

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

2017
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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 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: Thomas Bernal same as C above	D Employer identification number 95-1691306 E Telephone number (213) 381-2931 G Gross receipts \$ 24,580,666. 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: Working together to build safe, nurturing and resilient families - from pregnancy to parenthood and		
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	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	542
6	Total number of volunteers (estimate if necessary)	6	398
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)	21,987,581.	22,979,747.
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)	402,550.	470,937.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,108,084.	1,089,551.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,498,215.	24,540,235.
14	Benefits paid to or for members (Part IX, column (A), line 4)	622,769.	0.
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)	17,166,492.	18,623,508.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 731,087.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,668,346.	6,793,569.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	23,457,607.	25,417,077.
19	Revenue less expenses. Subtract line 18 from line 12	40,608.	-876,842.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	29,102,137.	29,508,582.
22	Net assets or fund balances. Subtract line 21 from line 20	4,315,837.	4,807,071.
22	Net assets or fund balances. Subtract line 21 from line 20	24,786,300.	24,701,511.

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 Thomas Bernal, CFO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name Tonetta L. Conner, CPA	Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01775198
	Firm's name ▶ Harrington Group, CPAs, LLP Firm's address ▶ 234 East Colorado Blvd., Suite M150 Pasadena, CA 91101	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 \$ 9,642,468. including grants of \$) (Revenue \$) Our Early Childhood Education Division provides comprehensive, fully subsidized child development services that spark the optimal developmental of over 717 infants, toddlers and preschoolers daily -- whether they receive these services in one of our Early Learning Centers or in their home. During 2017, 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 286 children ages birth to five. St. Anne's five half-day preschools situated throughout the local community served another 662 children between morning and afternoon sessions, and one Early Learning Center serving 52 three five year olds (from 8 a.m. 2:30 p.m.), and home-based Early Head Start and Head Start services were provided to an additional 345 children.

4b (Code:) (Expenses \$ 4,998,935. 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 2017, program therapists and ancillary staff worked to improve the outcomes of 285 children and young people.

4c (Code:) (Expenses \$ 4,114,742. including grants of \$) (Revenue \$) Our Residential Treatment Program (operating 24 hours a day/7 days a week) 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 2017, 93 teens and 41 babies received services in the Residential Treatment Program's care.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,677,719. including grants of \$) (Revenue \$)

4e Total program service expenses 22,433,864.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>	X	
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>	X	
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>	X	
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>		X
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>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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>	X	
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>		X
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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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>		X
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>		X
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>		X
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>		X
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>		X
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>		X

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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.		
	1a 28		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 28		
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	
b	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:		
a	The governing body?	X	
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
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
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
b	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?		
16b			

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) Dana Anthony Walker (term end) President & CEO	40.00	X		X				469,229.	0.	28,154.
(2) Patrick Pascal (term end/start) Board Member	1.00	X						0.	0.	0.
(3) Dale Pelch (term end/start) Chair	1.00	X		X				0.	0.	0.
(4) Vito A. Costanzo Vice Chair/Secretary	1.00	X		X				0.	0.	0.
(5) Franco Seif (term end/start) Board Member	1.00	X						0.	0.	0.
(6) Andrew E. Bogen Board Member	1.00	X						0.	0.	0.
(7) Dolores Bononi Board Member	1.00	X						0.	0.	0.
(8) Darrell Brown Board Member	1.00	X						0.	0.	0.
(9) Yolanda Brown Board Member	1.00	X						0.	0.	0.
(10) Patrick Conn Board Member	1.00	X						0.	0.	0.
(11) Craig Darian Board Member	1.00	X						0.	0.	0.
(12) Joyce Dinell Board Member	1.00	X						0.	0.	0.
(13) Janet Feeley (term end) Board Member	1.00	X						0.	0.	0.
(14) David A. Fuhrman Board Member	1.00	X						0.	0.	0.
(15) Christie Good Board Member	1.00	X						0.	0.	0.
(16) Lawrence Greaves (term end) Board Member	1.00	X						0.	0.	0.
(17) Robert D. Kerslake 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) Brian W. Matthews (term start) Treasurer	1.00	X						0.	0.	0.
(19) Juan Mondragon Board Member	1.00	X						0.	0.	0.
(20) Shamir Moorer Board Member	1.00	X						0.	0.	0.
(21) Terry Ogawa Board Member	1.00	X						0.	0.	0.
(22) Debbie Pattillo Board Member	1.00	X						0.	0.	0.
(23) Ronald Preissman (term end) Board Member	1.00	X						0.	0.	0.
(24) Sister Genevieve Raupp Board Member	1.00	X						0.	0.	0.
(25) Vivian L. Rescalvo (term end) Board Member	1.00	X						0.	0.	0.
(26) Frederick J. Ruopp (term end) Board Member	1.00	X						0.	0.	0.
1b Sub-total								469,229.	0.	28,154.
c Total from continuation sheets to Part VII, Section A								1,064,188.	0.	77,628.
d Total (add lines 1b and 1c)								1,533,417.	0.	105,782.

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? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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
NONE		

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 **0**

See Part VII, Section A Continuation sheets

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 (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) Sister Joyce Shanabarger Board Member	1.00	X					0.	0.	0.	
(28) Glenn Sonnenberg Board Member	1.00	X					0.	0.	0.	
(29) Maureen Stockton Board Member	1.00	X					0.	0.	0.	
(30) Elizabeth Tauber Board Member	1.00	X					0.	0.	0.	
(31) John Theuer Board Member	1.00	X					0.	0.	0.	
(32) Bradford P. Weirick Board Member	1.00	X					0.	0.	0.	
(33) Mark Brubaker (term start) Board Member	1.00	X					0.	0.	0.	
(34) Ana O' Brien (term start) Board Member	1.00	X					0.	0.	0.	
(35) Andrew Diamond (term start) Chief Executive Officer	40.00	X	X				100,417.	0.	0.	
(36) Kyla Lee (term end) Chief Financial Officer	40.00		X				0.	0.	0.	
(37) Mark Hazard Chief Human Resource Offic	40.00		X				162,864.	0.	14,736.	
(38) Blythe Maling Chief Dev. Officer	40.00		X				149,050.	0.	0.	
(39) Amber Rivas (term start) Chief Operating Officer	40.00		X				137,797.	0.	13,480.	
(40) Thomas Bernal (term start) Chief Financial Officer	40.00		X				147,583.	0.	12,381.	
(41) Correnda Perkins (term end) VP Community Based Programs	40.00				X		132,029.	0.	12,810.	
(42) ZhenZhen Rui Director of Finance	40.00				X		116,439.	0.	11,901.	
(43) Veronica Arteaga (term start) VP Housing Program	40.00				X		118,009.	0.	12,320.	
Total to Part VII, Section A, line 1c							1,064,188.		77,628.	

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	360,000.				
	e Government grants (contributions)	1e	20,164,366.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,455,381.				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f			22,979,747.			
	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)		452,466.			452,466.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	438,057.				
		(ii) Personal					
		b Less: rental expenses		0.			
	c Rental income or (loss)		438,057.				
	d Net rental income or (loss)			438,057.		438,057.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	58,902.				
		(ii) Other					
		b Less: cost or other basis and sales expenses		40,431.			
		c Gain or (loss)		18,471.			
	d Net gain or (loss)			18,471.		18,471.	
	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	362,998.			362,998.	
b Miscellaneous income		900099	288,496.			288,496.	
c							
d All other revenue							
e Total. Add lines 11a-11d			651,494.				
12 Total revenue. See instructions.			24,540,235.	0.	0.	1,560,488.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,235,689.	1,081,671.	118,832.	35,186.
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	13,849,095.	12,122,926.	1,331,819.	394,350.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	579,056.	506,881.	55,686.	16,489.
9 Other employee benefits	1,848,116.	1,617,764.	177,727.	52,625.
10 Payroll taxes	1,111,552.	973,007.	106,894.	31,651.
11 Fees for services (non-employees):				
a Management				
b Legal	666,833.	607,745.	59,088.	
c Accounting	122,601.	111,737.	10,864.	
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.)	1,375,836.	1,253,924.	47,311.	74,601.
12 Advertising and promotion	57,472.	34,789.	21,080.	1,603.
13 Office expenses	301,959.	218,428.	56,069.	27,462.
14 Information technology	5,246.	5,038.	139.	69.
15 Royalties				
16 Occupancy	640,749.	603,527.	28,497.	8,725.
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	546,652.	511,980.	25,067.	9,605.
23 Insurance	244,348.	229,186.	8,800.	6,362.
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	686,582.	659,405.	18,158.	9,019.
b Food and allowances	637,802.	634,372.	159.	3,271.
c Program supplies	575,787.	567,052.	5,176.	3,559.
d Minor equipment	343,271.	335,965.	6,932.	374.
e All other expenses	588,431.	358,467.	173,828.	56,136.
25 Total functional expenses. Add lines 1 through 24e	25,417,077.	22,433,864.	2,252,126.	731,087.
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	2,213,972.	1	642,158.	
	2 Savings and temporary cash investments	1,546,556.	2	1,565,947.	
	3 Pledges and grants receivable, net	853,237.	3	623,399.	
	4 Accounts receivable, net	2,017,788.	4	2,247,382.	
	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	182,616.	9	54,813.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,349,010.			
	b Less: accumulated depreciation	10b 11,624,651.	9,629,283.	10c	10,724,359.
	11 Investments - publicly traded securities	6,651,591.	11	8,978,088.	
	12 Investments - other securities. See Part IV, line 11	2,992,418.	12	1,632,811.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	235,066.	15	260,015.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,102,137.	16	29,508,582.		
Liabilities	17 Accounts payable and accrued expenses	3,697,415.	17	4,115,896.	
	18 Grants payable		18		
	19 Deferred revenue	218,422.	19	291,175.	
	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	4,315,837.	26	4,807,071.	
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	15,207,982.	27	16,533,194.	
	28 Temporarily restricted net assets	3,472,314.	28	1,337,170.	
	29 Permanently restricted net assets	6,106,004.	29	6,831,147.	
	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	24,786,300.	33	24,701,511.		
34 Total liabilities and net assets/fund balances	29,102,137.	34	29,508,582.		

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	24,540,235.
2	Total expenses (must equal Part IX, column (A), line 25)	2	25,417,077.
3	Revenue less expenses. Subtract line 2 from line 1	3	-876,842.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,786,300.
5	Net unrealized gains (losses) on investments	5	966,992.
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	-174,939.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,701,511.

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

OMB No. 1545-0047

2017

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16,971,947.	17,913,911.	20,857,577.	21,987,581.	22,979,747.	100,710,763.
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	16,971,947.	17,913,911.	20,857,577.	21,987,581.	22,979,747.	100,710,763.
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.						100,710,763.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	16,971,947.	17,913,911.	20,857,577.	21,987,581.	22,979,747.	100,710,763.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	817,155.	862,775.	862,510.	844,016.	890,523.	4,276,979.
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.)	628,200.	545,268.	935,579.	645,898.	651,494.	3,406,439.
11 Total support. Add lines 7 through 10						108,394,181.
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 2017 (line 6, column (f) divided by line 11, column (f))	14	92.91	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	92.31	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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.		
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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2017

Name of the organization

St. Anne's Maternity Home

Employer identification number

95-1691306

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	California Department of Education 1430 North Street, Suite 5201 Sacramento, CA 95814	\$ 1,463,816.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Los Angeles County Department of Mental Health 550 South Vermont Place, 5th Floor Los Angeles, CA 90020	\$ 5,353,529.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Los Angeles County Office of Education 9300 Imperial Hwy. Downey, CA 90242	\$ 6,657,716.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Department of Health & Human Services 90 7th Street, Suite 9-100 San Francisco, CA 94103	\$ 939,702.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Josephine Francesconi 3115 Lake Albano Circle San Jose, CA 95135	\$ 780,086.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	California Department of Social Services 155 North Occidental Blvd. Los Angeles, CA 90026	\$ 5,035,781.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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.

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

OMB No. 1545-0047

2017

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 values, and 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.

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for tracking easements (2a-2d), and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts 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	8,476,727.	8,468,947.	8,697,123.	8,709,010.	8,015,593.
b Contributions					
c Net investment earnings, gains, and losses	287,284.	274,354.	246,168.	231,008.	1,087,392.
d Grants or scholarships					
e Other expenditures for facilities and programs	322,973.	266,574.	423,875.	193,779.	363,931.
f Administrative expenses			50,469.	49,116.	30,044.
g End of year balance	8,441,038.	8,476,727.	8,468,947.	8,697,123.	8,709,010.

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

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

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		18,257,181.	10,952,037.	7,305,144.
c Leasehold improvements				
d Equipment		594,530.	522,523.	72,007.
e Other		1,973,115.	150,091.	1,823,024.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,724,359.

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) Investment in THCC Ltd.	382,811.	End-of-Year Market Value
(B) Investment in Beverly		
(C) PSH, LP	1,250,000.	End-of-Year Market Value
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	1,632,811.	

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	25,332,288.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	966,992.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-174,939.	
e	Add lines 2a through 2d	2e		792,053.
3	Subtract line 2e from line 1		3	24,540,235.
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	24,540,235.

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	25,407,217.
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	25,407,217.
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	25,407,217.

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	16,538.
Pension-related changes	-191,477.
Total to Schedule D, Part XI, Line 2d	-174,939.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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

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 **1b**

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? **2**

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? **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	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) 2017

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 (term end) President & CEO	(i)	469,229.	0.	0.	28,154.	0.	497,383.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Mark Hazard Chief Human Resource Offic	(i)	162,864.	0.	0.	9,896.	4,840.	177,600.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Amber Rivas (term start) Chief Operating Officer	(i)	137,797.	0.	0.	8,640.	4,840.	151,277.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Thomas Bernal (term start) Chief Financial Officer	(i)	147,583.	0.	0.	9,154.	3,227.	159,964.	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)							

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.

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

OMB No. 1545-0047

2017

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 4d, Other Program Services:

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 \$ 1,827,389. including grants of \$ 0. Revenue \$ 0.

Our Transitional Housing Program 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 up to

12 young women who have chosen to remain wards of the court past their

18th (up to their 21st) birthdays. A total of 105 young women and 117

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

children benefitted from these essential programs' help during 2017.

Expenses \$ 1,850,330. including grants of \$ 0. Revenue \$ 0.

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:

The Form 990 will be reviewed by the Governance and Audit Committee. The Chair of the Audit Committee will present the Form 990 tax return to the entire Board of Directors at the following meeting.

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

Annually, each Board Member and Executive staff member completes a conflict of interest statement that is review by the Governance and Audit Committee. The conflict of Interest Policy has procedures to follow if a conflict is determined.

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

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

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

St. Anne's Human Resources Department utilizes salary surveys, and contract funding guidelines to determine salary bands for St. Anne's employees. The goal is to compare 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. Annually reports are provided to donors and governmental agencies.

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

Change in value of split-interest agreements	16,538.
Pension-related changes other than net periodic pension	-191,477.
Transfer of loss from THCC (see Sch. O)	
Total to Form 990, Part XI, Line 9	-174,939.

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

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

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 2018, St. Anne's will open permanent supportive housing for young women from our programs and other homeless families from the community. In 2017, 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.

**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.

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

OMB No. 1545-0047

2017

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 11A, 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.

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?

	Yes	No
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	147,081.	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) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

California Exempt Organization Annual Information Return

Calendar Year 2017 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) 990PF (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 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 Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	1,600,919.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	22,979,747.00
	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 Information B	4	24,580,666.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	40,431.00
	7	Total costs. Add line 5 and line 6	7	40,431.00
	8	Total gross income. Subtract line 7 from line 4	8	24,540,235.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	25,417,077.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	-876,842.00
Filing Fee	11	Total payments	11	00
	12	Use tax. See General Information K	12	00
	13	Payments 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 Information F	15	N/A 00
	16	Penalties and Interest. See General Information 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 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Title: **CFO** Date: _____ Telephone: **(213) 381-2931**

Preparer's signature: _____ Date: _____ Check if self-employed: PTIN: **P01775198**

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address: **HARRINGTON GROUP, CPAS, LLP
234 EAST COLORADO BLVD., SUITE M150
PASADENA, CA 91101** Telephone: **95-4557617
(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.

728951 12-06-17

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00
	2	Interest	•	2	452,466.00
	3	Dividends	•	3	00
	4	Gross rents	•	4	438,057.00
	5	Gross royalties	•	5	00
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2 •	6	58,902.00
	7	Other income	SEE STATEMENT 3 •	7	651,494.00
	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	1,600,919.00
	9	Contributions, gifts, grants, and similar amounts paid	•	9	00
	10	Disbursements to or for members	•	10	00
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4 •	11	1,235,689.00
	12	Other salaries and wages	•	12	13,849,095.00
	13	Interest	•	13	00
	14	Taxes	•	14	1,111,552.00
	15	Rents	•	15	640,749.00
	16	Depreciation and depletion (See instructions)	•	16	546,652.00
	17	Other Expenses and Disbursements	SEE STATEMENT 5 •	17	8,033,340.00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		18	25,417,077.00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		3,760,528.		• 2,208,105.
2	Net accounts receivable		2,017,788.		• 2,247,382.
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		9,644,009.		• 10,610,899.
10 a	Depreciable assets	19,201,207.		20,824,826.	
b	Less accumulated depreciation	(11,096,108.)	8,105,099.	(11,624,651.)	9,200,175.
11	Land		1,524,184.		• 1,524,184.
12	Other assets STMT 8		1,270,919.		• 938,227.
13	Total assets		29,102,137.		29,508,582.
Liabilities and net worth					
14	Accounts payable		3,697,415.		• 4,115,896.
15	Contributions, gifts, or grants payable				•
16	Bonds and notes payable				•
17	Mortgages payable		400,000.		• 400,000.
18	Other liabilities STMT 9		218,422.		• 291,175.
19	Capital stock or principal fund				•
20	Paid-in or capital surplus. Attach reconciliation				•
21	Retained earnings or income fund		24,786,300.		• 24,701,511.
22	Total liabilities and net worth		29,102,137.		29,508,582.

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	• -84,789.	7	Income recorded on books this year not included in this return STMT 10	• 792,053.
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	792,053.
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	-876,842.
6	Total. Add line 1 through line 5	-84,789.			

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

Contributor's Name	Contributor's Address	Date of Gift	Amount
California Community Foundation	221 South Figueroa Street, Suite 400 Los Angeles, CA 90012		20,000.
Carrie Estelle Doheny Foundation	707 Wilshire Blvd., Suite 4960 Los Angeles, CA 90017-3608		130,000.
Dan Murphy Foundation	800 West 6th Street, Suite 1240 Los Angeles, CA 90017-2715	12/31/17	67,500.
David A. Fuhrman	8323 La Bajada Avenue Whittier, CA 90605	12/31/17	11,446.
Donald Pfaff	5615 Michelle Drive Torrance, CA 90503-1868	12/31/17	7,000.
Jose Marcelino Herrera	8415 Strub Avenue Whittier, CA 90605	12/31/17	5,200.
Joan A. Payden	11 Sea Colony Drive Santa Monica, CA 90405-5338	12/31/17	200,000.
Joyce Dinel	16131 Anoka Drive Pacific Palisades, CA 90272	12/31/17	6,500.
Kaiser Permanente Los Angeles Medical Center	4841 Hollywood Blvd. Los Angeles, CA 90027-5301	12/31/17	8,000.
Kathryne Beynon Foundation	P.O. Box 90815 Pasadena, CA 91109-0815	12/31/17	155,000.
Lon V. Smith Foundation	9440 Santa Monica Blvd., Suite 300 Beverly Hills, CA 90210-4614	12/31/17	10,000.
Marian and Pink Happ Fund	Wells Fargo Wealth Management, One West 4th Street Winston Salem, CA 27101	12/31/17	10,000.
McMaster-Carr Supply Company ANONYMOUS	P.O. Box 680 Elmhurst, IL 60126-0680	12/31/17	17,500.
Occidental Entertainment Group Holdings, Inc.	1149 North McCadden Place Hollywood, CA 90038	12/31/17	5,000.

<u>St. Anne's Maternity Home</u>			<u>95-1691306</u>
Patrick C. Pascal	3311 Lowry Road Los Angeles, CA 90027-1317	12/31/17	5,000.
Patrick Conn	520 Arroyo Square South Pasadena, CA 91030	12/31/17	12,500.
Payden & Rygel	333 South Grand Avenue, Suite 3250 Los Angeles, CA 90071-1552	12/31/17	5,000.
Sidney Stern Memorial Trust	P.O. Box 457 Pacific Palisades, CA 90272	12/31/17	7,000.
Sovereign Military Order Of Malta-Western Association	465 California Street, Suite 818 San Francisco, CA 94104-1820	12/31/17	10,000.
St. Anne's Guild	4134 Farmdale Avenue Stuido City, CA 91604	12/31/17	25,000.
St. Anne's Thrift Shop	3315 West Burbank Blvd. Burbank, CA 91505	12/31/17	30,000.
The Carl & Roberta Deutsch Foundation	2444 Wilshire Blvd., Suite 600 Santa Monica, CA 90403-5814	12/31/17	208,000.
The Elias, Genevieve and Georgianna Atol Charitable Trust	6310 San Vicente Blvd., Suite 250 Los Angeles, CA 90048	12/31/17	25,000.
The Elks Foundation of Los Angeles	Wells Fargo Philanthropic Services, P.O. Box 3080 Winston-Salem, NC 27199	12/31/17	7,576.
The Joseph Drown Foundation	1999 Avenue of the Stars, Suite 2330 Los Angeles, CA 90067	12/31/17	20,000.
The Lluella Morey Murphey Foundation ANONYMOUS	100 East Corson Street Pasadena, CA 91103-3841	12/31/17	25,000.
TJX Foundation Inc.	770 Cochituate Road Framingham, MA 01701-4666	12/31/17	7,500.
Union Bank of California Foundation	445 South Figueroa Street, Suite 710 Los Angeles, CA 90071-1615	12/31/17	10,000.
Union Pacific Foundation	1400 Douglas Street, STOP 1560 Omaha, NE 68179	12/31/17	7,500.
Von Der Ahe Foundation	4605 Lankershim Blvd., Suite 707 North Hollywood, CA 91602-1878	12/31/17	15,000.

<u>St. Anne's Maternity Home</u>			<u>95-1691306</u>
Wells Fargo Foundation	333 South Grand Avenue, 12th Floor Los Angeles, CA 90071-1504	12/31/17	10,000.
Wilbur D. May Foundation	2716 Ocean Park Blvd., Suite 2011 Santa Monica, CA 90405	12/31/17	10,000.
California Department of Education	1430 North Street, Suite 5201 Sacramento, CA 95814	12/31/17	1,463,816.
Los Angeles County Department of Mental Health	550 South Vermont Place, 5th Floor Los Angeles, CA 90020	12/31/17	5,353,529.
Los Angeles County Department of Child and Family Services	425 Shatto Place, Room 400 Los Angeles, CA 90020	12/31/17	26,894.
Los Angeles Homeless Services Authority	811 Wilshire Blvd., 6th Floor Los Angeles, CA 90017-2509	12/31/17	448,742.
Los Angeles County Office of Education	9300 Imperial Hwy. Downey, CA 90242	12/31/17	6,657,716.
Department of Health & Human Services	90 7th Street, Suite 9-100 San Francisco, CA 94103	12/31/17	939,702.
Para Los Ninos	500 Lucas Avenue Los Angeles, CA 90017	12/31/17	200,186.
Robin Broidy	1801 Century Park East, Suite 2150 Los Angeles, CA 90067	12/31/17	5,000.
Joseph Cisternino	2411 Silverspur Lane La Habra, CA 90631-6217	12/31/17	6,800.
Josephine Francesconi	3115 Lake Albano Circle San Jose, CA 95135	12/31/17	780,086.
Fred Goldner	1380 Clarissa Drive, Apt. 202 Ventura, CA 93004	12/31/17	5,000.
Michael Honnold	55/6 Urbana Tower, Unit 2907, Langsuan Road, Lumpini, Pathumwan, Bangkok, TH	12/31/17	5,000.
Aileen Koskovich	125 East Hermosa Drive San Gabriel, CA 91775-2320	12/31/17	10,000.
Brian Matthews	1052 Country Valley Road Westlake Village, CA 91362-5632	12/31/17	20,000.

<u>St. Anne's Maternity Home</u>			<u>95-1691306</u>
Juan Mondragon	13876 Tedemory Drive Whittier, CA 90605	12/31/17	5,000.
Donna Romens	2700 Neilson Way, Apt. 1721 Santa Monica, CA 90405-4024	12/31/17	103,326.
Franco Seif	1007 Calle Las Trancas Thousand Oaks, CA 91350	12/31/17	6,000.
Thomas Swan	434 South Windsor Blvd. Los Angeles, CA 90020	12/31/17	10,000.
Lindsay Weissert	425 Via de la Paz Pacific Palisades, CA 90272	12/31/17	6,000.
ASC Process Systems	28402 Livingston Avenue Valencia, CA 91355	12/31/17	5,000.
Barney and Barney Foundation	9171 Towne Centre Drive, Suite 500 San Diego, CA 92122	12/31/17	25,000.
Capital Group Companies	333 South Hope Street, 55th Floor Los Angeles, CA 90071	12/31/17	8,500.
Holland & Knight, LLP	400 South Hope Street, 8th Floor Los Angeles, CA 90071-2017	12/31/17	5,000.
In-N-Out Burger Foundation	4199 Campus Drive, 9th Floor Irvine, CA 92612	12/31/17	5,000.
KLM Foundation	10100 Santa Monica Blvd., Suite 610 Los Angeles, CA 90067	12/31/17	5,000.
LA T-Shirt & Print Inc.	2529 Chambers Street, Suite A Vernon, CA 90058	12/31/17	5,000.
Reissa Foundation	10990 Wilshire Blvd., 8th Floor Los Angeles, CA 90024	12/31/17	50,000.
The Alliance for Children's Rights	3333 Wilshire Blvd., Suite 550 Los Angeles, CA 90010-4123	12/31/17	20,000.
The Ebell Rest Cottage Association	743 South Lucerne Blvd. Los Angeles, CA 90005-3707	12/31/17	18,000.
The Francis P. Chiaramonte Family Foundation	135 Avenida Cota San Clemente, CA 92672	12/31/17	25,000.
U.S. Bank	633 West 5th Street, 30th Floor Los Angeles, CA 90071	12/31/17	5,000.

<u>St. Anne's Maternity Home</u>			<u>95-1691306</u>
William H. Hannon Foundation	729 Montana Avenue, Suite 5 Santa Monica, CA 90403-1367	12/31/17	10,000.
California Department of Social Services	155 North Occidental Blvd. Los Angeles, CA 90026	12/31/17	5,035,781.
Children's Institute Inc	155 North Occidental Blvd. Los Angeles, CA 90026	12/31/17	38,000.
Total included on line 3			<u><u>22,406,300.</u></u>

CA 199	Gross Amount from Sale of Assets			Statement	2
Description	Date Acquired	Date Sold	Method Acquired		
			Purchased		
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price	
	40,431.	0.	0.	58,902.	
Total to Form 199, Page 2, ln 6	40,431.	0.	0.	58,902.	

CA 199	Other Income	Statement	3
Description	Amount		
Catering services	362,998.		
Miscellaneous income	288,496.		
Total to Form 199, Part II, line 7	651,494.		

CA 199 Compensation of Officers, Directors and Trustees Statement 4

Name and Address	Title and Average Hrs Worked/Wk	Compensation
Dana Anthony Walker (term end) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	President & CEO 40.00	0.
Patrick Pascal (term end/start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Dale Pelch (term end/start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chair 1.00	0.
Vito A. Costanzo 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Vice Chair/Secretary 1.00	0.
Franco Seif (term end/start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 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 (term end) 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 (term end) 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 (term start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Treasurer 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 (term end) 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 (term end) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Frederick J. Ruopp (term end) 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.
Mark Brubaker (term start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Ana O' Brien (term start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Board Member 1.00	0.
Andrew Diamond (term start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Executive Officer 40.00	0.
Kyla Lee (term end) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Financial Officer 40.00	0.
Mark Hazard 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Human Resource Offic 40.00	0.

St. Anne's Maternity Home

95-1691306

Blythe Maling 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Dev. Officer 40.00	0.
Amber Rivas (term start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Operating Officer 40.00	0.
Thomas Bernal (term start) 155 North Occidental Blvd. Los Angeles, CA 90026-4641	Chief Financial Officer 40.00	0.
Total to Form 199, Part II, line 11		0.

CA 199	Other Expenses	Statement	5
--------	----------------	-----------	---

Description	Amount
Repairs and maintenance	686,582.
Food and allowances	637,802.
Program supplies	575,787.
Minor equipment	343,271.
Pension plan contributions	579,056.
Other employee benefits	1,848,116.
Legal fees	666,833.
Accounting fees	122,601.
Other professional fees	1,375,836.
Advertising and promotion	57,472.
Office expenses	301,959.
Information technology	5,246.
Insurance	244,348.
All other expenses	588,431.
Total to Form 199, Part II, line 17	8,033,340.

CA 199	Net Notes Receivable	Statement	6
--------	----------------------	-----------	---

Description	Beg. of Year	End of Year
Notes and Loans Receivable, Net	2,779,610.	2,779,610.
Total to Form 199, Schedule L, line 3	2,779,610.	2,779,610.

CA 199	Other Investments	Statement	7
Description	Beg. of Year	End of Year	
Fixed income	1,359,607.	0.	
Investment in THCC Ltd.	382,811.	382,811.	
Investment in Beverly PSH, LP	1,250,000.	1,250,000.	
Other publicly traded securities	6,651,591.	8,978,088.	
Total to Form 199, Schedule L, line 9	9,644,009.	10,610,899.	

CA 199	Other Assets	Statement	8
Description	Beg. of Year	End of Year	
Pledges and Grants Receivable	853,237.	623,399.	
Prepaid Expenses and Deferred Charges	182,616.	54,813.	
Split interest agreements	217,125.	233,663.	
Gift annuities	14,313.	14,386.	
Other assets	3,628.	11,966.	
Total to Form 199, Schedule L, line 12	1,270,919.	938,227.	

CA 199	Other Liabilities	Statement	9
Description	Beg. of Year	End of Year	
Deferred Revenue	218,422.	291,175.	
Total to Form 199, Schedule L, line 18	218,422.	291,175.	

CA 199	Income Recorded on Books this Year Not Included in this Return	Statement	10
Description		Amount	
Unrealized loss/gain on investments		966,992.	
Change in value of split-interest agreements		16,538.	
Pension-related changes other than net periodic pension cost		-191,477.	
Total to Form 199, Schedule M-1, line 7		792,053.	

CA 199	Fund Balances	Statement	11
Description	Beg. of Year	End of Year	
Unrestricted Assets	15,207,982.	16,533,194.	
Temporarily Restricted Assets	3,472,314.	1,337,170.	
Permanently Restricted Assets	6,106,004.	6,831,147.	
Total to Form 199, Schedule L, line 21	24,786,300.	24,701,511.	

MAIL TO:
 Registry of Charitable Trusts
 P.O. Box 903447
 Sacramento, CA 94203-4470
 (916) 210-6400

WEB SITE ADDRESS:
www.ag.ca.gov/charities/

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

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

Failure to submit this report annually no later than the 15th day of the 5th month 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 <u>19411</u> ST. ANNE'S MATERNITY HOME <small>Name of Organization</small> <u>155 NORTH OCCIDENTAL BLVD.</u> <small>Address (Number and Street)</small> <u>LOS ANGELES, CA 90026-4641</u> <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>
--	---

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 Receipts	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 01/01/2017 ending 12/31/2017) list:
 Gross annual revenue \$ 24,540,235. Total assets \$ 29,508,582.

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 page 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, were 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 revenue?		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, the content is true, correct and complete.

THOMAS BERNAL	CFO	
<small>Signature of authorized officer</small>	<small>Printed Name</small>	<small>Title</small>
		<small>Date</small>

CA RRF-1	Information Regarding Government Funding	Statement 12
	Part B, Line 6	

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