANT | |
| 01 FORT WASHINGTON AVENUE | | | | |
| IEW YORK, NY 10040 | | | | 1,000. |
| | | | | |
| T. JAMES SCHOOL | NONE | PC | ST. JAMES SCHOOL | |
| 0 S. GORDON STREET | | | COUNSELING SERVICES | |
| OUVERNEUR, NY 13642 | | | | 75,000. |
| | | | | |
| T. JOHN FISHER COLLEGE | NONE | PC | MOTHER CABRINI | |
| 690 EAST AVENUE | | | SCHOLARSHIPS AT ST. | |
| OCHESTER, NY 14618 | | | JOHN FISHER COLLEGE | 300,000. |
| יייייייייייייייייייייייייייייייייייייי | NONE | PC | BROOKLYN EMERGENCY | |
| T. JOHN'S BREAD AND LIFE PROGRAM, NC. | | | FOOD HUB AND MOBILE | |
| 95 LEXINGTON AVENUE | | | MARKETPLACE CAPACITY | |
| ROOKLYN, NY 11221 | | | EXPANSION | 525,000. |
| | | | | - 20,000. |
| | | | | |
| T. JOHN'S UNIVERSITY NEW YORK | NONE | PC | SUPPORTED PD FOR | |
| | | 1 | INCLUSIVE EDUCATION IN | |
| 0000 UTOPIA PARKWAY YAMAICA, NY 11439 | | | CATHOLIC SCHOOLS | 75,000. |

| Part XV Supplementary Information | | | I | |
|---|--|-------------------------|---------------------------------------|---------|
| 3 Grants and Contributions Paid During the Y | | 1 | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| ST. JOSEPH SEMINARY | NONE | PC | MATCHING GRANT | |
| 201 SEMINARY AVENUE | | | | |
| YONKERS, NY 10704 | | | | 1,500 |
| ST. JOSEPHS HOSPITAL HEALTH CENTER | NONE | PC | ST. JOSEPHS HEALTH | |
| 301 PROSPECT AVENUE | | | FOOD FARMACY | |
| SYRACUSE, NY 13203 | | | | 350,000 |
| ST. JOSEPH'S HOME | NONE | PC | ST. JOSEPH'S HOME | |
| 950 LINDEN STREET | | | COVID-19 RESPONSE AND | |
| OGDENSBURG, NY 13669 | | | RESIDENT CARE | 150,000 |
| ST. JOSEPH'S HOME | NONE | ₽C | VARIOUS SOCIAL | |
| 950 LINDEN STREET | NONE | FC | DETERMINANTS OF HEALTH | |
| OGDENSBURG, NY 13669 | | | | 631,466 |
| ST. JOSEPH'S HOSPITAL HEALTH CENTER | NONE | PC | PARISH NURSING: | |
| FOUNDATION, INC. | | | BRINGING HEALTH, | |
| 301 PROSPECT AVENUE | | | HEALING, AND WELLNESS | |
| SYRACUSE, NY 13203 | | | TO THE COMMUNITY | 150,000 |
| ST. JOSEPH'S NEIGHBORHOOD CENTER, | NONE | PC | COMPREHENSIVE CARE | |
| INC. | | | SERVICE EXPANSION | |
| 417 SOUTH AVENUE | | | | 202 201 |
| ROCHESTER, NY 14467 | | | | 302,281 |
| ST. LUKE RESIDENTIAL HEALTH CARE | NONE | PC | ENHANCING PASTORAL | |
| FACILITY, INC. | | | CARE AND PALLIATIVE | |
| 299 EAST RIVER ROAD OSWEGO, NY 12126 | | | CARE SERVICES | 50,000 |
| ST. MARY'S HOSPITAL FOR CHILDREN, | NONE | PC | TELEHEALTH PROGRAM FOR | |
| INC. | | | CHILDREN WITH SPECIAL | |
| 29-01 216TH STREET | | | NEEDS | |
| BAYSIDE, NY 11360 | | | | 75,000 |
| ST. PAUL'S CENTER, INC. | NONE | PC | ENHANCED BRIDGES: A | |
| 947 3RD STREET | | | RAPID REHOUSING | |
| RENSSELAER, NY 12144 | | | PROGRAM | 103,010 |
| ST. PETER'S HOSPITAL FOUNDATION, INC. | NONE | PC | IMPROVING THE PATHWAY | |
| 310 SOUTH MANNING BLVD | | | TO HEALING: CONNECTING | |
| ALBANY, NY 12208 | | | OLDER, VULNERABLE | |
| | | | INDIVIDUALS TO SPIRITUAL RESOURCES | 84,787 |
| Total from continuation sheets | 1 | 1 | | |

| Part XV Supplementary Information | | | | |
|--|--|------------|------------------------|----------|
| 3 Grants and Contributions Paid During the | | • | | |
| Recipient | If recipient is an individual, | Foundation | Purpose of grant or | |
| Name and address (home or business) | show any relationship to any foundation manager | status of | contribution | Amount |
| Name and address (nome of business) | or substantial contributor | recipient | | |
| | | | | |
| T. PETER'S HOSPITAL FOUNDATION, INC. | NONE | PC | PROVIDING PERSONAL | |
| 310 SOUTH MANNING BLVD | | | PROTECTIVE EQUIPMENT | |
| ALBANY, NY 12208 | | | TO MEDICAL WORKERS | 500,000. |
| | | | | |
| THE THOMAS ACTIVAS CHILDON | NONE | PC | FOOD PANTRY AREA | |
| T. THOMAS AQUINAS CHURCH | NONE | PC | | |
| 900 CROTONA PARKWAY | | | IMPROVEMENT | F0 000 |
| RONX, NY 10460 | | | | 50,000. |
| TATEN ISLAND PARTNERSHIP FOR | NONE | ₽C | EMPOWER YOUTH TO | |
| COMMUNITY WELLNESS | | | ADVANCE ACCESS TO | |
| 44 ST. MARKS PLACE, 3RD FL | | | HEALTHY FOOD AND | |
| TATEN ISLAND , NY 10301 | | | ACTIVE LIVING | 100,000. |
| , | | | | , |
| TEPHEN SILLER TUNNEL TO TOWERS | NONE | PC | MATCHING GRANT | |
| OUNDATION | | | | |
| 361 HYLAN BOULEVARD | | | | |
| TATEN ISLAND, NY 10306 | | | | 200. |
| WIGTER DEFUNITION AND OFFICE | | D.C. | CONTR 10 CREATE TRAN | |
| SUICIDE PREVENTION AND CRISIS | NONE | PC | COVID-19 CRISIS TEAM | |
| SERVICE, INC. | | | SUPPORT | |
| LOO RIVER ROCK DR, SUITE #300 | | | | |
| BUFFALO, NY 14207 | | | | 50,000. |
| | | | | |
| SUNNYSIDE COMMUNITY SERVICES | NONE | PC | SPANISH LANGUAGE HOME | |
| 43-31 39TH STREET | | | HEALTH AIDE TRAINING | |
| SUNNYSIDE, NY 11104 | | | PROGRAM WITH ESOL | 30,730. |
| YRACUSE COMMUNITY HEALTH CENTER | NONE | PC | TELE-DENTISTRY FOR LOW | |
| INC. | | | INCOME CHILDREN IN THE | |
| 19 SOUTH SALINA STREET | | | SYRACUSE CITY SCHOOL | |
| SYRACUSE, NY 13202 | | | DISTRICT | 100,000. |
| SYRACUSE UNIVERSITY | NONE | PC | EVALUATING THE | 100,000. |
| 540 SKYTOP ROAD, ROOM 234 | | | EFFICACY OF A NEW | |
| SYRACUSE, NY 13244 | | | NEONATAL ABSTINENCE | |
| | | | SYNDROME (NAS) SAFE | |
| | | | CARE INITIATIVE | 56,863. |
| | | | | |
| ERENCE CARDINAL COOKE HEALTH CARE | NONE | PC | COVID-19 EMERGENCY | |
| ENTER | | | RESPONSE | |
| .249 FIFTH AVENUE | | | | |
| IEW YORK, NY 10029 | | | | 500,000. |
| | | | | |
| ERESIAN HOUSE NURSING HOME | NONE | PC | TERESIAN HOUSE | |
| | NONE | - C | TERESIAN HOUSE | |
| 00 WASHINGTON AVENUE EXT. | | | EMERGENCY COVID-19 | 150 000 |
| ALBANY, NY 12203 | | | RELIEF PROGRAM | 150,000. |

023631 04-01-20

| Part XV Supplementary Information | | | | |
|--|--|-------------------------|----------------------------------|---------|
| 3 Grants and Contributions Paid During the Y | | Т | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| THE ALFRED E. SMITH MEMORIAL | NONE | PC | SPECIAL EDUCATION | |
| FOUNDATION | | | PROGRAM IN THREE | |
| 1011 FIRST AVENUE, 14TH FLOOR | | | SCHOOLS IN ROCKLAND | |
| NEW YORK, NY 10022 | | | COUNTY | 250,000 |
| | | | | |
| THE ARC OF CHEMUNG-SCHUYLER | NONE | ₽C | MODEL OF SERVICES IN | |
| 711 SULLIVAN STREET | | | TELEHEALTH PROGRAM | |
| ELMIRA, NY 14901 | | | | 77,235 |
| | | | | |
| THE BROOKLYN HOSPITAL CENTER | NONE | ₽C | PROJECT TOGETHER (PT) | |
| 121 DEKALB AVENUE | | | AT THE BROOKLYN | |
| BROOKLYN, NY 11201 | | | HOSPITAL CENTER (TBHC) | 175,000 |
| | | | | |
| THE CHILD CENTER OF NY | NONE | PC | HEALTH AND NUTRITION | |
| 118-35 QUEENS BLVD, 6TH FLOOR | | | INITIATIVE | |
| FOREST HILLS, NY 11375 | | | | 29,407 |
| | | | | |
| THE CHILD CENTER OF NY | NONE | PC | INTEGRATED CARE | |
| 118-35 QUEENS BLVD, 6TH FLOOR | | | PROJECT | |
| FOREST HILLS, NY 11375 | | | | 65,958 |
| | | | | , |
| THE CHILDREN'S VILLAGE, INC. | NONE | PC | THE WAY HOME PROGRAM | |
| ONE ECHO HILLS | NOINE | FC | THE WAT HOME PROGRAM | |
| DOBBS FERRY, NY 10522 | | | | 22,727 |
| | | | | 22,121 |
| | | | | |
| THE CHILDREN'S VILLAGE, INC. ONE ECHO HILLS | NONE | PC | CV CORONAVIRUS FUNDS | |
| DOBBS FERRY, NY 10522 | | | | 100,000 |
| | | | | |
| THE COALITION FOR BEHAVIORAL HEALTH | NONE | PC | ENHANCING A DATA | |
| 123 WILLIAM STREET | | | DRIVEN BEHAVIORAL | |
| NEW YORK, NY 10038 | | | HEALTH SYSTEM | 25,000 |
| THE COMMUNITY FOUNDATION OF HERKIMER | NONE | PC | UTICA HEALTHY HOMES | |
| & ONEIDA COUNTIES, INC. | NONE | | PROGRAM | |
| 2608 GENESEE STREET | | | | |
| UTICA, NY 13502 | | | | 48,675 |
| | | | | |
| THE DOE FUND | NONE | PC | READY, WILLING & ABLE | |
| 232 EAST 84TH STREET | | | EMERGENCY SOCIAL | |
| NEW YORK , NY 10028 | | | SERVICES SUPPORT | 125,000 |
| Total from continuation sheets | | 1 | | ,, |

023631 04-01-20

| Part XV Supplementary Information | CABRINI HEALTH | 1 00110/1101 | N, INC. 83-059 | ~ |
|--|--|-------------------------|---|---|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, | | | |
| · | show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | |
| THE FOOD DANMETED FOD THE CADIMAL | NONE | PC | FOOD IS MEDICINE | |
| THE FOOD PANTRIES FOR THE CAPITAL | NONE | FC | FOOD IS MEDICINE | |
| 32 ESSEX STREET | | | | |
| ALBANY, NY 12206 | | | | 150,000. |
| | | | | |
| THE HOPE PROGRAM | NONE | PC | MENTAL HEALTH SUPPORT | |
| 1 SMITH STREET, 4TH FLOOR | NONE | | FOR LOW-INCOME | |
| BROOKLYN, NY 11201 | | | JOBSEEKERS | 150,000. |
| | | | | |
| THE HUNTER COLLEGE FOUNDATION | NONE | PC | ISSUES FOR OLDER | |
| 695 PARK AVENUE, 1313 EAST | | | ADULTS DURING COVID-19 | |
| VEW YORK, NY 10065 | | | TOUTING COATD-12 | 125,000. |
| | | | | ,000. |
| THE HUNTER COLLEGE FOUNDATION | NONE | PC | SUPPORT FOR HUNTER | |
| 595 PARK AVENUE, 1313 EAST | NOINE | | COLLEGE EXPANDED FOOD | |
| IEW YORK, NY 10065 | | | PANTRY OPERATIONS | 125,000. |
| | | | | 120,000. |
| | NONE | PG | | |
| THE INSTITUTE FOR FAMILY HEALTH | NONE | PC | BUILDING A TRAUMA | |
| 2006 MADISON AVENUE NEW YORK, NY 10035 | | | RESILIENT (BTR) KINGSTON | 123 /70 |
| | | | | 123,470. |
| | NONE | D.C. | | |
| THE INSTITUTE FOR FAMILY HEALTH 2006 MADISON AVENUE | NONE | PC | BUILDING A TRAUMA RESILIENT KINGSTON AND | |
| NEW YORK, NY 10035 | | | BEYOND | 139,491. |
| | | | | |
| THE INTERFAITH NUTRITION NETWORK, | NONE | PC | THE INN COVID-19 | |
| INC. | | | RESPONSE | |
| 211 FULTON AVENUE | | | | |
| HEMPSTEAD, NY 11550 | | | | 236,310. |
| THE JEWISH BOARD OF FAMILY AND | NONE | PC | SAFE AND SECURE HOME | |
| CHILDREN'S SERVICES | | | | |
| L35 WEST 50TH STREET, 6TH FLOOR | | | | |
| JEW YORK, NY 10020 | | | | 484,493. |
| • | | | | , |
| THE LEAGUE TREATMENT CENTER | NONE | PC | LETC COMMUNITY BASED | |
| 483 CLERMONT AVENUE | | - | CHILDREN'S SERVICES | |
| BROOKLYN, NY 11238 | | | | 43,750. |
| | | | | |
| THE LEGAL AID SOCIETY | NONE | PC | THE LEGAL AID | |
| 199 WATER STREET | | | SOCIETY'S EDUCATION | |
| NEW YORK, NY 10038 | | | LAW PROJECT | 90,909. |
| Total from continuation sheets | | | | |

| Part XVSupplementary Information3Grants and Contributions Paid During the Y | | | | |
|---|---|-------------------------|-------------------------------------|----------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| THE LEGAL AID SOCIETY OF ROCHESTER, | NONE | PC | THE LEGAL AID SOCIETY | |
| INC. | | | OF ROCHESTERS | |
| 1 WEST MAIN STREET | | | EDUCATION LAW UNIT | |
| ROCHESTER, NY 14614 | | | EXPANSION | 52,500 |
| | | | | |
| THE LEGAL AID SOCIETY OF ROCHESTER, | NONE | PC | LASROCS IMMIGRANT | |
| INC. | | | HEALTH AND WELL-BEING | |
| 1 WEST MAIN STREET | | | PROJECT | |
| ROCHESTER, NY 14614 | | | | 167,953, |
| THE MINISTRY FOR HOPE, INC. AKA HOPE | NONE | PC | LITTLE PORTION FRIARY | |
| HOUSE MINISTRIES, INC. | | | AT HOPE HOUSE | |
| 1 HIGH STREET, PO BOX 358 | | | MINISTRIES | |
| PORT JEFFERSON NY 11777 | | | | 135,000. |
| THE NEW YORK ACADEMY OF MEDICINE | NONE | PC | PROVIDING EDU & | 133,000. |
| 1216 FIFTH AVENUE, #608 | | | ENGAGEMENT | |
| NEW YORK, NY 10029 | | | OPPORTUNITIES TO | |
| NEW TORR, NI 10025 | | | | |
| | | | FOSTER CARE & JUVENILE | 175 000 |
| | | | JUSTICE INVOLVED YOUTH | 175,000. |
| | | | | |
| THE OLIVER SCHOLARS PROGRAM, INC. | NONE | PC | SCHOLAR IMMERSION AND | |
| 80 MAIDEN LANE, #706 | | | PLACEMENT | |
| NEW YORK, NY 10038 | | | | 75,000. |
| | | | | |
| THE OPEN DOOR MISSION | NONE | PC | OPEN DOOR MISSION: | |
| 226 WARREN STREET | | | COVID-19 HUNGER RELIEF | |
| GLENS FALLS, NY 12801 | | | AND SHELTER SUPPORT | 75,040. |
| | | | | |
| THE DOOT FIRM THE | NONE | D.C. | | |
| THE ROOT FARM, INC. | NONE | PC | A HELPFUL HARVEST | |
| 2860 KING ROAD SAUQUOIT, NY 13456 | | | | 100 000 |
| SA000011, NI 13430 | | | | 100,000. |
| | | | | |
| THE SALVATION ARMY | NONE | PC | COMMUNITY OUTREACH AND | |
| 440 WEST NYACK RD, PO BOX C-635 | | | EMERGENCY FOOD SUPPORT | |
| WEST NYACK, NY 10994 | | | | 72,000. |
| | | | | |
| THE SALVATION ARMY | NONE | PC | COVID-19 EMERGENCY | |
| 440 WEST NYACK RD, PO BOX C-635 | | | FUNDING | |
| WEST NYACK, NY 10994 | | | | 75,000. |
| | | | | |
| | NONE | P.C. | CENECT C HOUGE | |
| THE SALVATION ARMY 440 WEST NYACK RD, PO BOX C-635 | NONE | PC | GENESIS HOUSE | |
| WEST NYACK, NY 10994 | | | | 75,000. |
| Total from continuation sheets | 1 | 1 | | |

023631 04-01-20

| 3 Grants and Contributions Paid During the N Recipient | | | | |
|---|--|--------------------------------------|-------------------------------------|---------|
| | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| THE SALVATION ARMY | NONE | PC | SUPPORT FOR THE | |
| 40 WEST NYACK RD, PO BOX C-635 | | | SALVATION ARMYS | |
| IEST NYACK, NY 10994 | | | COVID-19 RESPONSE | |
| | | | EFFORTS IN ERIE AND | |
| | | | NIAGARA COUNTIES | 75,000 |
| THE SALVATION ARMY | NONE | PC | COVID-19 EMERGENCY | |
| | NONE | FC | RELIEF, THE SALVATION | |
| 40 WEST NYACK RD, PO BOX C-635 IEST NYACK, NY 10994 | | | ARMY CAPITAL REGION | |
| EST NIACK, NI 10554 | | | SOUTH | 75,000 |
| | | | | |
| THE SALVATION ARMY | NONE | PC | COVID-19 EMERGENCY | |
| 40 WEST NYACK RD, PO BOX C-635 | | | RELIEF, THE SALVATION | |
| EST NYACK, NY 10994 | | | ARMY CAPITAL REGION | |
| | | | NORTH | 75,000 |
| | | | | |
| THE SALVATION ARMY | NONE | PC | EMERGENCY ASSISTANCE | |
| 40 WEST NYACK RD, PO BOX C-635 | | | SUPPORT | |
| JEST NYACK, NY 10994 | | | | 101,375 |
| | | | | |
| THE SALVATION ARMY | NONE | PC | RESPITE CAMP FOR | |
| 40 WEST NYACK RD, PO BOX C-635 | | | FRONTLINE STAFF | |
| IEST NYACK, NY 10994 | | | | 105,000 |
| | | | | |
| HE SALVATION ARMY | NONE | PC | COVID-19 EMERGENCY | |
| 40 WEST NYACK RD, PO BOX C-635 | | | RELIEF, THE SALVATION | |
| IEST NYACK, NY 10994 | | | ARMY FINGER LAKES | 200,000 |
| | | | | |
| HE SALVATION ARMY | NONE | PC | COVID-19 EMERGENCY | |
| 40 WEST NYACK RD, PO BOX C-635 | | | RELIEF, THE SALVATION | |
| EST NYACK, NY 10994 | | | ARMY SOUTHERN TIER | 200,000 |
| | | | | |
| THE SALVATION ARMY | NONE | PC | SUPPORT FOR PATHWAY OF | |
| 40 WEST NYACK RD, PO BOX C-635 | | | HOPE ACROSS NEW YORK | |
| EST NYACK, NY 10994 | | | STATE | 212,243 |
| HE TOM COUGHLIN JAY FUND FOUNDATION, | NONE | PC | BE THERE COVID-19 | |
| INC. | | | CRISIS FUND | |
| 20 BOX 1342 | | | | |
| BLOOMFIELD, NJ 07003 | | | | 120,000 |
| | | | | |
| HE VISCARDI CENTER | NONE | PC | PROJECT ACCESSIBLE | |
| 01 I.U. WILLETS ROAD | | | ORAL HEALTH (PAOH) | |
| | | 1 | | 34,091 |

| Part XV Supplementary Information | <u>CABRINI HEALTH</u> n | | N, INC. 83-059 | |
|---|--|--------------------------------------|--|----------|
| 3 Grants and Contributions Paid During the V | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| THE WARTBURG HOME OF THE EVANGELICAL LUTHERAN CHURCH | NONE | ₽C | COVID-19 FRONT LINE RESPONSE | |
| 1 WARTBURG PLACE | | | | |
| MOUNT VERNON, NY 10552 | | | | 125,000. |
| TOMORROW'S HOPE FOUNDATION | NONE | PC | GENERAL SCHOLARSHIP | |
| 50 CHARLES LINDBERGH BLVD, SUITE 500 | | | FUND | |
| UNIONDALE, NY 11553 | | | | 750,000. |
| TOMORROW'S HOPE FOUNDATION | NONE | ₽C | TECHNOLOGY FOR LOW | |
| 50 CHARLES LINDBERGH BLVD, SUITE 500 | NONE | PC | TECHNOLOGY FOR LOW INCOME STUDENTS | |
| JNIONDALE, NY 11553 | | | | 750,000. |
| TRINITY ALLIANCE OF THE CAPITAL REGION, INC. | NONE | PC | COMMUNITY SERVICE HUB | |
| 15 TRINITY PLACE ALBANY, NY 12202 | | | | 373,762. |
| | | | | |
| TRINITY CATHOLIC SCHOOL | NONE | PC | TRINITY SCHOOL | |
| 188 MAIN STREET | | | COUNSELING SERVICES | |
| MASSENA, NY 13662 | | | | 75,000. |
| | | | | |
| TRINITY CHURCH WALL STREET 76 TRINITY PLACE | NONE | PC | HOUSING & SUPPORTIVE SERVICES FOR WOMEN | |
| NEW YORK, NY 10006 | | | EXITING RIKERS ISLAND | 666,670. |
| TUESDAY'S CHILDREN | NONE | PC | RESILIENCE-BUILDING | |
| 10 ROCKEFELLER PLAZA, SUITE 910 | | | PROGRAMS FOR FAMILIES | |
| NEW YORK, NY 10020 | | | IMPACTED BY TERRORISM, | |
| | | | MILITARY CONFLICT AND | |
| | | | MASS VIOLENCE | 250,000. |
| U.S. COMMITTEE FOR REFUGEES AND | NONE | PC | REFUGEE AND IMMIGRANT | |
| IMMIGRANTS | | | EMPOWERMENT SERVICES | |
| 99 PINE STREET, SUITE 101 | | | AND TREATMENT (REST) | |
| ALBANY, NY 12207 | | | | 116,506. |
| איז | NONE | PC | | |
| UJA-FEDERATION OF NEW YORK 130 EAST 59TH STREET | NONE | PC | DIGITAL PANTRY | |
| NEW YORK, NY 10022 | | | | 330,000. |
| ULSTER IMMIGRANT DEFENSE NETWORK, | NONE | PC | EXPANSION OF FOOD | |
| INC. | | | PANTRY AND INCREASED | |
| 30 PINE GROVE AVENUE | | | FOOD/RENT/UTILITIES | |
| KINGSTON, NY 12401 | | | ASSISTANCE PROGRAM | 100,000. |
| Total from continuation sheets | | | | |

023631 04-01-20

| 3 Grants and Contributions Paid During the | rear (Continuation) | | | |
|--|--|------------------------|-------------------------------------|-----------|
| Recipient | If recipient is an individual, | | | |
| ricopont | show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | , another |
| JNION SETTLEMENT ASSOCIATION, INC. | NONE | PC | UNION SETTLEMENT | |
| 237 EAST 104TH STREET | | | WORKFORCE DEVELOPMENT | |
| NEW YORK, NY 10029 | | | SERVICES - CAREER | |
| | | | ACADEMY | 58,490 |
| | | | | |
| UNION SETTLEMENT ASSOCIATION, INC. | NONE | PC | EAST HARLEM COMMUNITY | |
| 237 EAST 104TH STREET | | | OUTREACH INITIATIVE | |
| NEW YORK, NY 10029 | | | | 123,624 |
| | | | | |
| UNION SETTLEMENT ASSOCIATION, INC. | NONE | PC | UNION SETTLEMENT | |
| 237 EAST 104TH STREET | | | MENTAL HEALTH SERVICES | |
| NEW YORK, NY 10029 | | | PROGRAM | 100,000 |
| UNITED CEREBRAL PALSY ASSOCIATION OF | NONE | PC | ESSENTIAL WORKERS AND | |
| CAYUGA COUNTY, INC. | | | DISABLED CHILD FREE | |
| 182 NORTH STREET | | | CHILD CARE | |
| AUBURN, NY 13021 | | | | 50,000 |
| JNITED CEREBRAL PALSY ASSOCIATION OF | NONE | PC | COVID-19 MITIGATION | |
| | NONE | FC | AND PERSONNEL | |
| THE NORTH COUNTRY, INC. 4 COMMERCE LANE | | | PROTECTION PLAN | |
| CANTON, NY 13617 | | | (CMAPPP) | 75,000 |
| | | | | , |
| UNITED HOSPITAL FUND OF NEW YORK, | NONE | PC | REACHING THE UNINSURED | |
| INC. | | | IN THE COVID-19 | |
| 1411 BROADWAY, 12TH FLOOR | | | PANDEMIC | |
| NEW YORK, NY 10018 | | | | 200,000 |
| UNITED HOSPITAL FUND OF NEW YORK | NONE | PC | ACHIEVING HEALTH | |
| INC. | | | EQUITY BY TRANSFORMING | |
| 1411 BROADWAY, 12TH FLOOR | | | CHILDREN'S PRIMARY | |
| NEW YORK, NY 10018 | | | CARE | 516,666 |
| UNITED HOSPITAL FUND OF NEW YORK, | NONE | PC | TRANSITIONS FROM | |
| INC. | | | SKILLED NURSING | |
| 1411 BROADWAY, 12TH FLOOR | | | FACILITY TO HOME: | |
| NEW YORK, NY 10018 | | | IMPROVING QUALITY AND | |
| | | | PATIENT EXPERIENCE | 516,666 |
| UNITED NEIGHBORHOOD HOUSES OF NEW | NONE | PC | ENDING SOCIAL | |
| YORK, INC. | | | ISOLATION BY | |
| 45 BROADWAY, SUITE 2210 | | | EMPOWERING OLDER | |
| NEW YORK, NY 10006 | | | PEOPLE IN THE WAKE OF | |
| | | | COVID-19 | 100,000 |
| UNITY HOUSE OF TROY, INC. | NONE | PC | COMMUNITY RESOURCES | |
| 2431 SIXTH AVENUE | | | FOOD PANTRY AND | |
| TROY, NY 12180 | | | COMMUNITY MEALS | |
| | | | PROGRAM EXPANSION | 88,596 |

| Part XV Supplementary Informati | | | | |
|--|--|-------------------------|--------------------------------------|---|
| 3 Grants and Contributions Paid During the | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| UNIVERSITY OF ROCHESTER | NONE | PC | MOBILE STROKE | |
| 300 E. RIVER ROAD, BOX 278703 | | | UNIT/COMMUNITY EDU. TO | |
| ROCHESTER, NY 14627 | | | IMPROVE RECOGNITION OF | |
| | | | STROKE IN UNDERSERVED | |
| | | | POPULATIONS | 4,622. |
| UNIVERSITY OF ROCHESTER | NONE | PC | UNIVERSITY OF | |
| 300 E. RIVER ROAD, BOX 278703 | | | ROCHESTER MEDICAL | |
| ROCHESTER, NY 14627 | | | FLAUM EYE INSTITUTE | |
| | | | MOBILE VISION | 10 072 |
| UNIVERSITY OF ROCHESTER | NONE | PC | ASSESSMENT (MVA) LEADING THE WAY: | 18,973. |
| 300 E. RIVER ROAD, BOX 278703 | NONE | rc | IMPROVING ACCESS TO | |
| ROCHESTER, NY 14627 | | | ORAL HEALTH CARE FOR | |
| | | | INDIVIDUALS WITH | |
| | | | SPECIAL NEEDS | 30,325. |
| | | | | , |
| | | | | |
| UNIVERSITY OF ROCHESTER | NONE | PC | ROCHESTER PRISON | |
| 300 E. RIVER ROAD, BOX 278703 | | | EDUCATION PROJECT | |
| ROCHESTER, NY 14627 | | | _ | 162,205. |
| UNIVERSITY OF ROCHESTER | NONE | PC | REDUCING COVID-19 | |
| 300 E. RIVER ROAD, BOX 278703 | | | EXPOSURE TO ELDERLY | |
| ROCHESTER, NY 14627 | | | PATIENTS IN NURSING | |
| | | | HOMES AND ASSISTED | 140 500 |
| | | | LIVING | 142,500. |
| UNIVERSITY OF ROCHESTER | NONE | PC | COVID-19 COMMUNITY | |
| 300 E. RIVER ROAD, BOX 278703 | | | SYMPTOM TRACKING | |
| ROCHESTER, NY 14627 | | | (ROCHESTER, BUFFALO | |
| , | | | AND SYRACUSE) | 600,000. |
| | | | | |
| UPWARDLY GLOBAL | NONE | PC | ELIMINATING BARRIERS | |
| 505 8TH AVENUE SUITE 1100 | | | TO GAINFUL EMPLOYMENT | |
| NEW YORK, NY 10018 | | | AND BUILDING | |
| | | | SELF-SUFFICIENCY | 177,500. |
| | | | | |
| URBAN PATHWAYS, INC. | NONE | PC | COVID-19 SUPPLEMENTAL | |
| 575 EIGHTH AVENUE, 16TH FLOOR | | | FOOD PROGRAM | |
| NEW YORK, NY 10018 | | | | 275,000. |
| | | | | |
| USA NORTHEAST PROVINCE SOCIETY OF | NONE | PC | MATCHING GRANT | |
| JESUS | | | | |
| 39 EAST 83RD STREET | | | | |
| NEW YORK, NY 10028 | | | | 200. |
| VERA HOUSE | NONE | PC | VERA HOUSE ABUSE IN | |
| 723 JAMES STREET | | ľ | LATER LIFE PRIMARY | |
| SYRACUSE, NY 13203 | | | PREVENTION, OUTREACH | |
| , | | | AND EDUCATION | 75,000. |
| Total from continuation sheets | | 1 | | , |

023631 04-01-20

| Part XV Supplementary Information | | | | |
|--|--|-------------------------|---------------------------------------|------------|
| 3 Grants and Contributions Paid During the Y | ear (Continuation) | 1 | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| VETERANS ONE-STOP CENTER OF WNY, INC. | NONE | PC | CASE MANAGEMENT | |
| L280 MAIN STREET, SUITE 204 | | | PROGRAM | |
| BUFFALO, NY 14209 | | | | 80,000. |
| JETERANS OUTREACH CENTER | NONE | PC | FEMALE VETERANS AND | |
| 459 SOUTH AVENUE | | | FAMILIES: PATHWAYS TO | |
| ROCHESTER, NY 14620 | | | SELF-SUFFICIENCY | 20,346. |
| VETERANS OUTREACH CENTER | NONE | PC | STAYING CONNECTED AND | |
| 459 SOUTH AVENUE | | | STAYING SAFE DURING | |
| ROCHESTER, NY 14620 | | | COVID-19 | 75,000. |
| VETERANS OUTREACH CENTER | NONE | PC | VOC MEDICAID/HEALTH | |
| 159 SOUTH AVENUE | | | HOME CARE MANAGEMENT | |
| ROCHESTER, NY 14620 | | | AGENCY PREPARATION AND | 05 000 |
| VIA - VISUALLY IMPAIRED ADVANCEMENT | NONE | PC | DEVELOPMENT PROGRAM POST-PANDEMIC | 85,000. |
| 170 MAIN STREET | | | IMPROVEMENTS TO | |
| BUFFALO, NY 14209 | | | ENHANCE MANUFACTURING | |
| | | | EFFICIENCY AND SECURE | |
| | | | AND EXPAND EMPLOYMENT | 33,660. |
| VILLA MARIA COLLEGE OF BUFFALO | NONE | PC | PREPARING LOW-INCOME, | |
| 240 PINE RIDGE ROAD | | | ACADEMICALLY DISADVANTAGED COLLEGE | |
| BUFFALO, NY 14225 | | | STUDENTS FOR CAREERS | |
| | | | POST-GRADUATION | 95,500. |
| | | | | |
| VIP COMMUNITY SERVICES, INC. | NONE | PC | THE VIP-SCHOOLS | |
| 770 E. 176TH STREET BRONX, NY 10460 | | | PARTNERSHIP PROGRAM | 38,833. |
| VISITING NURSE SERVICE OF NEW YORK | NONE | PC | VETERANS OUTREACH | |
| HOME CARE LL | | | LIAISON PROGRAM | |
| LO7 EAST 70TH STREET, 5TH FLOOR | | | | |
| NEW YORK, NY 10021 | | | | 150,000. |
| VISITING NURSE SERVICE OF NEW YORK | NONE | PC | VNSNY COVID-19 | |
| HOME CARE LL | | | RESPONSE | |
| 107 EAST 70TH STREET, 5TH FLOOR | | | | |
| NEW YORK, NY 10021 | | | | 1,000,000. |
| VISITING NURSE SERVICE OF NEW YORK | NONE | PC | THE HOPE INITIATIVE | |
| HOSPICE | | Ĩ | (HOSPICE OUTREACH | |
| LO7 EAST 70TH STREET | | | PATIENT AND PROVIDER | |
| NEW YORK, NY 10021 | | | EDUCATION) | 500,000. |
| Total from continuation sheets | | | | |

023631 04-01-20

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Info

| Part XV Supplementary Information | | | | |
|---|--|--------------------------------------|---|----------|
| 3 Grants and Contributions Paid During the Y | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| VOLUNTEER LEGAL SERVICES PROJECT OF MONROE COUNTY, INC. 1 WEST MAIN STREET, 5TH FLOOR | NONE | PC | VLSP IMMIGRANTS RIGHTS PROGRAM | |
| ROCHESTER, NY 14614 | | | | 75,000. |
| VOLUNTEER TRANSPORTATION CENTER, INC. 24685 STATE ROUTE 37 WATERTOWN, NY 13601 | NONE | PC | EMERGENT SENIOR SUPPORT SERVICES | 75,000. |
| VOLUNTEERS OF AMERICAGREATER NEW YORK 135 W. 50TH STREET, 9TH FLOOR NEW YORK, NY 10020 | NONE | PC | SOCIAL WORK ONBOARDING AND FALL PREVENTION FOR EAST CLARKE PLACE | 128,343. |
| , VOLUNTEERS OF LEGAL SERVICE 40 WORTH STREET, SUITE 820 NEW YORK, NY 10013 | NONE | PC | VOLS LEGAL ASSISTANCE FOR UNEMPLOYED NEW YORKERS DURING COVID-19 CRISIS | 125,000. |
| VOLUNTEERS OF LEGAL SERVICE 40 WORTH STREET, SUITE 820 NEW YORK, NY 10013 | NONE | PC | VOLS LEGAL ASSISTANCE FOR UNEMPLOYED NEW YORKERS DURING RECESSION AND RECOVERY | 210,000. |
| WATERTOWN URBAN MISSION, INC. 247 FACTORY STREET WATERTOWN, NY 13601 | NONE | PC | GETTING AHEAD & STAYING AHEAD IN THE NORTH COUNTRY | 65,038. |
| WATERTOWN URBAN MISSION, INC. 247 FACTORY STREET WATERTOWN, NY 13601 | NONE | PC | BUILDING ECONOMIC STABILITY FOR TOMORROW (BEST) | 265,300. |
| WELLLIFE NETWORK, INC. 142-02 20TH AVENUE FLUSHING, NY 11351 | NONE | PC | WELLLIFE NETWORK SUFFOLK COUNTY COVID-19 FOOD PANTRY ASSISTANCE | 80,000. |
| WESTCHESTER INSTITUTE FOR HUMAN DEVELOPMENT 20 PLAZA WEST, CEDARWOOD HALL VALHALLA, NY 10595 | NONE | PC | DENTAL CARE FOR VULNERABLE POPULATIONS | 72,380. |
| WESTCHESTER JEWISH COMMUNITY SERVICES, INC. | NONE | PC | WJCS GROUP HOMES | · · · · |
| 845 NORTH BROADWAY | | | | |

| Part XV Supplementary Informatio | n | | | |
|--|---|-------------------------|--|----------|
| 3 Grants and Contributions Paid During the | Year (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | | |
| WESTERN NEW YORK INDEPENDENT LIVING | NONE | PC | YOUTH SERVICES PROGRAM | |
| 3108 MAIN STREET | | | | |
| BUFFALO, NY 14214 | | | | 29,973. |
| WESTERN NEW YORK INDEPENDENT LIVING | NONE | PC | COVID-19 SAFETY AND | |
| 3108 MAIN STREET | | | HEALTH SERVICES | |
| BUFFALO, NY 14214 | NONE | | NOW WHEN DE AGERGEDIE | 75,000. |
| WHITNEY M. YOUNG JR. HEALTH, INC. 920 LARK DRIVE | NONE | PC | WOW MUST BE ACCESSIBLE TO ALL OUR COMMUNITIES | |
| ALBANY, NY 12207 | | | (REACHING EVERYONE- | |
| , | | | WHITNEY ON WHEELS | |
| | | | (RE-WOW)) | 75,000. |
| | | | | |
| WHOLE ME, INC. | NONE | PC | ONE-STOP-SHOP FOR DEAF | |
| 1010 JAMES STREET | | | AND HARD-OF-HEARING | 20 750 |
| SYRACUSE, NY 13203 | | | | 28,750. |
| WNY WOMEN'S FOUNDATION | NONE | PC | MOMS: FROM EDUCATION | |
| 742 DELAWARE AVENUE | | | TO EMPLOYMENT PROGRAM | |
| BUFFALO, NY 14209 | | | | 37,500. |
| WOMEN IN NEED, INC. | NONE | PC | HEALTHCORPS AT WIN: A | |
| 115 WEST 31ST STREET | | | HEALTH AND WELLNESS | |
| NEW YORK, NY 10001 | | | PROGRAM FOR NYC HOMELESS FAMILIES | 112,500. |
| | | | | |
| WOMEN IN NEED, INC. | NONE | PC | COVID-19 RELIEF | |
| 115 WEST 31ST STREET NEW YORK, NY 10001 | | | | 150,000. |
| WOMEN IN NEED, INC. | NONE | PC | HEALTH AND WELLNESS | |
| 115 WEST 31ST STREET | | | PROGRAMS FOR NYC | |
| NEW YORK, NY 10001 | | | HOMELESS FAMILIES & | |
| | | | УОИТН | 315,000. |
| WORKER JUSTICE CENTER OF NEW YORK | NONE | PC | INTEGRATED HEALTH AND | |
| 9 MAIN STREET | | | SAFETY OUTREACH AND | |
| KINGSTON, NY 12401 | | | SERVICES TO MIGRANT AND IMMIGRANT | |
| | | | FARMWORKERS IN NYS | 171,791. |
| | | | | |
| YMCA OF GREATER NEW YORK | NONE | PC | YMCA COVID-19 CRISIS | |
| 5 WEST 63RD STREET, 6TH FLOOR | | | RESPONSE | 105 000 |
| NEW YORK, NY 10023 Total from continuation sheets | | | | 125,000. |

| 3 Grants and Contributions Paid During the Y | ear (Continuation) | | | |
|--|--|-------------------------|----------------------------------|-----------|
| Recipient | If recipient is an individual. | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | recipient | CONTRIBUTION | , and and |
| | | | | |
| YMCA OF GREATER SYRACUSE | NONE | PC | YMCA HOUSING SERVICES | |
| 340 MONTGOMERY STREET | | | RESPONSE TO COVID-19 | |
| SYRACUSE, NY 13202 | | | | 75,00 |
| YOU GOTTA BELIEVE. THE OLDER CHILD | NONE | PC | PARENT TRAINING AND | |
| ADOPTION & PERMANENCY MOVEMENT | | | SUPPORT SERVICES IN | |
| | | | | |
| 3114 MERMAID AVENUE | | | QUEENS, NY TO AID | |
| BROOKLYN, NY 11224 | | | YOUTH IN FOSTER CARE | 100,00 |
| YOUNG WOMEN'S CHRISTIAN ASSOCIATION | NONE | PC | YOUNG ADULTS/PARENTS | |
| OF ROCHESTER AND MONROE COUNTY | | | AS TEACHERS PROGRAM | |
| 175 NORTH CLINTON AVENUE | | | | |
| ROCHESTER, NY 14604 | | | | 84,00 |
| | | | | |
| YOUTH ENRICHMENT SERVICES | NONE | PC | YES I CAN | |
| PO BOX 105 | | | | |
| WEST ISLIP, NY 11795 | | | | 190,00 |
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| | | | | |
| Total from continuation sheets | 1 | 1 | | |

023631 04-01-20

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| Part XV Supplementary Information 3 Grants and Contributions Approved for Future | | | | |
|--|--|--------------------------------------|--|-------------|
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| ADVANCED HEALTH NETWORK | NONE | PC | BEHAVIORAL HEALTH | |
| 315 WEST 36TH STREET | | | INTEGRATION PROJECT | |
| NEW YORK, NY 10018 | | | PRIMARY CARE AND | |
| | | | SOCIAL DETERMINANTS OF | |
| | | | HEALTH | 150,000. |
| ΑΡΟΤΟΆΝ ΟΡΟΝΤΟΡΟ ΟΟΜΜΤΦΦΡΕ ΙΝΟ | NONE | PC | HEALTHY HORIZONS | |
| AFRICAN SERVICES COMMITTEE, INC. 429 WEST 127TH STREET | NONE | rC | NEALINI NORIZONS | |
| NEW YORK, NY 10027 | | | | 32,630. |
| ALBANY DIOCESAN SCHOOL BOARD | NONE | PC | TECHNOLOGY FOR BEACON | |
| 40 N MAIN AVENUE | | | OF HOPE SCHOLARSHIP | |
| ALBANY, NY 12203 | | | AND LOW INCOME | |
| · · · · · · · · · · · · · · · · · · · | | | STUDENTS | 150,000. |
| | | | | |
| ALBANY DIOCESAN SCHOOL BOARD | NONE | PC | BEACON OF HOPE | |
| 41 N MAIN AVENUE | | | SCHOLARSHIP FUND | |
| ALBANY, NY 12203 | | | | 150,000. |
| | | | | |
| ALBANY DIOCESAN SCHOOL BOARD | NONE | PC | COUNSELING SERVICES | |
| 42 N MAIN AVENUE | | | AND FAMILY CONNECTION | |
| ALBANY, NY 12203 | | | | 75,000. |
| AMERICAN CANCER SOCIETY, INC. | NONE | PC | HELPING VULNERABLE NEW | |
| 250 WILLIAMS AVENUE, 4TH FLOOR | | | YORK CANCER PATIENTS | |
| ATLANTA, GA 30303 | | | ACCESS LIFESAVING | |
| | | | TREATMENT | 45,000. |
| ARTHUR ASHE INSTITUTE FOR URBAN | NONE | PC | OVERCOMING HEALTH | |
| HEALTH | | | DISPARITIES | |
| 450 CLARKSON AVENUE BROOKLYN, NY 11203 | | | | 225,000. |
| | NONE | | | |
| ASSOCIATED MEDICAL SCHOOLS OF NEW YORK | NONE | PC | DIVERSITY IN MEDICINE SCHOLARSHIP PROGRAM | |
| 1270 AVENUE OF THE AMERICAS | | | | |
| NEW YORK, NY 10020 | | | | 300,000. |
| ASSOCIATION OF THE BAR OF THE CITY OF | NONE | PC | VETERANS ASSISTANCE | |
| NEW YORK FUND, INC. | | | PROJECT | |
| 42 WEST 44TH STREET | | | | |
| NEW YORK, NY 10036 | | | | 40,910. |
| ASSOCIATION TO BENEFIT CHILDREN | NONE | PC | RENEWAL PROPOSAL FOR | |
| 419 EAST 86TH STREET | | | ABCS FAST BREAK + | |
| NEW YORK, NY 10028 | | | CHILDREN'S MOBILE | |
| , | | | MENTAL HEALTH SERVICES | 150,000. |
| Total from continuation sheets | • | • | · | 25,551,584. |

| Part XV Supplementary Information | CABRINI HEALTH | FOUNDATION | N, INC. 83-059 | 0203 |
|--|--|--------------------------------------|-------------------------------------|----------------|
| 3 Grants and Contributions Approved for Fu | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | | | | |
| AVAIL NYC | NONE | PC | MALE CLIENT SERVICES & | |
| 115 W. 45TH STREET, 4TH FLOOR | | | PARTNERSHIP PROGRAM | |
| NEW YORK, NY 10036 | | | | 200,000. |
| BARD COLLEGE | NONE | PC | COLLEGE-TO-CAREER: | |
| PO BOX 5000 | | | BARD PRISON | |
| ANNANDALE-ON-HUDSON, NY 12504 | | | INITIATIVES TRANSITION | |
| | | | HOME PROGRAM | 37,500. |
| BEDFORD STUYVESANT RESTORATION | NONE | PC | STRENGTHENING CENTRAL | |
| CORPORATION | | | BROOKLYN'S FOOD SYSTEM | |
| 1368 FULTON STREET | | | FOR HEALTHY OUTCOMES | |
| BROOKLYN, NY 11216 | | | | 225,000. |
| BESTSELF BEHAVIORAL HEALTH, INC. | NONE | PC | PRIMARY AND BEHAVIORAL | |
| 255 DELAWARE AVENUE | | | HEALTH CARE | |
| BUFFALO, NY 14202 | | | INTEGRATION | |
| | | | CONTINUATION | 195,000. |
| | | | | |
| BIGS & LITTLES NYC MENTORING | NONE | PC | FAMILY STRENGTHENING | |
| 137 EAST 2ND STREET | | | INITIATIVE | |
| NEW YORK, NY 10009 | | | | 150,000. |
| | | | | |
| BISON CHILDREN'S SCHOLARSHIP FUND | NONE | ₽C | BISON CHILDREN'S | |
| 284 DELAWARE AVENUE | | | SCHOLARSHIP FUND - | |
| BUFFALO, NY 14202 | | | SCHOLARSHIP INITIATIVE | 333,333. |
| BISON CHILDREN'S SCHOLARSHIP FUND | NONE | PC | BISON CHILDREN'S | |
| 284 DELAWARE AVENUE | | | SCHOLARSHIP FUND K-12 | |
| BUFFALO, NY 14202 | | | INITIATIVE - BUFFALO | |
| | | | RENEWAL | 333,333. |
| | | | | |
| BOYS & GIRLS CLUBS OF SYRACUSE | NONE | PC | BOYS & GIRLS CLUBS OF | |
| 201 HAMILTON STREET | | | SYRACUSE: MENTAL | |
| SYRACUSE, NY 13204 | | | HEALTH SERVICES | 74,522. |
| | | | | |
| BRADY FAITH CENTER, INC. | NONE | PC | BRADY FAITH CENTER'S | |
| 404 SOUTH AVENUE | | | BRADY FARM | 14 050 |
| SYRACUSE, NY 13204 | | | | 14,250. |
| | | | | |
| BRADY SOCIAL ENTERPRISE, INC. | NONE | PC | HOPE, HEALTH & HEALING | |
| 404 SOUTH AVENUE | | | INITIATIVE | 335 750 |
| SYRACUSE, NY 13204 Total from continuation sheets | | 1 | | 225,750. |

| 3 Grants and Contributions Approved for Future Recipient Name and address (home or business) | If recipient is an individual, | | | |
|--|---|-------------------------|----------------------------------|---------|
| | | | | |
| Name and address (nome of business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| BRONXWORKS, INC. | NONE | PC | THE HEALTHY EATING, | |
| 60 E. TREMONT AVENUE | | | ACTIVE LIVING (HEAL) | |
| BRONX, NY 10453 | | | PROJECT | 50,718 |
| BRONXWORKS, INC. | NONE | PC | EXCEL EDUCATION AND | |
| 60 E. TREMONT AVENUE | NONE | | EMPLOYMENT PROGRAM | |
| BRONX, NY 10453 | | | EMFLOIMENT FROGRAM | 30,000 |
| BROOKLYN COMMUNITIES COLLABORATIVE, | NONE | PC | INVESTING IN THE LOCAL | |
| INC. | | | WORKFORCE THROUGH THE | |
| 4802 10TH AVENUE | | | BROOKLYN HEALTHCARE | |
| BROOKLYN, NY 11219 | | | ENTERPRISE HUB | 90,000 |
| | | | | |
| BROOKLYN COMMUNITY FOUNDATION | NONE | PC | IMMIGRANT RIGHTS FUND | |
| 1000 DEAN STREET, SUITE 307 | | | | |
| BROOKLYN, NY 11238 | | | | 75,000 |
| BROTHERS OF MERCY SACRED HEART HOME, | NONE | PC | GERIATRIC PRIMARY CARE | |
| INC. | | | CLINIC | |
| 4520 RANSOM ROAD | | | | |
| CLARENCE, NY 14031 | | | | 45,000 |
| CABRINI OF WESTCHESTER | NONE | PC | SUPPORTING UNFUNDED | |
| 115 BROADWAY | | | SERVICES TO ELDERS AND | |
| DOBBS FERRY, NY 10522 | | | IMMIGRANTS AT CABRINI | |
| | | | OF WESTCHESTER | 201,622 |
| | | | | |
| CALVARY HOSPITAL | NONE | PC | COMMUNITY PALLIATIVE | |
| 1740 EASTCHESTER ROAD | | | CARE SERVICE EXPANSION | 200.000 |
| BRONX, NY 10461 | | | | 300,000 |
| CANISIUS COLLEGE | NONE | PC | ADDRESSING PRIMARY | |
| 2001 MAIN STREET | | | HEALTHCARE NEEDS IN | |
| BUFFALO, NY 14208 | | | WESTERN NEW YORK | 230,250 |
| , | | | | |
| CANTALICIAN CENTER FOR LEARNING, INC. | NONE | PC | MANUFACTURING TRAINING | |
| 2049 GEORGE URBAN BOULEVARD | | | AND EMPLOYMENT SUPPORT | |
| DEPEW, NY 14043 | | | SERVICES | 493,000 |
| | | | | |
| CARE FOR THE HOMELESS | NONE | PC | EXPANDING ORAL HEALTH | |
| 30 EAST 33RD STREET, 5TH FLOOR | | | ACCESS FOR HOMELESS | |
| NEW YORK, NY 10016 Total from continuation sheets | | | NEW YORKERS | 75,000 |

023635 04-01-20

| Part XV Supplementary Information | CABRINI HEALTH | | N, INC. 83-059 | |
|--|--|-------------------------|--|---------|
| 3 Grants and Contributions Approved for Futu | re Payment (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| CARTHAGE AREA HOSPITAL, INC. | NONE | PC | HEALTHCARE | |
| 1001 WEST STREET CARTHAGE, NY 13619 | | | TRANSPORTATION PROGRAM | 36,000 |
| CATHOLIC CHARITIES DIOCESE OF SYRACUSE | NONE | PC | COVID-19 RESPONSE PROJECT | |
| 1654 WEST ONONDAGA STREET SYRACUSE, NY 13204 | | | | 106,484 |
| CATHOLIC CHARITIES OF BROOME COUNTY 232 MAIN STREET BINGHAMTON, NY 13905 | NONE | ₽C | COVID-19 EMERGENCY RESPONSE: LEAVE NO ONE BEHIND | 31,201 |
| CATHOLIC CHARITIES OF CHENANGO COUNTY 3 O'HARA DRIVE NORWICH, NY 13815 | NONE | ₽C | COVID-19 SUPPORT | 21,270 |
| CATHOLIC CHARITIES OF CORTLAND COUNTY 33-35 CENTRAL AVENUE CORTLAND, NY 13045 | NONE | PC | SERVICE CAPACITY ENHANCEMENT - COVID-19 | 5,932 |
| CATHOLIC CHARITIES OF OSWEGO COUNTY 308 WEST BROADWAY FULTON, NY 13069 | NONE | ₽C | EMERGENCY COVID-19 MCHF PROJECT | 42,000 |
| CATHOLIC FOUNDATION FOR BROOKLYN AND QUEENS 243 PROSPECT PARK WEST BROOKLYN, NY 11215 | NONE | PC | ADDRESSING FOOD INSECURITY IN BROOKLYN AND QUEENS | 300 000 |
| CATHOLIC HEALTH CARE SYSTEM 205 LEXINGTON AVENUE, 3RD FL NEW YORK, NY 10016 | NONE | PC | ARCHCARE PROTECT | 300,000 |
| CATHOLIC HEALTH CARE SYSTEM 205 LEXINGTON AVENUE, 3RD FL NEW YORK, NY 10016 | NONE | PC | SYSTEM-WIDE TRAINING IN NEW NURSING HOME EMR | 150,000 |
| CATHOLIC HEALTH SERVICES OF LONG ISLAND 992 NORTH VILLAGE AVENUE ROCKVILLE CENTRE, NY 11570 | NONE | ₽C | MERCY MEDICAL CENTER TELEHEALTH EXPANSION FOR HIGH-RISK PREGNANCY | 95,085 |

023635 04-01-20

| Part XV Supplementary Information 3 Grants and Contributions Approved for Future | | | | |
|--|--|--------------------------------------|---|--------|
| Recipient | If recipient is an individual, | Equadation | Durpose of great or | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| CATHOLIC MANAGED LONG TERM CARE, INC. 1432 FIFTH AVENUE NEW YORK, NY 10035 | NONE | PC | COVID-19 EMERGENCY RESPONSE | 433,00 |
| CATHOLIC MANAGED LONG TERM CARE, INC. 1432 FIFTH AVENUE NEW YORK, NY 10035 | NONE | PC | NEW HARLEM PACE CENTER | 150,00 |
| CATHOLIC MIGRATION SERVICES, INC. 191 JORALEMON STREET BROOKLYN, NY 11201 | NONE | PC | IMMIGRANT IMPACT TEAM PROJECT | 157,50 |
| CATHOLIC MIGRATION SERVICES, INC. 191 JORALEMON STREET BROOKLYN, NY 11201 | NONE | PC | NATURALIZATION PROJECT | 58,50 |
| CAYUGA HOME FOR CHILDREN, INC. 101 HAMILTON AVENUE AUBURN, NY 13021 | NONE | PC | ALBANY COUNTY FFT-TCM | 375,00 |
| CAZENOVIA RECOVERY SYSTEMS, INC. 2671 MAIN STREET BUFFALO, NY 14214 | NONE | PC | CHANGING THE CULTURE OF WELLNESS IN CAZENOVIA RECOVERY | 83,08 |
| CENTER FOR DISABILITY SERVICES, INC. 314 SO. MANNING BOULEVARD ALBANY, NY 12208 | NONE | PC | SUSTAINING DENTAL SERVICES FOR INDIVIDUALS WITH DISABILITIES | 52,50 |
| CENTRAL NEW YORK COMMUNITY FOUNDATION, INC. 431 EAST FAYETTE STREET, SUITE 100 SYRACUSE, NY 13202 | NONE | PC | CNY COMMUNITY FOUNDATION WINDOW AND DOORS REPLACEMENT PROGRAM | 90,00 |
| CENTRAL NEW YORK LYME AND TICK-BORNE DISEASE ALLIANCE 131 WEST SENECA STREET, BOX 9 MANLIUS, NY 13104 | NONE | ₽C | GEOGRAPHIC EXPANSION OF THE CNY LYME AND TICK-BORNE DISEASE ALLIANCE | 45,00 |
| CEREBRAL PALSY ASSOCIATIONS OF NEW YORK STATE, INC. 3 CEDAR STREET EXT., SUITE 2 COHOES, NY 12047 | NONE | PC | CLINICIAN OUTREACH AND DISABILITY SERVICES TRAINING PROGRAM | 132,79 |

| 3 Grants and Contributions Approved for Fut | ure Payment (Continuation) | | | |
|---|--|-------------------------|--|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | Contribution | |
| CHILDREN'S HOPE INDIA, INC. | NONE | PC | EVERY CHILDS HEALTH | |
| 7 EDGEMERE DRIVE | NONE | | COUNTS: A REMOTE | |
| ALBERTSON, NY 11507 | | | LEARNING INITIATIVE | 55,95 |
| RIBERISON, NI 11507 | | | | |
| CHURCH OF OUR LADY OF MOUNT CARMEL | NONE | PC | IMMIGRANT WOMEN | |
| 627 EAST 187TH STREET | | | INITIATIVE | |
| BRONX, NY 10458 | | | | 75,000 |
| | | | | |
| CHURCH OF THE HOLY CROSS | NONE | PC | THE MERCY PROJECT | |
| 620 THIERIOT AVENUE | | | | |
| BRONX, NY 10473 | | | | 84,000 |
| CIRCULO DE LA HISPANIDAD | NONE | PC | PROJECT OPPORTUNITY | |
| 26 WEST PARK AVENUE | | | | |
| LONG BEACH, NY 11561 | | | | 52,953 |
| | | | | |
| CITY MISSION OF SCHENECTADY | NONE | PC | VICTIMS OF DOMESTIC | |
| 425 HAMILTON STREET | | | VIOLENCE SHELTER | |
| SCHENECTADY, NY 12305 | | | EXPANSION | 600,000 |
| CITY YEAR, INC. | NONE | PC | CITY YEAR BUFFALO - | |
| 2495 MAIN STREET, SUITE 317 | | | WHOLE SCHOOL WHOLE | |
| BUFFALO, NY 14214 | | | CHILD PROGRAM | 60,000 |
| | | | | |
| CNYHHN, INC. | NONE | PC | NO WRONG DOOR - AN | |
| 1500 GENESEE STREET | | | INTEGRATED SYSTEM OF | 450.000 |
| UTICA, NY 13502 | | | CARE | 150,000 |
| COMMONPOINT QUEENS | NONE | PC | CENTRAL QUEENS SENIOR | |
| 67-09 108TH STREET | | | CENTER | |
| FOREST HILLS, NY 11375 | | | | 45,000 |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | TRAUMA INFORMED | |
| NEW YORK STATE, INC. | | | PRIMARY CARE (TIC) AT | |
| 111 BROADWAY SUITE 1402 | | | NEW YORK STATE | |
| NEW YORK, NY 10006 | | | COMMUNITY HEALTH CENTERS (NYS CHCS) | 130,783 |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | EMERGENCY MANAGEMENT | |
| NEW YORK STATE, INC. | | | CHC TRAINING AND | |
| 111 BROADWAY SUITE 1402 | | | TECHNICAL ASSISTANCE | |
| NEW YORK, NY 10006 | | | IN A POST-COVID NEW | |
| | | | YORK STATE | 109,10 |

| 3 Grants and Contributions Approved for Futu | re Payment (Continuation) | | | |
|--|--|-------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | contribution | |
| COMMUNITY HEALTH CARE ASSOCIATION OF | NONE | PC | COMMUNITY HEALTH | |
| | NONE | FC | | |
| NEW YORK STATE, INC. | | | CENTER (CHC) WORKFORCE | |
| 111 BROADWAY SUITE 1402 | | | RECRUITMENT AND | 72.00 |
| NEW YORK, NY 10006 | | | RETENTION | 73,88 |
| COMMUNITY OF FRANCISCAN FRIARS OF THE | NONE | ₽C | SAINT FRANCIS YOUTH | |
| RENEWAL | | | CENTER UPDATING FOR | |
| 421 E 155 STREET | | | SERVICE TO THE POOR | |
| BRONX, NY 10455 | | | | 37,500 |
| | | | | |
| COPTIC ORTHODOX PATRIARCHATE DIOCESE | NONE | ₽C | ANBA ABRAAM FUND | |
| OF NEW YORK & NEW ENGLAND | | | | |
| 500 TODT HILL ROAD | | | | |
| STATEN ISLAND, NY 10304 | | | | 150,000 |
| CORNELL COOPERATIVE EXTENSION OF | NONE | PC | ULTIMATE REENTRY | |
| TOMPKINS COUNTY | NONE | | OPPORTUNITY HEALTHFUL | |
| 615 WILLOW AVENUE | | | TRANSITIONS PROJECT | |
| ITHACA, NY 14850 | | | RENEWAL | 17 775 |
| 111ACA, NI 14050 | | | | 47,775 |
| | | | | |
| COUNCIL OF PEOPLES ORGANIZATION | NONE | ₽C | COPO SENIOR CENTER | |
| 1077 CONEY ISLAND AVENUE | | | | |
| BROOKLYN, NY 11230 | | | | 150,000 |
| | | | | |
| CRISTO REY NEW YORK HIGH SCHOOL | NONE | ₽C | EXPANSION OF MENTAL | |
| 112 EAST 106TH STREET | | | HEALTH COUNSELING | |
| NEW YORK, NY 10029 | | | DEPARTMENT | 60,000 |
| CROUSE HEALTH HOSPITAL | NONE | PC | PROVIDING EXPANDED | |
| 736 IRVING AVENUE | | | ADDICTION TREATMENT | |
| SYRACUSE, NY 13210 | | | SERVICES TO PEOPLE | |
| | | | WITH SUBSTANCE USE | |
| | | | DISORDER | 37,500 |
| DEPARTMENT OF EDUCATION, DIOCESE OF | NONE | ₽C | COUNSELING SERVICES | |
| BROOKLYN | | | FOR CATHOLIC ACADEMIES | |
| 310 PROSPECT PARK WEST | | | AND PARISH SCHOOLS | |
| BROOKLYN, NY 11215 | | | WITHIN THE DIOCESE OF | |
| | | | BROOKLYN | 150,000 |
| DEDIDEMENT OF EDITOR TON SECTORES | NONE | D.C. | ENULANCED OPECTAL | |
| DEPARTMENT OF EDUCATION, ARCHDIOCESE | NONE | PC | ENHANCED SPECIAL | |
| OF NEW YORK | | | EDUCATION PROGRAM AT | |
| CATHOLIC CENTER, 1011 1ST AVENUE - | | | FOUR SCHOOLS | 205 000 |
| 18TH FLOOR NEW YORK, NY 10022 | | | | 285,000 |
| | | | | |
| DOMINICAN RETREAT HOUSE, INC. | NONE | PC | SPIRITUAL SANCTUARY | |
| 1945 UNION STREET | | | 2021 | |
| NISKAYUNA, NY 12309 | 1 | | | 42,600 |

023635 04-01-20

| Part XV Supplementary Informatio | | | 1 | |
|--|--|--------------------------------------|---|---------|
| 3 Grants and Contributions Approved for Fi | | | | |
| Recipient Name and address (home or business) | 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 |
| DOMINICAN SISTERS FAMILY HEALTH SERVICE, INC. 115 E. STEVENS AVENUE, SUITE 105 VALHALLA, NY 10595 | NONE | PC | BUILDING HOME CARE SERVICE CAPACITY IN NYC AND THE HUDSON VALLEY | 300,000 |
| DOMINICAN SISTERS FAMILY HEALTH SERVICE, INC. 115 E. STEVENS AVENUE, SUITE 105 VALHALLA, NY 10595 | NONE | PC | COVID-19 EMERGENCY RESPONSE | 240,750 |
| DUNBAR ASSOCIATION, INC. 1453 SOUTH STATE STREET SYRACUSE, NY 13205 | NONE | PC | WELLNESS & BEHAVIORAL HEALTH SERVICES | 45,000 |
| D'YOUVILLE COLLEGE 320 PORTER AVENUE BUFFALO, NY 14201 | NONE | PC | NUTRITIONAL EMPOWERMENT THROUGH TEACHING, OPPORTUNITY, AND SHARING | 150,000 |
| ELIZABETH SETON PEDIATRIC CENTER 300 CORPORATE BLVD, SOUTH YONKERS, NY 10701 | NONE | PC | PIONEERING RESIDENTIAL CARE FOR YOUNG ADULTS WITH MEDICALLY COMPLEX CONDITIONS | 300,000 |
| ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308 | NONE | PC | EXPANDING ACCESS TO MENTAL HEALTH SUPPORTS FOR AT-RISK CHILDREN, ADOLESCENTS AND THEIR FAMILIES | 232,262 |
| ELLIS HOSPITAL FOUNDATION, INC. 1101 NOTT STREET SCHENECTADY, NY 12308 | NONE | PC | THE LIVING ROOM SERVING LOW-INCOME, AT-RISK INDIVIDUALS IN CRISIS | 105,000 |
| EMPIRE JUSTICE CENTER 1 W MAIN STREET, SUITE 200 ROCHESTER, NY 14614 | NONE | PC | ENSURING ACCESS TO HEALTHCARE | 58,500 |
| FAMILY AND CHILDREN'S ASSOCIATION 100 EAST OLD COUNTRY ROAD MINEOLA, NY 11501 | NONE | PC | NEWCOMERS RESOURCE CENTER | 88,238 |
| FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006 | NONE | PC | HEALTHY COMMUNITIES PROGRAM | 75,000 |

| Part XV Supplementary Information | | | Ι | |
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| 3 Grants and Contributions Approved for Future | | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | or substantial contributor | | | |
| FORT DRUM REGIONAL HEALTH PLANNING | NONE | PC | HEALTH CAREER ARMY | |
| DRGANIZATION, INC. | | | PATHWAYS PROGRAM | |
| 120 WASHINGTON STREET, SUITE 230 | | | | |
| WATERTOWN, NY 13601 | | | | 41,551. |
| GODDARD RIVERSIDE COMMUNITY CENTER | NONE | PC | INTEGRATED HEALTH | |
| 593 COLUMBUS AVENUE | | | SERVICES FOR FORMERLY | |
| NEW YORK, NY 10024 | | | HOMELESS INDIVIDUALS | 62,286. |
| GREATER NEW YORK HOSPITAL FOUNDATION, | NONE | PC | IMPROVING ACCESS TO | |
| INC. | | | INTEGRATED REMOTE | |
| 555 WEST 57TH STREET, 15TH FLOOR | | | HEALTH AND SOCIAL CARE | |
| NEW YORK, NY 10019 | | | | 62,663. |
| | | | | |
| HARLEM CHILDREN'S ZONE, INC. | NONE | PC | HEALTHY HARLEM | |
| 35 EAST 125TH STREET | | | | |
| NEW YORK, NY 10035 | | | | 150,000. |
| HEALTH CARE EDUCATIONAL & RESEARCH | NONE | PC | ADDRESSING HEALTHCARE | |
| FUND, INC. | NONE | | DISPARITIES THROUGH | |
| 1 EMPIRE DRIVE | | | EDUCATION AND | |
| RENSSELAER, NY 12144 | | | LEADERSHIP | 33,997. |
| HEARTSHARE EDUCATION CENTER | NONE | PC | SUPPLEMENTAL FUNDING | |
| 1825 BATH AVENUE | | | FOR NEW SPACE TO | |
| BROOKLYN, NY 11214 | | | ACCOMMODATE GREATER | |
| | | | VOCATIONAL TRAINING | |
| | | | OPPORTUNITIES | 75,000. |
| HEADMCHADE HINAN CEDUCCEC OF NEW YORK | NONE | ₽C | | |
| HEARTSHARE HUMAN SERVICES OF NEW YORK 12 METROTECH CENTER, 29TH FLOOR | NONE | FC | ENHANCED STAFFING TO SUPPORT EARLY | |
| BROOKLYN, NY 11201 | | | CHILDHOOD SERVICES | 75,000. |
| | | | | |
| HEARTSHARE HUMAN SERVICES OF NEW YORK | NONE | PC | NURSING SUPERVISION | |
| 12 METROTECH CENTER, 29TH FLOOR BROOKLYN, NY 11201 | | | SUPPORTS FOR I/DD RESIDENCES AND DAY | |
| BROOKEIN, NI 11201 | | | PROGRAMS | 75,000. |
| | | | | |
| HEARTSHARE ST. VINCENT'S SERVICES | NONE | PC | EXPANSION OF THE | |
| 66 BOERUM PLACE | | | AMERICAN DREAM PROGRAM | |
| BROOKLYN, NY 11201 | | | | 250,000. |
| HEARTSHARE ST. VINCENT'S SERVICES | NONE | PC | THE PROVISION OF | |
| 66 BOERUM PLACE | | | MENTAL HEALTH AND | |
| BROOKLYN, NY 11201 | | | SUBSTANCE ABUSE | |
| | | | SERVICES FOR | 050 000 |
| | | | IMMIGRANTS | 250,000. |

023635 04-01-20

| Part XV Supplementary Information 3 Grants and Contributions Approved for Future | | | | |
|--|--|--------------------------------------|-------------------------------------|----------|
| Recipient | If recipient is an individual, | Faunda Van | Dumpere of succession | |
| Name and address (home or business) | show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| | | recipient | | |
| HILBERT COLLEGE | NONE | PC | FRANCISCAN ADVOCACY & | |
| 5200 SOUTH PARK AVENUE | | | RESOURCE CENTER AT | |
| HAMBURG, NY 14075 | | | HILBERT COLLEGE | 150,000 |
| | | | | |
| HISPANIC COUNSELING CENTER, INC. | NONE | PC | BREAKING THE CYCLE OF | |
| 344 FULTON AVENUE | | | CHILDREN EXPOSED TO | |
| HEMPSTEAD , NY 11550 | | | DOMESTIC VIOLENCE | 50,100 |
| HOME CARE ASSOCIATION OF NEW YORK | NONE | PC | IMPROVING SEPSIS | |
| STATE | | | PREVENTION, SCREENING | |
| 388 BROADWAY, 4TH FLOOR | | | AND INTERVENTION IN | |
| ALBANY, NY 12207 | | | THE COMMUNITY AND | 67 047 |
| | | | ACROSS THE CONTINUUM | 67,047. |
| HOPE OF BUFFALO, INC. | NONE | PC | PROJECT BLUE | |
| 660 SMITH STREET | | | | |
| BUFFALO, NY 14210 | | | | 77,640. |
| , | | | | |
| IBERO-AMERICAN ACTION LEAGUE, INC. | NONE | PC | IMPLEMENTING IBEROS | |
| 817 EAST MAIN STREET | | | COMMUNITY RESOURCE | |
| ROCHESTER, NY 14605 | | | CENTER (CRC) | 85,500. |
| | | | | |
| IMMIGRANT JUSTICE CORPS | NONE | PC | ACCESS TO COUNSEL FOR | |
| 17 BATTERY PLACE, SUITE 236 | | | LOW-INCOME IMMIGRANTS | |
| NEW YORK, NY 10004 | | | _ | 90,000. |
| INSTITUTE FOR COMMUNITY LIVING, INC. | NONE | PC | CARE NAVIGATION IN | |
| 125 BROAD STREET, 3RD FLOOR | | | BROWNSVILLE AND EAST | |
| NEW YORK, NY 10004 | | | NY: HEALTHCARE, | |
| | | | HOUSING AND FOOD SECURITY | 112,500 |
| | | | | , |
| INTERFAITH WORKS OF CENTRAL NEW YORK, INC. | NONE | PC | ONE TO ONE PROGRAM | |
| 1010 JAMES STREET | | | | |
| SYRACUSE, NY 13203 | | | | 36,948. |
| | | | | |
| IONA COLLEGE | NONE | PC | IONA INTERPROFESSIONAL | |
| 715 NORTH AVENUE | | | EDUCATION (IPE) IN THE | |
| NEW ROCHELLE, NY 10801 | | | FIELD | 150,000. |
| IROQUOIS HEALTHCARE ASSOCIATION, INC. | NONE | PC | EXPANSION OF WORKFORCE | |
| 15 HALFMOON EXECUTIVE PARK DRIVE | | | INVESTMENT | |
| CLIFTON PARK, NY 12065 | | | ORGANIZATION TO | |
| | | | ESSENTIAL WORKERS AT | 200 020 |
| Total from continuation sheets | | | ACUTE CARE PROVIDERS | 299,936. |

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| Part XV Supplementary Information 3 Grants and Contributions Approved for Fut | | | | |
|---|---|------------------------|---|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Contribution | Amount |
| FRICHO ROAD COMMUNITY HEALTH CENTER | NONE | ₽C | SAFETY NET DENTAL | |
| 84 BARTON STREET | | | CLINIC | |
| BUFFALO, NY 14213 | | | | 120,000 |
| EWISH ASSOCIATION FOR SERVICES FOR | NONE | PC | SENIOR COMMUNITY | |
| HE AGED (JASA) | | | CONNECTION | |
| 247 WEST 37TH STREET, 9TH FLOOR NEW YORK, NY 10018 | | | | 300,000 |
| | | | | , |
| THE JEWISH BOARD OF FAMILY AND CHILDREN'S SERVICES | NONE | PC | SAFE & SECURE HOME | |
| 135 WEST 50TH STREET, 6TH FLOOR | | | | |
| NEW YORK, NY 10020 | | | | 127,508 |
| JEWISH COMMUNITY COUNCIL OF THE | NONE | PC | EMERGENCY FOOD & | |
| ROCKAWAY PENINSULA | | | ASSISTANCE FOR SINGLE | |
| 1525 CENTRAL AVENUE | | | PARENTS & VICTIMS OF | |
| FAR ROCKAWAY , NY 11691 | | | DOMESTIC VIOLENCE | 100,000 |
| | | | | |
| JOSEPH'S HOUSE FOR WOMEN, INC. | NONE | PC | JOSEPH'S HOUSE | |
| 1101 BURNET AVENUE | | | RESIDENTIAL EXPANSION | 75 000 |
| SYRACUSE, NY 13203 | | | | 75,000 |
| THE TA DUCKNAM ANDRESS NEWODIAL THO | NONE | PC | ANDRIG MEGNGUEGNED | |
| JULIA DYCKMAN ANDRUS MEMORIAL, INC. 1156 NORTH BROADWAY | NONE | PC | ANDRUS WESTCHESTER COUNTY HEALTHY | |
| YONKERS, NY 10701 | | | FAMILIES EXPANSION | 61,031 |
| | | | | |
| JULIA DYCKMAN ANDRUS MEMORIAL, INC. | NONE | PC | ANDRUS MHD COMMUNITY | |
| L156 NORTH BROADWAY | | | OUTREACH | |
| CONKERS, NY 10701 | | | | 41,533 |
| | | | | |
| LINCOLN HALL BOYS' HAVEN | NONE | PC | SUCCESSFUL STEPS | |
| P.O. BOX 600 ROUTE 202 | | | | 225 00 |
| LINCOLNDALE, NY 10540 | | | | 225,000 |
| | NONE | PC | | |
| LORETTO MANAGEMENT CORPORATION 700 E. BRIGHTON AVENUE | | | ELECTRONIC MEDICAL RECORD SYSTEMWIDE | |
| SYRACUSE, NY 13205 | | | IMPLEMENTATION | 150,000 |
| | | | | |
| MARLENE MEYERSON JCC MANHATTAN | NONE | PC | THE VIRTUAL CENTER FOR | |
| 334 AMSTERDAM AVENUE | | | POSITIVE AGING | |
| NEW YORK, NY 10023 | | | | 39,21 |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 Part XV Supplementary Information

| 3 Grants and Contributions Approved for Futu | re Payment (Continuation) | | | |
|---|--|-------------------------|--|---|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| MENTAL HEALTH ASSOCIATION IN NEW YORK | NONE | PC | MHANYS SCHOOL MENTAL | |
| STATE, INC. | | | HEALTH RESOURCE AND | |
| 194 WASHINGTON AVENUE, SUITE 415 | | | TRAINING CENTER'S | |
| ALBANY, NY 12210 | | | FAMILY EDUCATION | |
| | | | PROJECT | 64,968. |
| | | | | |
| MERCY CARE FOR THE ADIRONDACKS, INC. | NONE | PC | AGE-FRIENDLY | |
| 185 OLD MILITARY ROAD | | | COMMUNITIES INITIATIVE | |
| LAKE PLACID, NY 12946 | | | | 106,830. |
| METROPOLITAN NEW YORK COORDINATING | NONE | PC | HARNESSING TECHNOLOGY | |
| COUNCIL ON JEWISH POVERTY | | | TO FEED UNDERSERVED | |
| 77 WATER STREET, 26TH FLOOR | | | NEW YORKERS FACING | |
| NEW YORK, NY 10005 | | | FOOD INSECURITY | |
| ·····, ···· | | | RENEWAL | 750,000. |
| METROPOLITAN NEW YORK COORDINATING | NONE | PC | MOBILE PANTRY SERVICES | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| COUNCIL ON JEWISH POVERTY | | | FOR NEW YORKERS WITH | |
| | | | BARRIERS TO ACCESSING | |
| 77 WATER STREET, 26TH FLOOR | | | | |
| NEW YORK, NY 10005 | | | EMERGENCY FOOD | 110 420 |
| | NONE | D | RESOURCES | 119,439. |
| MOLLOY COLLEGE | NONE | PC | MULTIDISCIPLINARY | |
| 1000 HEMPSTEAD AVENUE | | | PRIMARY CARE | |
| ROCKVILLE CENTRE, NY 11571 | | | COLLABORATION: | |
| | | | INCREASING ACCESS TO | |
| | | | HEALTH SERVICES | 300,000. |
| NATIONAL FOUNDATION OF DENTISTRY FOR | NONE | PC | DONATED DENTAL | |
| THE HANDICAPPED | | | SERVICES (DDS) | |
| P.O. BOX 106 | | | | |
| HARRIMAN, NY 10926 | | | | 100,000. |
| | | | | |
| NAZARETH COLLEGE OF ROCHESTER | NONE | PC | EL CUIDADO DE NUESTROS | |
| 4245 EAST AVENUE | | | VECINOS (CARING FOR | |
| ROCHESTER, NY 14618 | | | OUR NEIGHBORS) | 98,298. |
| NEIGHBORHOOD LEGAL SERVICES, INC. | NONE | PC | NEIGHBORHOOD LEGAL | , . |
| 237 MAIN STREET, SUITE 400 | | | SERVICES CATHOLIC | |
| BUFFALO, NY 14203 | | | HEALTH/CATHOLIC | |
| Dorrimo, Ar 11200 | | | CHARITIES 24/7 | |
| | | | TELE-LEGAL LINE | 67 245 |
| | | | | 67,245. |
| | NONE | PC | COMMUNITY FOCUS | |
| NEW YORK CARES INC | | ſ | PLAN-SOUTH BRONX | |
| NEW YORK CARES, INC. | | | | |
| 65 BROADWAY, 19TH FLOOR | | | | 60 000 |
| 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006 | | 20 | | 60,000. |
| 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006 NEW YORK CITY BALLET, INC. | NONE | PC | FUNDING FOR THE NEW | 60,000. |
| 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006 NEW YORK CITY BALLET, INC. NEW YORK STATE THEATER, 20 LINCOLN | | PC | FUNDING FOR THE NEW YORK CITY BALLET | 60,000. |
| 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006 NEW YORK CITY BALLET, INC. | | ₽C | FUNDING FOR THE NEW YORK CITY BALLET ACCESS PROGRAMS AND | 60,000. |
| 65 BROADWAY, 19TH FLOOR NEW YORK, NY 10006 NEW YORK CITY BALLET, INC. NEW YORK STATE THEATER, 20 LINCOLN | | PC | FUNDING FOR THE NEW YORK CITY BALLET | 60,000. |

| Grants and Contributions Approved for Futu | re Payment (Continuation) | | | |
|---|--|-------------------------|----------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| | | | | |
| EW YORK LEGAL ASSISTANCE GROUP | NONE | PC | LEGALHEALTH VETERANS | |
| NCORPORATED | | | PROJECT | |
| HANOVER SQUARE, 18TH FLOOR EW YORK, NY 10004 | | | | 84,000 |
| | | | | 04,000 |
| EW YORK LEGAL ASSISTANCE GROUP | NONE | PC | LEGALHEALTH SPECIAL | |
| NCORPORATED | | | EDUCATION PROJECT | |
| HANOVER SQUARE, 18TH FLOOR | | | | |
| EW YORK, NY 10004 | | | | 48,300 |
| | | | | |
| EW YORK SCHOOL-BASED HEALTH | NONE | PC | EXPANDING | |
| OUNDATION, INC. | | | SUSTAINABLETELEHEALTH | |
| .O. BOX 8324 | | | CAPACITY AT SBHCS | |
| LBANY, NY 12208 | | | | 45,600 |
| IAGARA FALLS MEMORIAL MEDICAL CENTER | NONE | PC | CIRCLE OF CARE FOR | |
| 21 TENTH STREET | NONE | | MENTAL HEALTH | |
| IAGARA FALLS, NY 14302 | | | CAREGIVERS AND THE | |
| ,, | | | COMMUNITY | 47,216 |
| | | | | , |
| | | | | |
| IAGARA UNIVERSITY | NONE | PC | IMPROVING BEHAVIORAL | |
| 795 LEWISTON ROAD, ACAD 227, PO BOX | | | HEALTH ACCESS & | |
| 853 NIAGARA UNIVERSITY, NY 14109 | | | QUALITY | 112,500 |
| ORTH COUNTRY PRENATAL/PERINATAL | NONE | PC | CHOICES FOR CHILDREN | |
| DUNCIL, INC. | | | | |
| 00 WASHINGTON STREET, SUITE 300 | | | | |
| ATERTOWN , NY 13601 | | | | 35,550 |
| YSARC, INC., NEW YORK CITY CHAPTER | NONE | PC | CRISIS INTERVENTION | |
| 3 MAIDEN LANE | | | AND EMERGENCY CASE | |
| EW YORK, NY 10038 | | | MANAGEMENT PROGRAM FOR | |
| | | | PERSONS WITH I/DD AND | |
| | | | THEIR FAMILIES | 150,000 |
| | | | | |
| YU COLLEGE OF DENTISTRY | NONE | PC | SMILING FACES GOING | |
| 5 WEST 4TH STREET, 4TH FLOOR | | | PLACES DENTAL VAN | |
| EW YORK, NY 10012 | | | | 250,000 |
| | | | | |
| | | | | |
| YU COLLEGE OF DENTISTRY | NONE | PC | BRIDGING THE GAP | |
| 5 WEST 4TH STREET, 4TH FLOOR | | | | 0F0 000 |
| EW YORK, NY 10012 | | | | 250,000 |
| ARK SLOPE CENTER FOR MENTAL HEALTH | NONE | PC | IT TAKES A VILLAGE: | |
| | | | INTERGENERATIONAL | |
| 48 13TH STREET SUITE 203 | | | | |
| 48 13TH STREET , SUITE 203 ROOKLYN, NY 11215 | | | FAMILY FOCUSED | |

023635 04-01-20

| 3 Grants and Contributions Approved for Fut | ure Payment (Continuation) | | | |
|---|---|------------------------|------------------------------|---------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | contribution | Amount |
| DEADLES CONVINTING DEVELODNENT | NONE | PC | | |
| PEOPLES COMMUNITY DEVELOPMENT CORPORATION | NONE | FC | L.E.A.P. (LINK, | |
| 2311 S SALINA STREET | | | EMPOWER, ACCESS, PROVIDE) | |
| SYRACUSE, NY 13205 | | | | 300,000 |
| 51Me001, NI 15205 | | | | 500,000 |
| PERINATAL NETWORK OF MONROE COUNTY, | NONE | ₽C | EXPANDING SUPPORT AND | |
| INC. | | | EQUITY FOR VULNERABLE | |
| 693 EAST AVENUE, SUITE 200 | | | PARENTS | |
| ROCHESTER, NY 14607 | | | | 75,000 |
| | | | | |
| PRIMARY CARE DEVELOPMENT CORPORATION | NONE | PC | INTEGRATED BEHAVIORAL | |
| 45 BROADWAY, SUITE 530 | | | HEALTH CARE FOR THE | |
| NEW YORK, NY 10006 | | | HOMELESS LEARNING | |
| | | | COLLABORATIVE | 150,000 |
| | | | | |
| PRONTO OF LONG ISLAND, INC. | NONE | PC | FOOD INSECURITY AND | |
| 128 PINE AIRE DRIVE | | | CRITICAL PREVENTIVE | |
| BAY SHORE , NY 11706 | | | HEALTH CARE | 60,000 |
| | | | | , |
| PROVIDENCE HOUSE, INC. | NONE | PC | WOMENS JUSTICE PROGRAM | |
| 703 LEXINGTON AVENUE | | | | |
| BROOKLYN, NY 11221 | | | | 150,000 |
| REFUGEE AND IMMIGRANT | NONE | PC | LINGUISTICALLY AND | |
| SELF-EMPOWERMENT | | | CULTURALLY APPROPRIATE | |
| 302 BURT STREET | | | JOB PLACEMENT AND | |
| SYRACUSE, NY 13202 | | | ECONOMIC SUPPORT | |
| | | | SERVICES | 68,653 |
| | | | | |
| RESCUE MISSION ALLIANCE OF SYRACUSE | NONE | ₽C | RESCUE MISSION MEAL | |
| NY | | | PROGRAM FOR THE | |
| 155 GIFFORD STREET | | | HOMELESS | 25 100 |
| SYRACUSE, NY 13202 | NONE | PC | EXPAND SOCIAL | 35,100 |
| RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK | NONE | FC | DETERMINANTS OF HEALTH | |
| | | | ASSESSMENT AND CASE | |
| 1400 WASHINGTON AVENUE, MSC 100A ALBANY, NY 12222 | | | MANAGEMENT FOR OLDER | |
| ADDANI, NI 12222 | | | ADULTS | 108,695 |
| | | | | |
| | | | | |
| RICHMOND UNIVERSITY MEDICAL CENTER | NONE | ₽C | RUMC'S PALLIATIVE CARE | |
| 355 BARD AVENUE | | | PROGRAM FOR ONCOLOGY | 450 000 |
| STATEN ISLAND, NY 10310 | NONE | | PATIENTS | 150,000 |
| ROAD TO EMMAUS MINISTRY OF SYRACUSE, | NONE | PC | COMPLETION OF | |
| INC. | | | RENOVATION OF CENTRAL | |
| PO BOX 15224 | | | SITE AND EXPANSION OF | |
| SYRACUSE, NY 13215 | | | EMMAUS MINISTRY TO | 75 000 |
| Total from continuation sheets | | | CARE FOR THE HOMELESS | 75,000 |

023635 04-01-20

| Part XV Supplementary Information | 1 | | | |
|--|--|-------------------------|--|----------|
| 3 Grants and Contributions Approved for Fut | | | | |
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | | |
| ROMAN CATHOLIC COMMUNITY OF ST. ALEXANDER AND ST. JOSEPH PARISH PO BOX 159, 1 CHURCH STREET MORRISONVILLE, NY 12962 | NONE | ₽C | ST ALEXANDERS COMMUNITY OUTREACH CENTER | 75,000. |
| | | | | |
| ROMAN CATHOLIC DIOCESE OF OGDENSBURG PO BOX 369 OGDENSBURG, NY 13669 | NONE | PC | HEALTHY FAMILIES FOR A HOPEFUL FUTURE | 165,000. |
| | | | | |
| ROMAN CATHOLIC DIOCESE OF OGDENSBURG PO BOX 369 OGDENSBURG, NY 13669 | NONE | PC | REGIONAL SCHOLARSHIP GRANT | 75,000. |
| | | | | · |
| ROMAN CATHOLIC DIOCESE OF OGDENSBURG PO BOX 369 OGDENSBURG, NY 13669 | NONE | PC | TECHNOLOGY FOR LOW INCOME STUDENTS | 75,000. |
| RURAL OUTREACH CENTER, INC. 730 OLEAN ROAD EAST AURORA, NY 14052 | NONE | PC | THE RURAL OUTREACH CENTER ELIMINATING RURAL POVERTY & HEALING FROM TRAUMA | 100,208. |
| | | | | · |
| SAFE PASSAGE PROJECT CORPORATION 185 WEST BROADWAY NEW YORK, NY 10013 | NONE | PC | LEGAL REPRESENTATION FOR CHILD REFUGEES ON LONG ISLAND | 112,500. |
| SEVEN VALLEYS HEALTH COALITION, INC. 10 KENNEDY PARKWAY CORTLAND, NY 13045 | NONE | PC | SUPPORTS FOR HEALTH EXPANDS: IMPROVING QUALITY OF LIFE BY ADDRESSING SOCIAL DETERMINANTS OF HEALTH | 52,500. |
| SOUTHERN TIER HEALTH CARE SYSTEM, INC. | NONE | PC | SOUTHERN TIER EMT-B ACADEMY | |
| 150 N. UNION STREET OLEAN, NY 14760 | | | | 31,080. |
| | | | | |
| ST VINCENT DE PAUL RESIDENCE 900 INTERVALE AVENUE BRONX, NY 10459 | NONE | PC | COVID-19 EMERGENCY RESPONSE | 160,000. |
| ST. ANDRE BESSETTE ROMAN CATHOLIC PARISH | NONE | PC | ST. ANDRE'S OUTREACH CENTER | |
| P.O. BOX 547, 57 RENNIE STREET MALONE, NY 12953 Total from continuation sheets | | | | 82,500. |

MOTHER CABRINI HEALTH FOUNDATION, INC. 83-0590263 1.....

| Part XV Supplementary Information | CABRINI HEALTH | FOUNDATIO | N, INC. 83-059 | 0263 |
|---|--|-------------------------|-------------------------------------|----------|
| 3 Grants and Contributions Approved for Fut | | | | |
| Recipient | If recipient is an individual, | | | |
| Name and address (home or business) | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| ST. CATHERINES CENTER FOR CHILDREN | NONE | PC | PATHWAYS TO HEALTH | |
| 40 N MAIN AVENUE | NONE | FC | FAIRWAIS IO REALIN | |
| ALBANY, NY 12203 | | | | 150,000. |
| | | | | |
| ST. CHARLES HOSPITAL | NONE | PC | STEPHEN B. GOLD DENTAL | |
| 992 NORTH VILLAGE AVENUE | | | CLINIC | |
| ROCKVILLE CENTRE, NY 11570 | | | | 90,000. |
| ST. JOHN'S BREAD AND LIFE PROGRAM, | NONE | PC | BROOKLYN EMERGENCY | |
| INC. | | | FOOD HUB AND MOBILE | |
| 795 LEXINGTON AVENUE | | | MARKETPLACE CAPACITY | |
| BROOKLYN, NY 11221 | | | EXPANSION | 225,000. |
| | | | | |
| ST. JOSEPHS HOSPITAL HEALTH CENTER | NONE | ₽C | ST. JOSEPHS HEALTH | |
| 301 PROSPECT AVENUE | | | FOOD FARMACY | |
| SYRACUSE, NY 13203 | | | | 150,000. |
| | | | | |
| ST. JOSEPH'S HOME | NONE | PC | VARIOUS SOCIAL | |
| 950 LINDEN STREET | | | DETERMINANTS OF HEALTH | |
| OGDENSBURG, NY 13669 | | | | 199,200. |
| | | | | |
| SUNSET PARK HEALTH COUNCIL INC. | NONE | ₽C | MOBILE DENTAL SERVICES | |
| 6025 6TH AVENUE | | | PROGRAM | 750 000 |
| BROOKLYN, NY 11220 SYRACUSE UNIVERSITY | NONE | PC | NEW YORK STATE | 750,000. |
| 640 SKYTOP ROAD, ROOM 234 | | | SERVES-SERVICE | |
| SYRACUSE, NY 13244 | | | DELIVERY IN SUPPORT OF | |
| | | | NYS VETERANS AND | |
| | | | MILITARY | 500,000. |
| TERENCE CARDINAL COOKE HEALTH CARE | NONE | PC | EXPANDING SPECIALTY | |
| CENTER | | | HOSPITAL CARE IN NYS | |
| 1249 FIFTH AVENUE | | | | |
| NEW YORK, NY 10029 | | | | 300,000. |
| TERESIAN HOUSE NURSING HOME CO. INC. | NONE | PC | IT TAKES A | |
| 200 WASHINGTON AVENUE EXT. | | | VILLAGE-UNLOCKING | |
| ALBANY, NY 12203 | | | MEMORIES, ENRICHING | |
| | | | LIVES | 325,600. |
| THE BOYS & GIRLS CLUBS OF THE | NONE | PC | BGCNT EMERGENCY SUMMER | |
| NORTHTOWNS OF WNY INC. | | | PROGRAM SUPPORT | |
| 54 RIVERDALE AVENUE | | | | |
| BUFFALO, NY 14207 | | | | 150,000. |
| Total from continuation sheets | | | | |

| Part XV Supplementary Informatio | | | | |
|--|---|------------|------------------------|--------------------------------------|
| 3 Grants and Contributions Approved for Fu | | 1 | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or | |
| Name and address (home or business) | any foundation manager | status of | contribution | Amount |
| | or substantial contributor | recipient | | |
| | | | | |
| HE BRIDGE TO LIFE, INC. | NONE | PC | HEALTH INFORMATION, | |
| 4-02 124TH STREET | | | MATERIAL ASSISTANCE, | |
| COLLEGE POINT, NY 11356 | | | AND NEW HEADQUARTERS | |
| | | | PROJECT RENEWAL | 100,000. |
| HE BRIDGE, INC. | NONE | PC | THE BRIDGE'S AGING | |
| 90 LENOX AVENUE, 3RD FLOOR | | | SERVICES PROGRAM - | |
| EW YORK, NY 10027 | | | MOBILE TREATMENT AND | |
| | | | NURSING TEAM RENEWAL | |
| | | | REQUEST | 219,810. |
| | | | | |
| HE BROOKLYN HOSPITAL CENTER | NONE | PC | PROJECT TOGETHER (PT) | |
| 21 DEKALB AVENUE | | Ĩ | AT THE BROOKLYN | |
| | | | HOSPITAL CENTER (TBHC) | 75 000 |
| ROOKLYN, NY 11201 | | + | HODITIAL CENTER (TDRC) | 75,000. |
| | | | | |
| HE INSTITUTE FOR FAMILY HEALTH | NONE | PC | BUILDING A TRAUMA | |
| 006 MADISON AVENUE | | | RESILIENT KINGSTON AND | |
| EW YORK, NY 10035 | | | BEYOND | 59,782. |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| HE LEGAL AID SOCIETY OF ROCHESTER, | NONE | PC | LASROCS IMMIGRANT | |
| NC. | | | HEALTH AND WELL-BEING | |
| WEST MAIN STREET | | | PROJECT | |
| OCHESTER, NY 14614 | | | I ROOLET | 71,980. |
| | | | | , |
| HE LEGAL AID SOCIETY OF ROCHESTER, | NONE | PC | THE LEGAL AID SOCIETY | |
| NC. | | | OF ROCHESTERS | |
| WEST MAIN STREET | | | EDUCATION LAW UNIT | |
| OCHESTER, NY 14614 | | | EXPANSION | 22,500. |
| | | | | • |
| HE MARY IMOGENE BASSETT HOSPITAL | NONE | ₽C | INTEGRATING MENTAL | |
| NE ATWELL ROAD | | | HEALTH SERVICES INTO | |
| DOPERSTOWN, NY 13326 | | | THE BASSETT PEDIATRIC | |
| | | | CLINIC | 118,600. |
| HE NEW YORK ACADEMY OF MEDICINE | NONE | PC | PROVIDING EDU & | |
| 216 FIFTH AVENUE, #608 | | | ENGAGEMENT | |
| EW YORK, NY 10029 | | | OPPORTUNITIES TO | |
| | | | FOSTER CARE & JUVENILE | |
| | | | JUSTICE INVOLVED YOUTH | 75,000. |
| | | 1 | | • |
| | | | | |
| HE NEWBURGH MINISTRY, INC. | NONE | PC | PEER SUPPORT SERVICES | |
| JOHNSTON STREET | | | | |
| EWBURGH, NY 12550 | | | | 303,672. |
| | | | | |
| | | | | |
| HE SALVATION ARMY | NONE | PC | RESPITE CAMP FOR | |
| 40 WEST NYACK ROAD, PO BOX C-635 | | | FRONTLINE STAFF | |
| EST NYACK, NY 10994 | | | | 45,000. |
| Total from continuation sheets | | | | |

| Part XV Supplementary Information | on | | | |
|--|--|-------------------------|---|----------|
| 3 Grants and Contributions Approved for Fu | uture Payment (Continuation) | | | |
| Recipient | If recipient is an individual, show any relationship to | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | recipient | contribution | |
| THE SUFFOLK Y JEWISH COMMUNITY | NONE | PC | SENIOR NUTRITION | |
| CENTER, INC. | | | DURING COVID-19 | |
| 74 HAUPPAUGE ROAD | | | | 00 200 |
| COMMACK, NY 11725 | | | | 98,380. |
| TRINITY ALLIANCE OF THE CAPITAL | NONE | PC | COMMUNITY SERVICE HUB | |
| REGION, INC. | | | | |
| 15 TRINITY PLACE | | | | |
| ALBANY, NY 12202 | | | | 160,184. |
| U.S. COMMITTEE FOR REFUGEES AND | NONE | PC | REFUGEE AND IMMIGRANT | |
| IMMIGRANTS | | | EMPOWERMENT SERVICES | |
| 99 PINE STREET, SUITE 101 | | | AND TREATMENT (REST) | |
| ALBANY, NY 12207 | | | | 49,931. |
| | | | | |
| UNION SETTLEMENT ASSOCIATION, INC. | NONE | PC | EAST HARLEM COMMUNITY | |
| 237 EAST 104TH STREET | | | OUTREACH INITIATIVE | |
| NEW YORK, NY 10029 | | | | 41,349. |
| UNITED HOSPITAL FUND OF NEW YORK, | NONE | PC | TRANSITIONS FROM | |
| INC. | | | SKILLED NURSING | |
| 1411 BROADWAY, 12TH FLOOR | | | FACILITY TO HOME: | |
| NEW YORK, NY 10018 | | | IMPROVING QUALITY AND | |
| | | | PATIENT EXPERIENCE | 150,000. |
| UNITED HOSPITAL FUND OF NEW YORK, | NONE | PC | ACHIEVING HEALTH | |
| INC. | | | EQUITY BY TRANSFORMING | |
| 1411 BROADWAY, 12TH FLOOR | | | CHILDREN'S PRIMARY | |
| NEW YORK, NY 10018 | | | CARE | 150,000. |
| UNIVERSITY OF ROCHESTER | NONE | PC | INFUSION CENTER | |
| 300 E. RIVER ROAD, BOX 278703 | | | SERVICE INITIATION FOR | |
| ROCHESTER, NY 14627 | | | YOUTH AND ADULTS WITH | |
| | | | SICKLE CELL DISEASE | 249,578. |
| INITION OF DOQUE | | | INFUCTON CONTED | |
| UNIVERSITY OF ROCHESTER | NONE | PC | INFUSION CENTER SERVICE INITIATION FOR | |
| 300 E. RIVER ROAD, BOX 278703 ROCHESTER, NY 14627 | | | YOUTH AND ADULTS WITH | |
| | | | SICKLE CELL DISEASE | 168,450. |
| UNIVERSITY OF ROCHESTER | NONE | PC | SUPPORTING THE NEEDS | , • • |
| 300 E. RIVER ROAD, BOX 278703 | | | OF THOSE WITH AN | |
| ROCHESTER, NY 14627 | | | INTELLECTUAL AND/OR | |
| | | | DEVELOPMENTAL | |
| | | | DISABILITY | 136,311. |
| UNIVERSITY OF ROCHESTER | NONE | PC | EXTENDING OUR REACH: | |
| 300 E. RIVER ROAD, BOX 278703 | | | HEALTH INTERVENTION TO | |
| ROCHESTER, NY 14627 | | | PROMOTE HEALTHY EATING | |
| | | | IN MEXICAN IMMIGRANT | |
| | | | FARMWORKERS | 100,000. |

| CABRINI HEALTH | | N, INC. 83-059 | 5205 |
|---|---|--|--|
| re Payment (Continuation) | | | |
| If recipient is an individual, | | | |
| show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| or substantial contributor | recipient | | |
| NONE | PC | ELIMINATING BARRIERS | |
| | | TO GAINFUL EMPLOYMENT | |
| | | AND BUILDING | |
| | | SELF-SUFFICIENCY | 60,000. |
| NONE | D.C. | COGTAL MODIL ONDOADDING | |
| NONE | FC | | |
| | | | |
| | | FOR EAST CHARKE FLACE | 55,004. |
| | | | , |
| NONE | PC | VOLS LEGAL ASSISTANCE | |
| | | FOR UNEMPLOYED NEW | |
| | | YORKERS DURING | |
| | | RECESSION AND RECOVERY | 90,000. |
| NONE | D.C. | | |
| NONE | PC | YES I CAN | |
| | | | |
| | | | 60,000. |
| | | | |
| NONE | PC | DENTAL CARE FOR | |
| | | VULNERABLE POPULATIONS | |
| | | | |
| | | | 31,020. |
| NONE | Da | | |
| NOINE | FC | | |
| | | | |
| | | | 135,000. |
| NONE | PC | | 100,000. |
| | | SAFETY OUTREACH AND | |
| | | SERVICES TO MIGRANT | |
| | | AND IMMIGRANT | |
| | | FARMWORKERS IN NYS | 73,625. |
| | | | |
| NONE | PC | | |
| | | AS TEACHERS PROGRAM | |
| | | | |
| | | | 36,000. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | re Payment (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor NONE NONE NONE NONE | TF Payment (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of recipient NONE PC NONE PC | re Payment (Continuation) If recipient is an individual, show any relationship or substantial contributor Foundation status of recipient Purpose of grant or contribution NONE PC ELIMINATING BARRIERS TO GAINFUL EMPLOYMENT AND BUILDING SELF-SUFFICIENCY NONE PC SOCIAL WORK ONBOARDING AND FALL PREVENTION FOR EAST CLARKE PLACE NONE PC VOLS LEGAL ASSISTANCE FOR UNEMPLOYED NEW YORKERS DURING RECESSION AND RECOVERY NONE PC VOLS LEGAL ASSISTANCE FOR UNEMPLOYED NEW YORKERS DURING RECESSION AND RECOVERY NONE PC VOLS LEGAL ASSISTANCE FOR UNEMPLOYED NEW YORKERS DURING RECESSION AND RECOVERY NONE PC VES I CAN NONE PC PC NONE PC DENTAL CARE FOR VULNERABLE POPULATIONS NONE PC HEALTH AND WELLNESS FOR NYC HOMELESS FAGGRAMS FOR NYC HOMELESS FAGGRAMS FOR NYC HOMELESS FAMILIES & YOUTH NONE PC INTEGRATED HEALTH AND SAFETY OUTREACH AND SERVICES TO MIGRANT AND IMIGRANT FARMWORKERS IN NYS |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

MONTIND

ANDD TATT

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Employer identification number

| | MOTHER CABRINI HEALTH FOUNDATION, INC. | 83-0590 |
|-------------------------|--|---------|
| Organization type (chee | ck one): | |
| Filers of: | Section: | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | 527 political organization | |
| Form 990-PF | X 501(c)(3) exempt private foundation | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | 501(c)(3) taxable private foundation | |

TTT 7 T MTT

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

X 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 property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

Γ

| For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 \dots b \$

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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page **2**

Employer identification number

83-0590263

MOTHER CABRINI HEALTH FOUNDATION, INC.

| Part I | Contributors (see instructions). Use duplicate copies of Part I if addition | nal 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 11374-4510 | \$31,215. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) | (c) Total contributions | (d) Turne of constribution |
| | Name, address, and ZIP + 4 | - \$ | Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - _ \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Name, address, and ZIP + 4 | - \$ | Person Payroll OKANA Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll O Noncash O (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | - \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

107 2020.05000 MOTHER CABRINI HEALTH FOU 23452821 Name of organization

Employer identification number

MOTHER CABRINI HEALTH FOUNDATION, INC.

83-0590263

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

108

023453 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

21061115 153541 2345282

2020.05000 MOTHER CABRINI HEALTH FOU 23452821

| Schedule B | (Form 990, 990-EZ, or 990-PF) (2020) | | | | Page 4 | | |
|-----------------|--|--|----------------------|---|----------------------|--|--|
| Name of org | ganization | | | Employer identi | fication number | | |
| MOTHER | CABRINI HEALTH FOUNDA | FION, INC. | | 83-0590 | 263 | | |
| Part III | Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a | ions to organizations described in | section 501(c)(7 |), (8), or (10) that total more than \$ | | | |
| | completing Part III, enter the total of exclusively religious, | charitable, etc., contributions of \$1,000 | or less for the year | (Enter this info. once.) S | | | |
| (a) No. | Use duplicate copies of Part III if additional | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how git | ft is held | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | (e) Transfer of | gift | | | | |
| | Transferee's name, address, a | nd ZIP + 4 | Relatic | nship of transferor to transfe | eree | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how git | ft is held | | |
| Part I | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (e) Transfer of gift | | | | | | |
| | | | Deletia | ushin of transformer to transfo | | | |
| - | Transferee's name, address, a | | Relatio | nship of transferor to transfe | | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. from | (b) Purpose of gift | (c) Use of gift | | (d) Description of how git | ft is held | | |
| Part I | | | | (a) Decemption of non-gr | | | |
| | | | | | | | |
| | | | | | | | |
| - | (e) Transfer of gift | | | | | | |
| | | | 0 | | | | |
| - | Transferee's name, address, a | nd ZIP + 4 | Relatio | nship of transferor to transfe | eree | | |
| | | | | | | | |
| | | | | | | | |
| (a) No. | | | | | | | |
| from Part I | (b) Purpose of gift | (c) Use of gift | | (d) Description of how git | ft is held | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| | | (e) Transfer of | gint | | | | |
| Ļ | Transferee's name, address, a | nd ZIP + 4 | Relatio | nship of transferor to transfe | eree | | |
| | | | | | | | |
| | | | | | | | |
| [| | | | | | | |
| 023454 11-25-2 | 20 | | | Schedule B (Form 990, 990-E | Z, or 990-PF) (2020) | | |

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109 2020.05000 MOTHER CABRINI HEALTH FOU 23452821

| FORM 99 | 0-PF 0 | AIN OR (LOSS) | FROM SALE | OF A | SSETS | | STA | TEMENT 1 |
|---------|-----------------------------|-------------------------------|------------------------|------|-------------------|----|------------|----------------|
| DESCRIP | (A) TION OF PROPERTY | | | | IANNER QUIRED | | TE IRED | DATE SOLD |
| EQUITIE | S | | | PUR | CHASED | | | |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE SALE | OF | (E) DEPREC | c. | | (F) OR LOSS |
| - | 1,175,500,949. | 1,147,819,873. | | 0. | | 0. | 2 | 7,681,076. |
| DESCRIP | (A) TION OF PROPERTY | - | | | IANNER CQUIRED | | TE | DATE SOLD |
| FIXED I | NCOME | | | PUR | CHASED | | | |
| | (B) GROSS | (C) COST OR | (D) EXPENSE | OF | (E) | ~ | | (F) |
| | SALES PRICE | OTHER BASIS | SALE | | DEPREC | | | OR LOSS |
| | 859,446,920. | 844,396,027. | | 0. | | 0. | L | 5,050,893. |
| DESCRIP | (A) TION OF PROPERTY | r | | | IANNER QUIRED | | TE IRED | DATE SOLD |
| U.S. AN | D STATE GOVERNME | INT OBLIGATIONS | | PUR | CHASED | | | |
| | (B) GROSS | (C) COST OR | (D) EXPENSE | OF | (E) | - | | (F) |
| | SALES PRICE 687,320,702. | OTHER BASIS 685,625,150. | SALE | 0. | DEPREC | 0. | | OR LOSS |
| DESCRIP | (A) TION OF PROPERTY | | | | IANNER CQUIRED | | TE IRED | DATE SOLD |
| PRIVATE | EQUITY | | | PUR | CHASED | | | |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE | OF | (E) Deprec | r | | (F) OR LOSS |
| - | | | SALE | | | | | |
| | 2,956,905. | 0. | | 0. | | 0. | | 2,956,905. |

| DESCRIPT | (A) ION OF PROPERTY | | | | IANNER QUIRED | DA ACQU | | DATE SOLD |
|----------------------|-------------------------------------|-------------------------------|------------------------|-----|----------------------------|---------------|------|----------------------|
| ABSOLUTE | E RETURN AND GLC | BAL EQUITIES | | PUR | CHASED | | | |
| | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE SALE | OF | (E) DEPREC | с. | GAIN | (F) N OR LOSS |
| | 5,234,635. | 4,109,058. | | 0. | | 0. | | 1,125,577. |
| DESCRIPI REAL EST | (A) TION OF PROPERTY | | | AC | IANNER QUIRED CHASED | DA ACQU | | DATE SOLD |
| REAL ESI | (B) GROSS SALES PRICE | (C) COST OR OTHER BASIS | (D) EXPENSE SALE | | (E) DEPRE | с. | GAIN | (F) N OR LOSS |
| | 14,492. | 307,134. | | 0. | | 0. | | -292,642. |
| | GAINS DIVIDENDS) FORM 990-PF, P | | | | | - | 4 | 0. |
| | | | | | | | | |
| FORM 990 |)-PF | RENTAL | INCOME | | | | ST | ATEMENT 2 |
| KIND AND | D LOCATION OF PR | OPERTY | | | - | IVITY MBER | | GROSS JTAL INCOME |
| REGO PAR | RK | | | | | 1 | 1 | L3,071,202. |

TOTAL TO FORM 990-PF, PART I, LINE 5A

83-0590263

13,071,202.

| FORM 990-PF | RENTAL EXP | ENSES | | STATEMENT 3 |
|--|--|--|-----------------------------------|---|
| DESCRIPTION | | CTIVITY NUMBER | AMOUNT | TOTAL |
| OP. EXP REGO PARK NON-OP. EXP REGO PARK - | | 1 | 5,884,684. 3,157,701. | 9,042,385 |
| TOTAL RENTAL EXPENSES | | | - | 9,042,385. |
| NET RENTAL INCOME TO FORM 99 | 0-PF, PART I | , LINE 5B | = | 4,028,817. |
| FORM 990-PF | OTHER I | NCOME | | STATEMENT 4 |
| DESCRIPTION | | (A) REVENUE PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME |
| INCOME FROM INVESTMENTS IN L | PS | 0. | 1,545,691. | 0. |
| TOTAL TO FORM 990-PF, PART I | , LINE 11 | 0. | 1,545,691. | 0. |
| | | | | |
| FORM 990-PF | LEGAL | FEES | | STATEMENT 5 |
| | LEGAL (A) EXPENSES PER BOOKS | FEES (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE |
| DESCRIPTION | (A) EXPENSES | (B) NET INVEST- | ADJUSTED NET INCOME | (D) CHARITABLE |
| DESCRIPTION LEGAL CONSULTATION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | ADJUSTED NET INCOME | (D) CHARITABLE E PURPOSES |
| DESCRIPTION LEGAL CONSULTATION TO FM 990-PF, PG 1, LN 16A | (A) EXPENSES PER BOOKS 1,648,257. | (B) NET INVEST- MENT INCOME 0 0 | ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FORM 990-PF DESCRIPTION LEGAL CONSULTATION TO FM 990-PF, PG 1, LN 16A FORM 990-PF DESCRIPTION | (A) EXPENSES PER BOOKS 1,648,257. 1,648,257. | (B) NET INVEST- MENT INCOME 0 0 | ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES). 1,384,692). 1,384,692). 1,384,692 STATEMENT 6 (D) CHARITABLE |
| DESCRIPTION LEGAL CONSULTATION TO FM 990-PF, PG 1, LN 16A FORM 990-PF | (A) EXPENSES PER BOOKS 1,648,257. 1,648,257. 1,648,257. ACCOUNTI (A) EXPENSES | (B) NET INVEST- MENT INCOME 0 0 0 0 NG FEES (B) NET INVEST- | ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES). 1,384,692). 1,384,692). 1,384,692 STATEMENT 6 (D) CHARITABLE |
| DESCRIPTION LEGAL CONSULTATION TO FM 990-PF, PG 1, LN 16A FORM 990-PF | (A) EXPENSES PER BOOKS 1,648,257. 1,648,257. 1,648,257. ACCOUNTI (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME 0 0 0 NG FEES (B) NET INVEST- MENT INCOME | ADJUSTED NET INCOME | (D) CHARITABLI PURPOSES). 1,384,692). 1,384,692). 1,384,692 STATEMENT 6 (D) CHARITABLI PURPOSES |

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STATEMENT 9

| OTHER PROFES | SIONAL FEES | STATEMENT | | |
|--|--|--|--|--|
| (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| 7,178,470. 4,417,492. 502,312. 868,375. | 7,178,470. 0. 0. 0. | 0. 0. 0. 0. | 0. 4,615,447. 917,550. 849,145. | |
| 217,462. 209,252. 154,541. 87,721. | 0. 0. 0. 0. | 0. 0. 0. 0. | 326,220. 250,012. 290,564. 154,541. 92,501. | |
| 13,960,800. | 7,178,470. | 0. | 7,495,980. | |
| ТАХ | ES | SI | FATEMENT 8 | |
| (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES | |
| 7,441,170. 1,060. | 0. 0. | 0. 0. | 0. 0. | |
| 7,442,230. | 0. | 0. | 0. | |
| | EXPENSES PER BOOKS 7,178,470. 4,417,492. 502,312. 868,375. 325,175. 217,462. 209,252. 154,541. 87,721. 2 13,960,800. TAX (A) EXPENSES PER BOOKS 7,441,170. | EXPENSES PER BOOKS NET INVEST- MENT INCOME 7,178,470. 7,178,470. 4,417,492. 0. 502,312. 0. 868,375. 0. 325,175. 0. 217,462. 0. 209,252. 0. 154,541. 0. 87,721. 0. 2 13,960,800. 7,178,470. 7,178,470. TAXES (A) (B) EXPENSES PER BOOKS NET INVEST- MENT INCOME 7,441,170. 0. | EXPENSES PER BOOKS NET INVEST- MENT INCOME ADJUSTED NET INCOME 7,178,470. 7,178,470. 0. 4,417,492. 0. 0. 502,312. 0. 0. 868,375. 0. 0. 325,175. 0. 0. 217,462. 0. 0. 209,252. 0. 0. 154,541. 0. 0. 87,721. 0. 0. 213,960,800. 7,178,470. 0. TAXES ST (A) (B) (C) EXPENSES NET INVEST- ADJUSTED PER BOOKS NET INCOME NET INCOME 7,441,170. 0. 0. | |

| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| OP. EXP REGO PARK NON-OP. EXP REGO PARK | 5,884,684. 3,157,701. | | 0. | 0. |
| COMMERICAL INSURANCE MISCELLANEOUS EXPENSES | 521,014. 28,427. | 0. 15,872. | 0. 0. | 333,136. 20,141. |
| LP INVESTMENT EXPENSES | 20,427. | 6,418,414. | 0. | 20,141. 0. |
| TO FORM 990-PF, PG 1, LN 23 | 9,591,826. | 15,476,671. | 0. | 353,277. |

OTHER EXPENSES

FORM 990-PF

| FORM 990-PF OTHER DECREASES IN NET ASSETS OR 1 | | |
|--|---------------------------|-------------------------|
| FORM 990-PF OTHER DECREASES IN NET ASSETS OR 1 | FUND BALANCES | STATEMENT 10 |
| DESCRIPTION | | AMOUNT |
| DISCOUNT ON PV OF AMTS HELD FOR OTHERS | | 4,855,186 |
| TOTAL TO FORM 990-PF, PART III, LINE 5 | | 4,855,186 |
| FORM 990-PF U.S. AND STATE/CITY GOVERNMEN | | STATEMENT 11 |
| FORM 990-FF 0.5. AND STATE/CITI GOVERNMEN | | |
| DESCRIPTION U.S. OTHER GOV'T GOV'T | BOOK VALUE | FAIR MARKET VALUE |
| TREASURY BILLS & GOV AGENCIES X | 112,092,068. | 112,092,068 |
| TOTAL U.S. GOVERNMENT OBLIGATIONS | 112,092,068. | 112,092,068 |
| TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS | | |
| TOTAL TO FORM 990-PF, PART II, LINE 10A | 112,092,068. | 112,092,068 |
| | | |
| FORM 990-PF CORPORATE STOCK | | STATEMENT 12 |
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| COMMON STOCK | 2,583,601,688. | 2,583,601,688 |
| PREFERRED STOCK MUTUAL FUNDS | 1,986,591. 80,716,276. | 1,986,591 80,716,276 |
| TOTAL TO FORM 990-PF, PART II, LINE 10B | 2,666,304,555. | 2,666,304,555 |
| | | |
| FORM 990-PF CORPORATE BONDS | | STATEMENT 13 |
| DESCRIPTION | BOOK VALUE | FAIR MARKET VALUE |
| CORPORATE BONDS | 116,284,811. | 116,284,811 |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 116,284,811. | 116,284,811 |
| | | |

MOTHER CABRINI HEALTH FOUNDATION, INC.

21061115 153541 2345282

| FORM 990-PF OTHER | INVESTMENTS | | STATEMENT 14 |
|---------------------------------------|---------------------|--------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| PRIVATE EQUITY | FMV | 82,067,176. | 82,067,176. |
| OTHER FIXED INCOME | FMV | 3,888,990. | 3,888,990. |
| OTHER INVESTMENTS | FMV | 22,222. | 22,222. |
| ABSOLUTE RETURN AND GLOBAL EQUITIES | FMV | 496,648,549. | 496,648,549. |
| REAL ESTATE | FMV | 17,683,605. | 17,683,605. |
| TOTAL TO FORM 990-PF, PART II, LINE 1 | 3 | 600,310,542. | 600,310,542. |

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT

STATEMENT 15

| DESCRIPTION | COST OR OTHER BASIS | ACCUMULATED DEPRECIATION | BOOK VALUE |
|---|------------------------|-----------------------------|--------------|
| LAND | 26,562,244. | 0. | 26,562,244. |
| BUILDING AND IMPROVEMENTS | 119,296,168. | 11,501,594. | 107,794,574. |
| OFFICE EQUIPMENT | 66,097. | 22,398. | 43,699. |
| ACQUSITION AND LEASE COSTS | 408,677. | 43,694. | 364,983. |
| CONSTRUCTION IN PROGRESS | 1,480,334. | 0. | 1,480,334. |
| TENENT IMPROVEMENT ALLOWANCES | 674,341. | 0. | 674,341. |
| FURNITURE AND FIXTURES | 270,725. | 40,669. | 230,056. |
| - TOTAL TO FM 990-PF, PART II, LN 14 | 148,758,586. | 11,608,355. | 137,150,231. |

| FORM 990-PF | OTHER ASSETS | STATEMENT 16 | |
|----------------------------------|-------------------------------|---------------------------|----------------------|
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| RIGHT OF USE - OPERATING LEASE | 7,834,124. | 15,003,005. | 15,003,005. |
| TO FORM 990-PF, PART II, LINE 15 | 7,834,124. | 15,003,005. | 15,003,005. |

= =

| FORM 990-PF | OTHER LIABILITIES | | STATEMENT 17 |
|---|-------------------|---|--|
| DESCRIPTION | | BOY AMOUNT | EOY AMOUNT |
| AMOUNTS HELD FOR OTHERS OTHER LIABILITIES RIGHT OF USE LIAB OP. LEASE DEFERRED TAX LIABILITY | - | 399,252,324. 96,709,667. 8,104,626. 1,327,416. | 98,660,478. 218,245. 16,100,007. 8,869,901. |
| TOTAL TO FORM 990-PF, PART II, | LINE 22 | 505,394,033. | 123,848,631. |

| | LIST OF OFFICERS, DI AND FOUNDATION MANAG | | STAT | EMENT 18 |
|---|--|-------------------|---------------------------------|----------|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | COMPEN- SATION | EMPLOYEE BEN PLAN CONTRIB | EXPENSE |
| GREGORY MUSTACIUOLO 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | CHIEF EXECUTIVE 45.00 | | 50,435. | 0. |
| COLIN AMBROSE 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | CHIEF INVESTMEN' 45.00 | | 60,418. | 0. |
| DAVID HORNE 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | CHIEF FINANCIAL 45.00 | | 77,935. | 0. |
| DEBORAH KONOPKO 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | CHIEF PROGRAMS (45.00 | | 35,357. | 0. |
| CHANNON LUCAS 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | CHIEF ADMINISTR 45.00 | | | 0. |
| LINZIE STEINBACH 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | CHIEF COMPLIANC 45.00 | | 35,523. | 0. |
| ALFRED F. KELLY, JR. 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | CHAIRPERSON & D 2.00 | IRECTOR 0. | 0. | 0. |
| CATHERINE R. KINNEY 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | TREASURER & DIR 2.00 | ECTOR 0. | 0. | 0. |
| SAMUEL A DIPIAZZA, JR. 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | SECRETARY & DIR 2.00 | ECTOR 0. | 0. | 0. |
| JENNIFER C. BALBACH 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |

| MOTHER CABRINI HEALTH FOUNDATION | , INC. | | 83-05 | 590263 |
|---|------------------|----|-------|--------|
| ROBERT M. BENNETT 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| KATHRYN CONNERTON 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| MICHAEL J. COONEY 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JOSEPH DUTKOWSKY, MD 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| LAURA L. FORESE, MD 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| JOHN J. GRAY, JR. 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| STANLEY E. GRAYSON 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| CARLA A. HARRIS 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| PETER J. JOHNSON, JR. 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ALEX LADOUCEUR 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ROBERT NIEHAUS 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| SISTER PIETRINA RACCUGLIA, MSC 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |

| MOTHER CABRINI HEALTH FOUNDATION | , INC. | | 83-05 | 90263 |
|--|------------------|----|-------|-------|
| KATHRYN H. RUSCITTO 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| KEVIN RYAN 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| RICHARD J. J. SULLIVAN, JR. 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| ROBERT UNANUE 777 THIRD AVENUE, 23RD FLOOR NEW YORK, NY 10017-2013 | DIRECTOR 1.00 | 0. | 0. | 0. |
| | | | | |

| TOTALS | INCLUDED | ON | 990-PF, | PAGE | 6, | PART VIII | | 2,935,607. | 309,430. | 0. |
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GENERAL EXPLANATION

FORM/LINE IDENTIFIER

GENERAL TAXPAYER STATEMENT 1

EXPLANATION:

THE MOTHER CABRINI HEALTH FOUNDATION, INC. ("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.

STATEMENT 19

GENERAL EXPLANATION

STATEMENT 20

FORM/LINE IDENTIFIER

GENERAL TAXPAYER STATEMENT 2

EXPLANATION:

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 WAS PAID IN JANUARY OF 2020). 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, MOTHER CABRINI HAS RECOGNIZED IN ITS CONSOLIDATED STATEMENT OF FINANCIAL POSITION AMOUNTS HELD FOR OTHERS IN THE AMOUNT OF \$100,000,000. THE AMOUNTS ARE EXPECTED TO BE DISBURSED IN FISCAL YEARS 2021 THROUGH 2022 AND HAVE BEEN DISCOUNTED TO PRESENT VALUE USING TREASURY RATES RANGING FROM 2.67% TO 2.77%, RESULTING IN A NON-OPERATING CHARGE OF \$4,855,186, FOR THE YEAR ENDED DECEMBER 31, 2020. A PAYMENT WAS MADE RELATED TO THIS LIABILITY IN THE AMOUNT OF \$50,000,000 IN JANUARY 2021. GENERAL EXPLANATION

STATEMENT 21

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

GENERAL TAXPAYER STATEMENT 3, PART XV - FORM 990-PF, LINES 2B-D:

EXPLANATION:

FORM 990-PF, PART XV, LINE 2B-2C:

STATEWIDE GRANTS PROGRAM: APPLICATIONS ARE OPEN TO THE PUBLIC. THE SUBMISSION PROCESS BEGINS WITH A LETTER OF INQUIRY, AND, IF INVITED, A DETAILED FULL GRANT PROPOSAL. POTENTIAL GRANTEES 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 ARE ACCEPTED ON AN INVITATION-ONLY BASIS. THE SUBMISSION PROCESS BEGINS WITH A LETTER OF INQUIRY. INVITED APPLICANTS ARE PROVIDED INSTRUCTIONS ON HOW TO SUBMIT APPLICATIONS AND APPLICATION DEADLINES.

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

FORM 990-PF, PART XV, 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.

- 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.