

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization St. Anne's Maternity Home Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 155 North Occidental Blvd. City or town, state or province, country, and ZIP or foreign postal code Los Angeles, CA 90026-4641 F Name and address of principal officer: Tony Walker, MA same as C above	D Employer identification number 95-1691306 E Telephone number (213) 381-2931 G Gross receipts \$ 25,293,019. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ www.stannes.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1941 M State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: <u>We work together to build safe, nurturing and resilient families - from pregnancy to parenthood and</u>		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	556
6	Total number of volunteers (estimate if necessary)	6	381
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	20,857,577.	21,987,581.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	430,890.	402,550.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,367,199.	1,108,084.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,655,666.	23,498,215.
14	Benefits paid to or for members (Part IX, column (A), line 4)	751,872.	622,769.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16,534,656.	17,166,493.
16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 772,479.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,046,454.	5,668,346.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,332,982.	23,457,608.
19	Revenue less expenses. Subtract line 18 from line 12	-677,316.	40,607.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	28,512,850.	29,102,137.
22	Net assets or fund balances. Subtract line 21 from line 20	4,307,909.	4,315,837.
		24,204,941.	24,786,300.

Part II Signature Block

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

Sign Here	Signature of officer Tony Walker, MA, President/CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Tonetta L. Conner, CPA	Preparer's signature Date
	Firm's name ▶ Harrington Group, CPAs, LLP Firm's address ▶ 234 East Colorado Blvd., Suite M150 Pasadena, CA 91101	Check if self-employed <input type="checkbox"/> PTIN P01775198 Firm's EIN ▶ 95-4557617 Phone no. (626) 403-6801

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 3,976,844. including grants of \$ 622,769.) (Revenue \$) Our Residential Treatment Program (operating around the clock) offers up to 32 pregnant and parenting girls ages 13 to 18 currently in the Los Angeles County foster care or juvenile probation systems and up to 18 of their children safe housing and a variety of vital assistance including school and vocational support, mental health counseling and rehabilitation, life skills training, health services and comprehensive case management. During 2016, 76 teens and 38 babies recieved services in the Residential Treatment Program's care.

4b (Code:) (Expenses \$ 8,875,906. including grants of \$) (Revenue \$) Our Early Childhood Education Division provides comprehensive, fully subsidized child development services that spark the optimal developmental of over 700 infants, toddlers and preschoolers daily -- whether they receive these services in one of our Early Learning Centers or in their home. During 2016, the Bogen Family Early Learning Center on St. Anne's main campus (operating from 7 a.m. until 6 p.m. Monday through Friday) welcomed 335 children ages birth to five. St. Anne's five half-day preschools situated throughout the local community served another 689 children between morning and afternoon sessions, and home-based Early Head Start and Head Start services were provided to an additional 353 children.

4c (Code:) (Expenses \$ 3,923,470. including grants of \$) (Revenue \$) Our Mental Health Services Program (including 24/7 crisis intervention) offers residential program participants and other low-income, high-risk young women, children and families from the community counseling, therapeutic rehabilitation, case management, psychiatric assessment, medication management, parent education and partnering services. During 2016, program therapists and ancillary staff worked to improve the outcomes of 281 children and young people.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,954,950. including grants of \$) (Revenue \$)

4e Total program service expenses 20,731,170.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-14b), and Yes/No columns. Includes rows for backup withholding, employee reporting, foreign accounts, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **Tom Bernal - (213) 381-2931**
155 N. Occidental Boulevard, Los Angeles, CA 90026

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Patrick Pascal Chair	1.00	X		X				0.	0.	0.
(2) Dale Pelch Vice Chair	1.00	X		X				0.	0.	0.
(3) Vito A. Costanzo Secretary	1.00	X		X				0.	0.	0.
(4) Franco Seif Treasurer	1.00	X		X				0.	0.	0.
(5) Andrew E. Bogen Board Member	1.00	X						0.	0.	0.
(6) Dolores Bononi Board Member	1.00	X						0.	0.	0.
(7) Darrell Brown Board Member	1.00	X						0.	0.	0.
(8) Yolanda Brown Board Member	1.00	X						0.	0.	0.
(9) Patrick Conn Board Member	1.00	X						0.	0.	0.
(10) Craig Darian Board Member	1.00	X						0.	0.	0.
(11) Joyce Dinel Board Member	1.00	X						0.	0.	0.
(12) Janet Feeley Board Member	1.00	X						0.	0.	0.
(13) David A. Fuhrman Board Member	1.00	X						0.	0.	0.
(14) Christie Good Board Member	1.00	X						0.	0.	0.
(15) Lawrence Greaves Board Member	1.00	X						0.	0.	0.
(16) Robert D. Kerslake Board Member	1.00	X						0.	0.	0.
(17) Brian W. Matthews Board Member	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Juan Mondragon Board Member	1.00	X						0.	0.	0.
(19) Shamir Moorer Board Member	1.00	X						0.	0.	0.
(20) Terry Ogawa Board Member	1.00	X						0.	0.	0.
(21) Debbie Pattillo Board Member	1.00	X						0.	0.	0.
(22) Ronald Preissman Board Member	1.00	X						0.	0.	0.
(23) Sister Genevieve Raupp Board Member	1.00	X						0.	0.	0.
(24) Vivian L. Rescalvo Board Member	1.00	X						0.	0.	0.
(25) Frederick J. Ruopp Board Member	1.00	X						0.	0.	0.
(26) Sister Joyce Shanabarger Board Member	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,368,530.	0.	88,410.
d Total (add lines 1b and 1c)								1,368,530.	0.	88,410.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ChildCare Careers, 3450 Wilshire Blvd., #320, Los Angeles, CA 90010	Staffing services	455,750.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

See Part VII, Section A Continuation sheets

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) Glenn Sonnenberg Board Member	1.00	X						0.	0.	0.
(28) Maureen Stockton Board Member	1.00	X						0.	0.	0.
(29) Elizabeth Tauber Board Member	1.00	X						0.	0.	0.
(30) John Theuer Board Member	1.00	X						0.	0.	0.
(31) Bradford P. Weirick Board Member	1.00	X						0.	0.	0.
(32) Dana Anthony Walker President & CEO	40.00			X				388,655.	0.	23,319.
(33) Kyla Lee Chief Financial Officer	40.00			X				175,474.	0.	4,036.
(34) Blythe Maling Chief Dev. Officer	40.00			X				173,327.	0.	10,505.
(35) Mark Hazard Chief Human Resource Officer	40.00					X		147,306.	0.	14,826.
(36) Correnda Perkins Div. Dir. of Community Board Super.	40.00					X		119,488.	0.	13,149.
(37) Sharon Spira Cushnir COO	40.00					X		146,047.	0.	3,493.
(38) ZhenZhen Rui Director of Finance	40.00					X		115,852.	0.	12,939.
(39) Veronica Herrera ECE Education Director	40.00					X		102,381.	0.	6,143.
Total to Part VII, Section A, line 1c								1,368,530.		88,410.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	320,000.				
	e Government grants (contributions)	1e	17,947,877.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,719,704.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			21,987,581.			
	Program Service Revenue	2 a _____	Business Code				
b _____							
c _____							
d _____							
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		381,830.			381,830.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	462,186.				
		(ii) Personal	0.				
		b Less: rental expenses					
	c Rental income or (loss)		462,186.				
	d Net rental income or (loss)			462,186.		462,186.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,815,524.				
		(ii) Other					
		b Less: cost or other basis and sales expenses		1,794,804.			
		c Gain or (loss)		20,720.			
	d Net gain or (loss)			20,720.		20,720.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a Catering services		900099	389,276.			389,276.	
b Miscellaneous income		900099	256,622.			256,622.	
c _____							
d All other revenue							
e Total. Add lines 11a-11d			645,898.				
12 Total revenue. See instructions.			23,498,215.	0.	0.	1,510,634.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	622,769.	622,769.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	737,456.	648,961.	66,371.	22,124.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	12,652,667.	11,187,907.	1,085,180.	379,580.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	531,997.	470,285.	45,752.	15,960.
9 Other employee benefits	1,248,676.	1,103,830.	107,386.	37,460.
10 Payroll taxes	1,995,697.	1,740,277.	181,527.	73,893.
11 Fees for services (non-employees):				
a Management				
b Legal	48,981.	45,258.	3,723.	
c Accounting	35,003.	32,343.	2,660.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	2,169,770.	2,003,464.	104,483.	61,823.
12 Advertising and promotion	58,190.	49,360.	1,645.	7,185.
13 Office expenses	267,221.	201,669.	52,285.	13,267.
14 Information technology	30,244.	29,216.	726.	302.
15 Royalties				
16 Occupancy	534,974.	503,223.	23,581.	8,170.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	529,626.	497,124.	22,566.	9,936.
23 Insurance	229,740.	214,892.	8,124.	6,724.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Repairs and maintenance	655,592.	633,749.	14,470.	7,373.
b Staff training/developm	370,490.	210,646.	126,664.	33,180.
c Program supplies	300,601.	295,756.	4,472.	373.
d Miscellaneous	263,167.	126,106.	67,351.	69,710.
e All other expenses	174,747.	114,335.	34,993.	25,419.
25 Total functional expenses. Add lines 1 through 24e	23,457,608.	20,731,170.	1,953,959.	772,479.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	449,876.	1	2,213,972.	
	2 Savings and temporary cash investments	2,723,984.	2	1,546,556.	
	3 Pledges and grants receivable, net	1,468,216.	3	853,237.	
	4 Accounts receivable, net	1,339,799.	4	2,017,788.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net	2,779,610.	7	2,779,610.	
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	218,118.	9	182,616.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 20,725,391.			
	b Less: accumulated depreciation	10b 11,096,108.			
	11 Investments - publicly traded securities	9,817,599.	10c	9,629,283.	
	12 Investments - other securities. See Part IV, line 11	6,245,853.	11	6,651,591.	
	13 Investments - program-related. See Part IV, line 11	3,245,347.	12	2,992,418.	
	14 Intangible assets		13		
	15 Other assets. See Part IV, line 11	224,448.	14	235,066.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	28,512,850.	15	29,102,137.		
Liabilities	17 Accounts payable and accrued expenses	3,533,550.	17	3,697,415.	
	18 Grants payable		18		
	19 Deferred revenue	374,359.	19	218,422.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	400,000.	23	400,000.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	4,307,909.	26	4,315,837.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	15,427,861.	27	15,207,982.	
	28 Temporarily restricted net assets	3,071,893.	28	3,472,314.	
	29 Permanently restricted net assets	5,705,187.	29	6,106,004.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	24,204,941.	33	24,786,300.		
34 Total liabilities and net assets/fund balances	28,512,850.	34	29,102,137.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,498,215.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,457,608.
3	Revenue less expenses. Subtract line 2 from line 1	3	40,607.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,204,941.
5	Net unrealized gains (losses) on investments	5	572,088.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-31,336.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,786,300.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **St. Anne's Maternity Home** Employer identification number **95-1691306**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,191,383.	16,971,947.	17,913,911.	20,857,577.	21,987,581.	90,922,399.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	13,191,383.	16,971,947.	17,913,911.	20,857,577.	21,987,581.	90,922,399.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						90,922,399.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	13,191,383.	16,971,947.	17,913,911.	20,857,577.	21,987,581.	90,922,399.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	798,046.	817,155.	862,775.	862,510.	844,016.	4,184,502.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	633,084.	628,200.	545,268.	935,579.	645,898.	3,388,029.
11 Total support. Add lines 7 through 10						98,494,930.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	92.31 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	91.62 %
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization St. Anne's Maternity Home Employer identification number 95-1691306

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,468,947.	8,697,123.	8,709,010.	8,015,593.	7,556,241.
b Contributions					500,000.
c Net investment earnings, gains, and losses	274,354.	246,168.	231,008.	1,087,392.	349,829.
d Grants or scholarships					
e Other expenditures for facilities and programs	266,574.	423,875.	193,779.	363,931.	346,861.
f Administrative expenses		50,469.	49,116.	30,044.	43,616.
g End of year balance	8,476,727.	8,468,947.	8,697,123.	8,709,010.	8,015,593.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,524,184.		1,524,184.
b Buildings		18,186,812.	10,448,445.	7,738,367.
c Leasehold improvements				
d Equipment		594,530.	496,195.	98,335.
e Other		419,865.	151,468.	268,397.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				9,629,283.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) Fixed income	1,359,607.	End-of-Year Market Value
(B) Investment in THCC Ltd.	382,811.	End-of-Year Market Value
(C) Investment in Beverly		
(D) PSH, LP	1,250,000.	End-of-Year Market Value
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,992,418.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	24,038,967.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	572,088.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-31,336.
e	Add lines 2a through 2d	2e	540,752.
3	Subtract line 2e from line 1	3	23,498,215.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	23,498,215.

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

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

1	Total expenses and losses per audited financial statements	1	23,457,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	23,457,608.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,457,608.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V, line 4:

Interest at 5% is utilized to support program services as authorized by the Finance Committee of the Board of Directors.

Part X, Line 2:

St. Anne's is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701(d). In addition, St. Anne's has been determined by the Internal Revenue Service and the Franchise Tax Board not to be a "private foundation" within the meaning of Section 509(a) of the Internal Revenue Code and Section 23709 of the Taxation Code.

Part XIII Supplemental Information *(continued)*

Generally accepted accounting principles provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by St. Anne's in its federal and state exempt organization tax returns are more likely than not to be sustained upon examination. St. Anne's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

Part XI, Line 2d - Other Adjustments:

Change in value of split-interest agreement	8,971.
Pension-related changes	-40,307.
Total to Schedule D, Part XI, Line 2d	-31,336.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization **St. Anne's Maternity Home** Employer identification number **95-1691306**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
- 3** Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2016)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Clothing and food allowance	0	0.	0.	FMV	Clothing, food and transportation support
Allowances for transitional housing	95	56,117.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I, Line 2:

Grants and assistance is required by our contract for residents of the Residential Treatment Program.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2016

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

St. Anne's Maternity Home

Employer identification number

95-1691306

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Dana Anthony Walker President & CEO	(i)	388,655.	0.	0.	23,319.	0.	411,974.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Kyla Lee Chief Financial Officer	(i)	175,474.	0.	0.	0.	4,036.	179,510.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Blythe Maling Chief Dev. Officer	(i)	173,327.	0.	0.	10,505.	0.	183,832.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Mark Hazard Chief Human Resource Officer	(i)	147,306.	0.	0.	8,838.	5,988.	162,132.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open To Public Inspection

Name of the organization: St. Anne's Maternity Home; Employer identification number: 95-1691306

Part I Excess Benefit Transactions

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 10 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Patrick Pascal, President	P. Pascal is the cu	0.	Mr. Pascal		X

Part V Supplemental Information

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

Sch L, Part IV, Business Transactions Involving Interested Persons:

(a) Name of Interested Person:

Patrick Pascal, President & Frederick J. Ruopp, Chair of Chelsea Mgmt. Co.

(b) Relationship Between Interested Person and Organization:

P. Pascal is the current Chair of the BOD; F. Ruopp is a BOD member

(c) Amount of Transaction \$ (d) Description o

(d) Description of Transaction: Mr. Pascal is also President of Chelsea Management Company. The Chelsea Management Company manages St. Anne's investments. Mr. Ruopp is Chairman, Chelsea Managemetn Company. Chelsea Management relinquished their roles as investment manager as of January 1, 2016, the funds are being managed by Vanguard.

(e) Sharing of Organization Revenues? = No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

St. Anne's Maternity Home

Employer identification number

95-1691306

Form 990, Part I, Line 1, Description of Organization Mission:

childhood to adulthood - for generations to come.

Form 990, Part III, Line 1, Description of Organization Mission:

St. Anne's mission is: Working together to build safe, nurturing and resilient families - from pregnancy to parenthood and childhood to adulthood - for generations to come. Founded in 1908 as a safe refuge for unwed, pregnant young women, St. Anne's began focusing on pregnant and parenting girls from the foster care and juvenile probation systems and their young children in 1992. In 2003, St. Anne's started offering high-quality, comprehensive family services and mental health care to struggling families in our community. In 2005, St. Anne's opened the Transitional Housing Program for recently emancipated pregnant and parenting foster youth and launched our first Early Learning Center for their and other low-income children ages 0 to 5. St. Anne's added five more Early Learning Centers in 2014. Today, the organization is a highly regarded social service agency with particular expertise in meeting the needs of at-risk pregnant or parenting young women and their children. In 2017, St. Anne's will open permanent supportive housing for young women from our programs and other homeless families from the community. In 2016, St. Anne's served 1,899 low-income individuals, mostly women and children. All of our services are provided to those in need without regard to religious belief, ethnic or racial background.

Form 990, Part III, Line 4d, Other Program Services:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization St. Anne's Maternity Home	Employer identification number 95-1691306
---	--

Our Family Based Services Program (including 24/7 crisis intervention) offers distressed families on and outside St. Anne's campus a safety net of coordinated, comprehensive assistance to stabilize and strengthen families that have come to the attention of child protective services -- helping them establish nurturing homes, providing relief from debilitating mental health issues, connecting them to community resources and assisting them to land the jobs they need to ensure their families' welfare. Under the Family Based Services umbrella, St. Anne's has entered into a partnership with other youth-serving agencies to develop an evidence informed workforce development service model for transition-age youth, focusing on the particularly high-risk individuals with connections to the child welfare system that our agencies serve.

Expenses \$ 1,631,011. including grants of \$ 0. Revenue \$ 0.

Our Transitional Housing Program (operating around the clock) offers up to 40 young women ages 18 to 24 aging out of the foster care or juvenile probation systems and their children two-year subsidized housing and a continuum of services to foster their stability and independence. Our Transitional Housing Placement Plus Foster Care Program provides similar services to young women who have chosen to remain wards of the court past their 18th (up to their 21st) birthdays. A total of 94 young women and 111 children benefitted from these essential programs' help during 2016.

Expenses \$ 1,781,713. including grants of \$ 0. Revenue \$ 0.

Other programs - Dietary services

Expenses \$ 542,226. including grants of \$ 0. Revenue \$ 0.

Name of the organization St. Anne's Maternity Home	Employer identification number 95-1691306
---	--

Form 990, Part VI, Section A, line 2:

Board member Mr. Patrick Pascal is the President of Chelsea Management Company & Mr. Frederick J. Roupp is the Chairman of Chelsea Management Company. Mr. Frederick Roupp resigned from St. Anne's board on 12/31/2016.

Form 990, Part VI, Section A, line 4:

The Board and Corporate Members adopted the restated by-laws in 2016.

Form 990, Part VI, Section A, line 7a:

Prospective Board Members are vetted by the Nominating and Governance Committee and then approved by St. Anne's existing Board and Corporate Members .

Form 990, Part VI, Section A, line 7b:

All contracts and leases over \$100,000 must be approved by the Board of Directors and the Corporate Members, the Franciscan Sisters of the Sacred Heart.

Form 990, Part VI, Section B, line 11b:

Form 990 will be reviewed by the Audit Committee of the Board of Directors and audit and findings of the Audit Committee will be presented to the Board of Directors at the following meeting for acceptance prior to filing.

Form 990, Part VI, Section B, Line 12c:

Annually, a Conflict of Interest Policy is signed and any potential conflict of interest when identified, is referred to the Executive

Name of the organization

St. Anne's Maternity Home

Employer identification number

95-1691306

Committee for review and appropriate action, if deemed necessary.

Form 990, Part VI, Section B, Line 15:

CEO, Executive Director or top management official:

St. Anne's Audit and Executive Committees recommends to the Board of Directors the compensation for the CEO and CFO. The Committees have employed compensation consultants to assist with the recommendations.

Other officers or key employees:

Salaries are based on information received by St. Anne's Human Resources Department that compares salaries of St. Anne's employees with other non-profits in the industry.

Form 990, Part VI, Section C, Line 19:

When requested, the governing documents, conflict of interest policy and financial statements are made available to the public. Reports are provided to key donors and governmental agencies each year and are available on the website.

Form 990, Part XI, line 9, Changes in Net Assets:

Change in value of split-interest agreements	8,971.
Pension-related changes other than net periodic pension	-40,307.
Transfer of loss from THCC (see Sch. O)	
Total to Form 990, Part XI, Line 9	-31,336.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization **St. Anne's Maternity Home** Employer identification number **95-1691306**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
St. Anne's Foundation - 95-1691305 155 North Occidental Blvd. Los Angeles, CA 90026	Fundraising	California	501(c)3	Line 12a, I	St. Anne's Maternity Home		X

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) St. Anne's Foundation	C	320,000.	Book value
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. St. Anne's Maternity Home	Employer identification number (EIN) or 95-1691306
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 155 North Occidental Blvd.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Los Angeles, CA 90026-4641	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Tom Bernal

• The books are in the care of ▶ **155 N. Occidental Boulevard - Los Angeles, CA 90026**
Telephone No. ▶ **(213) 381-2931** Fax No. ▶ **(213) 381-7804**

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **November 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

California Exempt Organization
Annual Information Return

Calendar Year 2016 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name: **ST. ANNE'S MATERNITY HOME**
 California corporation number: **0187030**
 FEIN: **95-1691306**
 Street address (suite or room): **155 NORTH OCCIDENTAL BLVD.**
 City: **LOS ANGELES** State: **CA** ZIP code: **90026-4641**
 Foreign country name: Foreign province/state/country: Foreign postal code:

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return? Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy)
E Check accounting method: (1) Cash (2) Accrual (3) Other
F Federal return filed? (1) 990T (2) 990-PF (3) Sch H (990) (4) Other 990 series
G Is this a group filing? See instructions Yes No
H Is this organization in a group exemption Yes No
 If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is a federal Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	3,305,438.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	21,987,581.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	25,293,019.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	1,794,804.00
	7	Total costs. Add line 5 and line 6	7	1,794,804.00
	8	Total gross income. Subtract line 7 from line 4	8	23,498,215.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	23,495,468.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	2,747.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Instruction K	12	00
	13	Payment balance. If line 11 is more than line 12, subtract line 12 from line 11	13	00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14	00
	15	Filing fee \$10 or \$25. See General Instruction F	15	N/A 00
	16	Penalties and Interest. See General Instruction J	16	00
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result	17	00

Sign Here
 Signature of officer: **PRESIDENT/CEO** Date: _____ Telephone: **(213) 381-2931**
Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed
 Firm's name (or yours, if self-employed) and address: **HARRINGTON GROUP, CPAS, LLP**
234 EAST COLORADO BLVD., SUITE M150
PASADENA, CA 91101
 Telephone: **(626) 403-6801**
 May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

628951 11-30-16

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00	
	2	Interest	•	2	381,830.00	
	3	Dividends	•	3	00	
	4	Gross rents	•	4	462,186.00	
	5	Gross royalties	•	5	00	
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2 •	6	1,815,524.00	
	7	Other income	SEE STATEMENT 3 •	7	645,898.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		8	3,305,438.00	
	9	Contributions, gifts, grants, and similar amounts paid	•	9	622,769.00	
	10	Disbursements to or for members	•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4 •	11	775,316.00	
	12	Other salaries and wages	•	12	12,652,667.00	
	Expenses and Disbursements	13	Interest	•	13	00
		14	Taxes	•	14	1,995,697.00
		15	Rents	•	15	534,974.00
		16	Depreciation and depletion (See instructions)	•	16	529,626.00
		17	Other Expenses and Disbursements	SEE STATEMENT 5 •	17	6,384,419.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	23,495,468.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1	Cash		3,173,860.		• 3,760,528.
2	Net accounts receivable		1,339,799.		• 2,017,788.
3	Net notes receivable	STMT 6	2,779,610.		• 2,779,610.
4	Inventories				•
5	Federal and state government obligations				•
6	Investments in other bonds				•
7	Investments in stock				•
8	Mortgage loans				•
9	Other investments	STMT 7	9,491,200.		• 9,644,009.
10 a	Depreciable assets	18,859,900.		19,201,207.	
b	Less accumulated depreciation	(10,566,485.)	8,293,415.	(11,096,108.)	8,105,099.
11	Land		1,524,184.		• 1,524,184.
12	Other assets	STMT 8	1,910,782.		• 1,270,919.
13	Total assets		28,512,850.		29,102,137.
Liabilities and net worth					
14	Accounts payable		3,533,550.		• 3,697,415.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable		400,000.		• 400,000.
18	Other liabilities	STMT 9	374,359.		218,422.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		24,204,941.		• 24,748,440.
22	Total liabilities and net worth		28,512,850.		29,064,277.

Schedule M-1 Reconciliation of income per books with income per return					
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.					
1	Net income per books	• 543,499.	7	Income recorded on books this year not included in this return. STMT 10	• 540,752.
2	Federal income tax	•	8	Deductions in this return not charged against book income this year	•
3	Excess of capital losses over capital gains	•	9	Total. Add line 7 and line 8	540,752.
4	Income not recorded on books this year	•	10	Net income per return.	
5	Expenses recorded on books this year not deducted in this return	•		Subtract line 9 from line 6	2,747.
6	Total. Add line 1 through line 5	543,499.			

Form 199 Cash Contributions Statement 1
 Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Ana Maria Gonzalez	3657 Boyce Avenue Los Angeles , CA 90039-1807		21,827.
Anthony and Jeanne Pritzker Family Foundation	11150 Santa Monica Blvd., Suite 1500 Los Angeles , CA 90025		20,000.
Brad Weirick	3900 Durham Place La Canada , CA 91011		5,500.
California Community Foundation	221 S. Figueroa Street, Suite 400 Los Angeles , CA 90012		20,000.
Carrie Estelle Doheny Foundation	707 Wilshire Blvd., Suite 4960 Los Angeles , CA 90017-3608		84,500.
Charles V. Adams	P.O. Box 8595 Rowland Hghts , CA 91748-0595		42,749.
Dan Murphy Foundation	800 W 6th Street Ste. 1240 Los Angeles , CA 90017-2715		67,500.
Darrell Brown	4152 Mt. Vernon Drive Los Angeles , CA 90008		5,000.
David A. Fuhrman	8323 La Bajada Avenue Whittier , CA 90605		10,210.
Donald and Carol Pfaff	5615 Michelle Drive Torrance , CA 90503-1868		6,000.
Donna Conn	1085 Virginia Road San Marino , CA 91108-1051		5,000.
Dr. Sylvia and Jack Arian Foundation	11777 San Vicente Blvd., Suite 665 Los Angeles , CA 90049		50,000.
Elizabeth and Jose Marcelino Herrera	8415 Strub Avenue Whittier , CA 90605		5,700.
Elizabeth and Jack Tauber	12007 Crest Court Beverly Hills , CA 90210		8,249.

<u>St. Anne's Maternity Home</u>		<u>95-1691306</u>
George Hoag Family Foundation	2665 Main Street, Suite 220 Santa Monica , CA 90405	20,000.
Joan A. Payden ANONYMOUS	11 Sea Colony Drive Santa Monica , CA 90405-5338	200,000.
John C. Kelly	871 6th Street Manhattan Beach , CA 90266	5,250.
Joyce and Richard Dinel	16131 Anoka Drive Pacific Palisades , CA 90272	6,200.
Kaiser Permanente Los Angeles Medical Center	4841 Hollywood Blvd. Los Angeles , CA 90027-5301	10,000.
Katharine K. Hughes	20306 Via Sansovino Porter Ranch , CA 91326-4409	10,000.
Kathryne Beynon Foundation	P.O. Box 90815 Pasadena , CA 91109-0815	20,000.
Laurence K. Brown	138 N Norton Avenue Los Angeles , CA 90004-3913	10,000.
Lon V. Smith Foundation	9440 Santa Monica Boulevard Ste 300 Beverly Hills , CA 90210-4614	10,000.
Los Angeles Giving Circle	6701 Center Drive West, Suite 825 Los Angeles , CA 90045	15,000.
Marian and Pink Happ Fund	Wells Fargo Wealth Management Winston Salem , CA 27101	10,000.
Marianne Ryan Trust		35,181.
Marisa Antonini	President Los Angeles , CA 90027-1739	5,000.
Mark S. Chiaramonte Family Foundation	1420 5th Street, #507 Santa Monica , CA 90401	25,000.
Mary E. Dohn	Beverly Hills , CA 90210-2305	25,000.
McMaster-Carr Supply Company ANONYMOUS	P.O. Box 680 Elmhurst , IL 60126-0680	17,500.
Miss Anne M. Pulizevich Trust	823 N 17th Street San Jose , CA 95112-1548	1,018,352.
NAEROK Group International, Inc.	3850 Wilshire Blvd., Suite 302 Los Angeles , CA 90010	5,000.

<u>St. Anne's Maternity Home</u>		<u>95-1691306</u>
Occidental Entertainment Group Holdings, Inc.	1149 North McCadden Place Hollywood , CA 90038	5,500.
Pasadena Community Foundation	301 E. Colorado Blvd., Suite 810 Pasadena , CA 91101-1994	10,000.
Patrick C. Pascal	3311 Lowry Road Los Angeles , CA 90027-1317	7,700.
Patrick Conn	520 Arroyo Square South Pasadena , CA 91030	11,100.
Payden & Rygel	333 S Grand Avenue, Ste. 3200 Los Angeles , CA 90071-1552	5,000.
QueensCare Charitable Division	950 S. Grand Avenue, 2nd Floor South Los Angeles , CA 90015	24,250.
RAR Family Foundation	c/o Savitsky, Satin and Bacon Los Angeles , CA 90024	5,000.
Richard Divinski	3813 W. 172nd Street Torrance , CA 90504-1106	5,000.
Sidney Stern Memorial Trust	P.O. Box 457 Pacific Palisades , CA 90272	7,500.
Sovereign Military Order Of Malta-Western Association	465 California Street, Ste. 818 San Francisco , CA 94104-1820	10,000.
St. Anne's Guild	9255 Doheny Road, #1703 West Hollywood , CA 90069	16,000.
St. Anne's Thrift Shop	3315 W. Burbank Blvd Burbank , CA 91505	15,000.
Terri and Eric Holoman	18890 Carmel Crest Drive Tarzana , CA 91356-5829	6,000.
The Ahmanson Foundation	9215 Wilshire Boulevard Beverly Hills , CA 90210-5538	500,000.
The Angell Foundation	11150 W. Olympic Blvd., Suite #910 Los Angeles , CA 90064	100,000.
The Audrey & Sydney Irmas Charitable Foundation	11911 San Vicente Boulevard, Suite 351 Los Angeles , CA 90049	10,000.
The Carl & Roberta Deutsch Foundation	2444 Wilshire Boulevard Ste 600 Santa Monica , CA 90403-5814	190,500.

<u>St. Anne's Maternity Home</u>		<u>95-1691306</u>
The Carol and James Collins Foundation	6101 W. Centinela Avenue, Suite 100 Culver City , CA 90230	15,000.
The Eisner Foundation	9401 Wilshire Blvd. #735 Beverly Hills , CA 90212-3886	135,000.
The Elias, Genevieve and Georgianna Atol Charitable Trust	6310 San Vicente Blvd., Suite 250 Los Angeles , CA 90048	25,000.
The Elks Foundation of Los Angeles	4240 Claygate Court Bel Air , CA 90077	9,375.
The Grace Helen Spearman Charitable Foundation	4283 Arcada Street Palm Springs , CA 92262	10,000.
The Green Foundation	225 S. Lake Ave., Suite 1410 Pasadena , CA 91101	25,000.
The Joseph Drown Foundation	1999 Avenue of the Stars, Suite 2330 Los Angeles , CA 90067	25,000.
The Lluella Morey Murphey Foundation ANONYMOUS	100 East Corson Street Pasadena , CA 91103-3841	25,000.
The Ralph M. Parsons Foundation	888 W 6th Street Fl. 7 Los Angeles , CA 90017-2733	105,000.
The Rose Hills Foundation	225 South Lake Avenue, Suite 1250 Pasadena , CA 91101	200,000.
The Weingart Foundation	1055 W 7th Street Ste 3050 Los Angeles , CA 90017-2509	25,000.
TJX Foundation Inc.	770 Cochituate Road Framingham , MA 01701-4666	5,000.
Union Bank of California Foundation	445 S. Figueroa Street, Suite 710 Los Angeles , CA 90071-1615	10,000.
Union Pacific Foundation	1400 Douglas St., STOP 1560 Omaha , NE 68179	7,500.
Von Der Ahe Foundation	4605 Lankershim Boulevard, Suite 707 North Hollywood , CA 91602-1878	15,000.
Wells Fargo Foundation	333 S. Grand Avenue, 12th Floor Los Angeles , CA 90071-1504	10,000.

<u>St. Anne's Maternity Home</u>		<u>95-1691306</u>
Wilbur D. May Foundation	2716 Ocean Park Blvd., Suite 2011 Santa Monica , CA 90405	10,000.
California Department of Education	1430 N Street, Ste. 5201 Sacramento, CA 95814	1,343,662.
Los Angeles County Department of Mental Health	550 S. Vermont Place, 5th Flr. Los Angeles, CA 90020	4,235,991.
Los Angeles County Department of Child and Family Services	425 Shatto Place, Room 400 Los Angeles, CA 90020	4,359,351.
Los Angeles Homeless Services Authority	811 Wilshire Blvd., 6th Flr. Los Angeles, CA 90017-2509	403,382.
Los Angeles County Office of Education	9300 Imperial Hwy. Downey, CA 90242	6,400,200.
Department of Health & Human Services Administration for	90 7th St. Suite 9-100 San Francisco, CA 94103	873,766.
Para Los Ninos	500 Lucas Ave. Los Angeles, CA 90017	263,035.
Total Included on Line 3		<u><u>21,264,530.</u></u>

Form 199	Gross Amount From Sale of Assets	Statement	2
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Description	Date Acquired	Date Sold	Method Acquired	
Sale of investments			Purchased	
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	1,794,804.	0.	0.	1,815,524.
Total to Form 199, Page 2, ln 6	1,794,804.	0.	0.	1,815,524.

Form 199	Other Income	Statement	3
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Description	Amount
Catering services	389,276.
Miscellaneous income	256,622.
Total to Form 199, Part II, line 7	645,898.

Form 199 Compensation of Officers, Directors and Trustees Statement 4

<u>Name and Address</u>	<u>Title and Average Hrs Worked/Wk</u>	<u>Compensation</u>
Patrick Pascal 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chair 1.00	0.
Dale Pelch 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Vice Chair 1.00	0.
Vito A. Costanzo 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Secretary 1.00	0.
Franco Seif 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Treasurer 1.00	0.
Andrew E. Bogen 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Dolores Bononi 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Darrell Brown 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Yolanda Brown 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Patrick Conn 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Craig Darian 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Joyce Dinel 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.

Janet Feeley 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
David A. Fuhrman 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Christie Good 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Lawrence Greaves 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Robert D. Kerslake 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Brian W. Matthews 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Juan Mondragon 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Shamir Moorer 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Terry Ogawa 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Debbie Pattillo 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Ronald Preissman 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Sister Genevieve Raupp 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Vivian L. Rescalvo 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.

Frederick J. Ruopp 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Sister Joyce Shanabarger 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Glenn Sonnenberg 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Maureen Stockton 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Elizabeth Tauber 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
John Theuer 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Bradford P. Weirick 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Dana Anthony Walker 155 North Occidental Blvd. Los Angeles, CA 90026-4641	President & CEO 40.00	411,974.
Kyla Lee 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Financial Officer 40.00	179,510.
Blythe Maling 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Dev. Officer 40.00	183,832.

Total to Form 199, Part II, line 11

775,316.

Form 199	Other Expenses	Statement	5
<u>Description</u>		<u>Amount</u>	
Repairs and maintenance		655,592.	
Staff training/developm		370,490.	
Program supplies		300,601.	
Miscellaneous		263,167.	
Pension plan contributions		531,997.	
Other employee benefits		1,248,676.	
Legal fees		48,981.	
Accounting fees		35,003.	
Other professional fees		2,169,770.	
Advertising and promotion		58,190.	
Office expenses		267,221.	
Information technology		30,244.	
Insurance		229,740.	
All other expenses		174,747.	
Total to Form 199, Part II, line 17		<u>6,384,419.</u>	

Form 199	Net Notes Receivable	Statement	6
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Notes and Loans Receivable, Net		2,779,610.	2,779,610.
Total to Form 199, Schedule L, line 3		<u>2,779,610.</u>	<u>2,779,610.</u>

Form 199	Other Investments	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Fixed income		1,502,512.	1,359,607.
Investment in THCC Ltd.		382,835.	382,811.
Investment in Beverly PSH, LP		1,360,000.	1,250,000.
Other publicly traded securities		6,245,853.	6,651,591.
Total to Form 199, Schedule L, line 9		<u>9,491,200.</u>	<u>9,644,009.</u>

Form 199	Other Assets	Statement	8
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Pledges and Grants Receivable		1,468,216.	853,237.
Prepaid Expenses and Deferred Charges		218,118.	182,616.
Split interest agreements		208,154.	217,125.
Gift annuities		14,306.	14,313.
Other assets		1,988.	3,628.
Total to Form 199, Schedule L, line 12		1,910,782.	1,270,919.

Form 199	Other Liabilities	Statement	9
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Deferred Revenue		374,359.	218,422.
Total to Form 199, Schedule L, line 18		374,359.	218,422.

Form 199	Income Recorded on Books this Year Not Included in this Return	Statement	10
<u>Description</u>			<u>Amount</u>
Unrealized loss/gain on investments			572,088.
Change in value of split-interest agreements			8,971.
Pension-related changes other than net periodic pension cost			-40,307.
Total to Form 199, Schedule M-1, line 7			540,752.

Form 199	Fund Balances	Statement	11
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Unrestricted Assets		15,427,861.	15,207,982.
Temporarily Restricted Assets		3,071,893.	3,472,314.
Permanently Restricted Assets		5,705,187.	6,106,004.
Total to Form 199, Schedule L, line 21		24,204,941.	24,786,300.

TAXABLE YEAR
2016

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
ST. ANNE'S MATERNITY HOME	95-1691306

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	25,293,019.00
2 Total gross income (Form 199, line 8)	2	23,498,215.00
3 Total expenses and disbursements (Form 199, line 9)	3	23,495,468.00

Part II Settle Your Account Electronically for Taxable Year 2016

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2016 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.**

Sign Here			
	Signature of officer	Date	PRESIDENT / CEO

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2016 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address				
	HARRINGTON GROUP, CPAS, LLP				P01612986
	234 EAST COLORADO BLVD., SUITE M150				FEIN 95-4557617
	PASADENA, CA				ZIP code 91101

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address			
	HARRINGTON GROUP, CPAS, LLP			P01775198
	234 EAST COLORADO BLVD., SUITE M150			FEIN 95-4557617
	PASADENA, CA			ZIP code 91101

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 Telephone: (916) 445-2021

WEB SITE ADDRESS:
<http://ag.ca.gov/charities/>

**ANNUAL
 REGISTRATION RENEWAL FEE REPORT
 TO ATTORNEY GENERAL OF CALIFORNIA**

Sections 12586 and 12587, California Government Code
 11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 19411 ST. ANNE'S MATERNITY HOME <small>Name of Organization</small> 155 NORTH OCCIDENTAL BLVD. <small>Address (Number and Street)</small> LOS ANGELES, CA 90026-4641 <small>City or Town, State and ZIP Code</small>	Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report Corporate or Organization No. <u>0187030</u> Federal Employer I.D. No. <u>95-1691306</u>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
 Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2016 ending 12/31/2016) list:
 Gross annual revenue \$ 23,498,215. Total assets \$ 29,102,137.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5. During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6. During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 12	X	
7. During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8. Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9. Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number (213) 381-2931

Organization's e-mail address TBERNAL@STANNES.ORG

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

TONY WALKER, MA
PRESIDENT/CEO
Signature of authorized officer
Printed Name
Title
Date

Form RRF-1

Information Regarding Government Funding
Part B, Line 6

Statement 12

California Department of Education
1430 N Street, Suite 5201
Sacramento, CA 95814-5901

Department of Mental Health
550 S. Vermont Place, 5th Floor
Los Angeles, CA 90020

Department of Children and Family Services
425 Shatto Place, Room 400
Los Angeles, CA 90020

First 5 LA
750 N. Alameda Street, 3rd Floor
Los Angeles, CA 90012

Los Angeles Homeless Services Authority
811 Wilshire Blvd., 6th Floor
Los Angeles, CA 90017

Los Angeles County Office of Education
9300 Imperial Hwy.
Downey, CA 90242
(562) 922-6111