

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

# Return of Organization Exempt From Income Tax

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

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

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

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

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

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

**C** Name of organization  
Mount Sinai Hospital Medical Center

% GARY KRUGEL  
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
CALIFORNIA AVENUE AT 15TH STREET

City or town, state or province, country, and ZIP or foreign postal code  
CHICAGO, IL 60608

**D** Employer identification number  
36-1509000

**E** Telephone number  
(773) 257-2937

**G** Gross receipts \$ 346,598,701

**F** Name and address of principal officer  
KAREN TEITELBAUM  
CALIFORNIA AVENUE AT 15TH ST  
CHICAGO, IL 60608

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

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

**H(c)** Group exemption number ▶

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

**J** Website: ▶ WWW SINAI ORG

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

**L** Year of formation 1918

**M** State of legal domicile IL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
SEE SCHEDULE O

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	27
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	26
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2,270
<b>6</b> Total number of volunteers (estimate if necessary)	112
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	525,971
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	445,356

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	1,889,499	6,150,670
<b>9</b> Program service revenue (Part VIII, line 2g)	314,216,031	330,134,446
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	604,139	4,570,642
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,199,764	5,742,943
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	333,909,433	346,598,701
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	800,004	800,004
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	124,905,587	114,531,127
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	217,642,228	207,738,325
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	343,347,819	323,069,456
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-9,438,386	23,529,245

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	181,826,988	184,050,433
<b>21</b> Total liabilities (Part X, line 26)	224,564,981	205,361,773
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	-42,737,993	-21,311,340

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: 2020-05-14

GARY KRUGEL CFO  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: \_\_\_\_\_ Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check  if self-employed PTIN P01564049

Firm's name ▶ ERNST & YOUNG US LLP Firm's EIN ▶ \_\_\_\_\_

Firm's address ▶ 155 N Wacker Drive Chicago, IL 60606 Phone no (312) 879-2000

**Part III Statement of Program Service Accomplishments**

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

**1** Briefly describe the organization's mission

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  No

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

<b>4a</b>	(Code )	(Expenses \$	193,519,093	including grants of \$	800,004 )	(Revenue \$	223,205,496 )
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	27,544,192	including grants of \$	0 )	(Revenue \$	110,317,108 )
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	7,350,372	including grants of \$	0 )	(Revenue \$	73,144 )
	See Additional Data						

<b>4d</b>	Other program services (Describe in Schedule O )	(Expenses \$	including grants of \$	(Revenue \$	)
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<b>4e</b>	Total program service expenses ▶	228,413,657
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Answer (Yes/No). Rows include questions 1 through 22 regarding organizational requirements, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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> . . . . .	23	Yes
<b>24a</b>	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> . . . . .	24a	No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b	
<b>c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c	
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d	
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	25a	No
<b>b</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> . . . . .	25b	No
<b>26</b>	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> . . . . .	26	No
<b>27</b>	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> . . . . .	27	No
<b>28</b>	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)		
<b>a</b>	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a	No
<b>b</b>	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b	No
<b>c</b>	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> . . . . .	28c	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31	No
<b>32</b>	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> . . . . .	32	No
<b>33</b>	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> . . . . .	33	Yes
<b>34</b>	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> . . . . .	34	Yes
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
<b>b</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> . . . . .	35b	Yes
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36	No
<b>37</b>	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> . . . . .	37	No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	0
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	2,270			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes			
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<b>3a</b>	Yes			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . .</i>	<b>3b</b>	Yes			
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<b>4a</b>		No		
<b>b</b> If "Yes," enter the name of the foreign country <b>▶</b> _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No		
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	<b>6a</b>		No		
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>				
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>				
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>				
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b>					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>				
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<b>9b</b>				
<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>				
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>				
<b>11 Section 501(c)(12) organizations.</b> Enter					
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>				
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?					
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>				
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>				
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No		
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . .</i>	<b>14b</b>				
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>		No		
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No		

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (27); 1b Enter the number of voting members included in line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, IL); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request (checked), 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: GARY KRUGEL CALIFORNIA AVENUE AT 15TH STREET CHICAGO, IL 60608 (773) 257-5964.

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
See Additional Data Table										

**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 dotted 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			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	5,521,362	662,118	202,882

**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 ► 146

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Sodexo Inc Affiliates, PO Box 70060 CHICAGO, IL 60673	Food & Housekeep Srv	4,979,345
G4S Solutions USA Inc, 1395 university blvd JUPITER, IL 33458	security services	4,458,636
Renovo solutions llc, 4 executive circle suite 185 IRVINE, CA 92614	equip maint services	1,497,231
navigant healthcare cymetrix, 150 n riverside plaza suite 2100 CHICAGO, IL 60606	revenue cycle mgmt	1,407,961
CEP AMERICA, 2100 POWELL STREET SUITE 400 EMERYVILLE, CA 94608	physician services	1,067,789

**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 ► 48



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>			
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,071,093		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	5,079,577		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
<b>h Total.</b> Add lines 1a-1f . . . . .		6,150,670			

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> PATIENT REVENUES		622110	314,201,812	314,201,812	
<b>b</b> PHARMACY 340B REVENUE		621399	7,857,595	7,857,595		
<b>c</b> INTERCO REVENUE		900009	1,946,291	1,946,291		
<b>d</b> CAFETERIA		722212	1,637,464	1,637,464		
<b>e</b> PARKING GARAGE		812930	779,743	779,743		
<b>f</b> All other program service revenue			3,711,541	3,711,541		
<b>g Total.</b> Add lines 2a-2f . . . . .			330,134,446			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,403,269			2,403,269
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		604,860					
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	604,860	0				
	<b>d</b> Net rental income or (loss) . . . . .			604,860			604,860
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			2,167,373				
	<b>b</b> Less cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)		2,167,373				
	<b>d</b> Net gain or (loss) . . . . .			2,167,373			2,167,373
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>	0				
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
Miscellaneous Revenue	Business Code						
<b>11a</b> PREMIER PURCHASING	525990		1,123,417		23,490	1,099,927	
<b>b</b> MED STUDENT EDUCATION REVENUE	900099		3,175,383	3,175,383			
<b>c</b> INTEREST INCOME ACCESS LOAN	900099		50,882			50,882	
<b>d</b> All other revenue . . . . .			788,401	285,920	502,481		
<b>e Total.</b> Add lines 11a-11d . . . . .			5,138,083				
<b>12 Total revenue.</b> See Instructions . . . . .			346,598,701	333,595,749	525,971	6,326,311	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	800,004	800,004		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	4,674,516		4,674,516	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	153,566		153,566	
<b>7</b> Other salaries and wages	95,072,586	93,785,939	1,286,647	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	757,417	757,417		
<b>9</b> Other employee benefits . . . . .	6,803,858	6,788,746	15,112	
<b>10</b> Payroll taxes . . . . .	7,069,184	6,973,515	95,669	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	237,830	88,585	149,245	
<b>b</b> Legal . . . . .	245,484		245,484	
<b>c</b> Accounting . . . . .	5,507		5,507	
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,116,004	13,116,004		
<b>12</b> Advertising and promotion . . . . .	2,385		2,385	
<b>13</b> Office expenses . . . . .	610,189	481,596	128,593	
<b>14</b> Information technology . . . . .	4,382,651	8,140	4,374,511	
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	6,366,195		6,366,195	
<b>17</b> Travel . . . . .	22,260	10,940	11,320	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	41,306	28,805	12,501	
<b>20</b> Interest . . . . .	5,108,828		5,108,828	
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	14,879,971	12,740,368	2,139,603	
<b>23</b> Insurance . . . . .	4,803,076		4,803,076	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> BAD DEBT	21,554,840	21,554,840	0	
<b>b</b> ICT PURCHASED SERVICES	35,780,602	11,717,536	24,063,066	
<b>c</b> DRUGS & MEDICAL SUPPLIES	32,737,106	32,733,304	3,802	
<b>d</b> PROVIDER ASSESSMENT	16,806,451	16,806,451		
<b>e</b> All other expenses	51,037,640	10,021,467	41,016,173	
<b>25</b> Total functional expenses. Add lines 1 through 24e	323,069,456	228,413,657	94,655,799	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,981,964	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	2,392,690	<b>2</b>	1,868,507
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	66,194,898	<b>4</b>	63,302,132
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	2,500,000	<b>7</b>	2,107,470
	<b>8</b> Inventories for sale or use . . . . .	2,620,631	<b>8</b>	2,948,266
	<b>9</b> Prepaid expenses and deferred charges . . . . .	951,225	<b>9</b>	1,166,329
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 270,224,752		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 206,350,790	73,045,961	<b>10c</b> 63,873,962
	<b>11</b> Investments—publicly traded securities . . . . .	9,322,881	<b>11</b>	10,493,361
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	0	<b>12</b>	1,642,649
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	8,424,004	<b>13</b>	7,703,743
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets See Part IV, line 11 . . . . .	14,392,734	<b>15</b>	28,944,014
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	181,826,988	<b>16</b>	184,050,433	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	82,935,432	<b>17</b>	55,498,891
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	55,851,047	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	17,113,093	<b>23</b>	65,896,603
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	68,665,409	<b>25</b>	83,966,279
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	224,564,981	<b>26</b>	205,361,773
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-49,260,398	<b>27</b>	-22,090,452
	<b>28</b> Temporarily restricted net assets . . . . .	6,522,405	<b>28</b>	779,112
	<b>29</b> Permanently restricted net assets	0	<b>29</b>	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	-42,737,993	<b>33</b>	-21,311,340	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	181,826,988	<b>34</b>	184,050,433	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	346,598,701
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	323,069,456
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	23,529,245
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-42,737,993
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-2,102,592
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-21,311,340

**Part XII Financial Statements and Reporting**

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1509000

**Name:** Mount Sinai Hospital Medical Center

Form 990 (2018)

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

SEE SCHEDULE

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

SEE SCHEDULE O

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

See Schedule O

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Abraham Morgan ..... Director	2 0 ..... 10 0	X						0	0	0
Albert Grace ..... Director & Treasurer	2 0 ..... 10 0	X		X				0	0	0
Alejandra Garza ..... Director	2 0 ..... 10 0	X						0	0	0
Alex duBuclet ..... Director	2 0 ..... 10 0	X						0	0	0
Alex Pissios ..... Director	2 0 ..... 10 0	X						0	0	0
Anne Cohn Donnelly ..... Director	2 0 ..... 10 0	X						0	0	0
Bettylu K Saltzman ..... Director	2 0 ..... 10 0	X						0	0	0
Bob Wolfberg ..... Director	2 0 ..... 10 0	X						0	0	0
David Smith ..... Director	2 0 ..... 10 0	X						0	0	0
David Spielfogel ..... Director	2 0 ..... 10 0	X						0	0	0



**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Karen Teitelbaum ..... President & CEO	12 0 ..... 28 0	X		X				1,002,129	0	13,957
Katya Nuques ..... Director	2 0 ..... 10 0	X						0	0	0
Keith Wakefield ..... Director	2 0 ..... 10 0	X						0	0	0
Ken Avner ..... Director	2 0 ..... 10 0	X						0	0	0
Laurie Hernandez ..... Director & Vice Chair	2 0 ..... 10 0	X		X				0	0	0
Lee Miller ..... Director	2 0 ..... 10 0	X						0	0	0
Leslie D Davis ..... Director	2 0 ..... 10 0	X						0	0	0
Leslie Mitchel-Bond ..... Director	2 0 ..... 10 0	X						0	0	0
Mark Frisch ..... Director	2 0 ..... 10 0	X						0	0	0
Michael Hayes ..... Director	2 0 ..... 10 0	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Robert S Markin ..... Director & Chairman	2 0 ..... 10 0	X		X				0	0	0
Roxanne Decyk ..... Director & Secretary	2 0 ..... 10 0	X		X				0	0	0
Immacula Wendt Sr ..... Director	2 0 ..... 10 0	X						0	0	0
Tom Nodine ..... Director	2 0 ..... 10 0	X						0	0	0
Vincent Williams ..... Director	2 0 ..... 10 0	X						0	0	0
Vivian Funches ..... Director	2 0 ..... 10 0	X						0	0	0
Wayne M Lerner ..... Director	2 0 ..... 10 0	X						0	0	0
robert shakno ..... director until 2/1/2019	2 0 ..... 10 0	X						0	0	0
jonathan jonas ..... director until 10/8/2018	2 0 ..... 10 0	X						0	0	0
Loren Chandler ..... CFO & COO until 3/1/19	12 0 ..... 28 0			X				662,741	0	34,276

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Lori Pacura ..... President, Acute Care Hospital	20 0			X				396,440	0	24,948
Matthew Doyle ..... Interim CFO	12 0			X				84,819	0	0
Jason N Spigner ..... Chief Human Resources Officer	28 0				X			302,068	0	13,957
Maria Elena Lliescu ..... Chief Medical Officer	20 0				X			0	662,118	19,448
Michele Mazurek ..... Chief Nursing Officer- MSH	40 0				X			288,181	0	14,157
Rachel Dvorken ..... General Counsel until 6/30/19	12 0				X			429,495	0	5,500
Gail Mahaffey ..... Chief Development Officer	28 0					X		242,306	0	6,343
James Bicak ..... VP - Facilities & Hospital Svs	40 0						X	284,362	0	5,500
Roberta Rakove ..... VP - Government Affairs	40 0						X	296,970	0	23,900
Sharon Homan ..... President - Sinai Urban Health	40 0						X	293,441	0	22,046

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
Sameer Shah ..... Director of Pharmacy	40 0 ..... 0 0					X		209,188	0	2,771
Charles Weis Jr ..... Former Officer	0 0 ..... 0 0						X	595,275	0	16,079
Bakul Patel ..... Former Key Employee	0 0 ..... 0 0						X	200,040	0	0
James Wilson ..... Former Highest Comp Employee	0 0 ..... 0 0						X	233,907	0	0

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

**Public Charity Status and Public Support**

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

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Mount Sinai Hospital Medical Center

Employer identification number  
36-1509000

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

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

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

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

- 16a 33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

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

**Section B. Total Support**

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

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

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

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

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

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

**19a 33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

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

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1509000

**Name:** Mount Sinai Hospital Medical Center

**Part VI Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

**Facts And Circumstances Test**

**SCHEDULE C**  
(Form 990 or 990-EZ)  
  
Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**  
For Organizations Exempt From Income Tax Under section 501(c) and section 527  
  
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

**If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

**If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

**If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Mount Sinai Hospital Medical Center	Employer identification number 36-1509000
---	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check  if the filing organization checked box A and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)														
<b>d</b> Other exempt purpose expenditures														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)														
<b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)														
<b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-														
<b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities?		No	
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
Schedule C, Part II-B, Line 1b	description of the lobbying activities Sinai Health System engages in education and other activities to influence legislators regarding federal and state policies primarily related to Medicaid, Sinai's major payer and the safety net of many of its patients The System lobbying activities are coordinated through Roberta Rakove, Senior Vice President for Sinai Health System Lobbying is conducted on behalf of the entire Sinai System, therefore registered state lobbyists are registered to represent all entities within the Sinai health System All lobbying expenses incurred are paid by Sinai Health System At the federal level, Sinai Health System does not utilize contract lobbyists Sinai does use an outside firm to assist at the federal level with the development of grant proposals but the firm does not operate as a lobbying entity with Sinai Sinai Health System collaborates with the American Hospital Association, the Illinois Hospital Association, the Premier Hospital Alliance, America's Essential Hospitals, and the Jewish Federation of Metropolitan Chicago/Jewish United Fund At the state level, Sinai utilizes three outside lobbying firms

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

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

**Name of the organization**  
Mount Sinai Hospital Medical Center

**Employer identification number**  
36-1509000

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**1** Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
<b>a</b> Total number of conservation easements	<b>2a</b>	
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>	
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>	
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>	

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ► \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

**1a** If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**(ii)** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_



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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	5,394,140	6,073,963	5,272,743	5,134,684	4,724,559
<b>b</b> Contributions . . . . .	27,943	13,364	942,646	378,800	3,159,999
<b>c</b> Net investment earnings, gains, and losses	105,110	472,492			
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	3,375,220	1,165,679	141,426	240,741	2,749,874
<b>f</b> Administrative expenses . . . . .	15,840				
<b>g</b> End of year balance . . . . .	2,136,133	5,394,140	6,073,963	5,272,743	5,134,684

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 100 000 %
  - 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            | No        |
| <b>(ii)</b> related organizations . . . . .  |            |           |
| <b>3a(ii)</b>  |            | No        |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . |            |           |
| <b>3b</b>  |            |           |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		1,725,650		1,725,650
<b>b</b> Buildings . . . . .		165,798,461	120,864,359	44,934,102
<b>c</b> Leasehold improvements		2,922,248	1,357,601	1,564,647
<b>d</b> Equipment . . . . .		96,839,220	83,686,924	13,152,296
<b>e</b> Other . . . . .		2,939,173	441,906	2,497,267
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . ▶				63,873,962

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	21,981,752
(2) OTHER RECEIVABLES	2,999,636
(3) OTHER CURRENT ASSETS	2,395,560
(4) OTHER LONG TERM ASSET	1,567,066
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	28,944,014

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
See Additional Data Table	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	83,966,279

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	

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

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

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

**Part XIII Supplemental Information**

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

Return Reference	Explanation
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 36-1509000

**Name:** Mount Sinai Hospital Medical Center

### Form 990, Schedule D, Part X, - Other Liabilities

1 (a) Description of Liability	(b) Book Value
ACCRUED SELF INSURANCE	22,276,588
AMOUNTS DUE TO THIRD PARTIES	36,247,929
LT CAPITAL LEASE OBLIGATION	758,179
CURRENT PORTION CAPITAL LEASE	1,017,690
CURRENT PORTION LONG TERM DEBT	184,645
CURRENT PORTION SELF INSURANCE	11,638,842
DEFERRED LIABILITIES	1,112,739
OTHER CURRENT LIABILITIES	5,993,012
OTHER NON-CURRENT LIABILITIES	2,950,258
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	1,786,397

## Supplemental Information

Return Reference	Explanation
Intended use of endowment funds	FORM 990, SCH D, PART V, LINE 4 THE FUNDS ARE USED FOR GENERAL OPERATING PURPOSES THE INTEREST FROM THE FUND IS UTILIZED FOR UNRESTRICTED PURPOSES

**Supplemental Information**

Return Reference	Explanation
FIN 48 (asc 740) Footnote	<p>Form 990, Schedule D, Part X, Line 2 INCOME TAXES MOUNT SINAI HOSPITAL MEDICAL CENTER, SC HWAB REHABILITATION HOSPITAL AND CARE NETWORK, HOLY CROSS HOSPITAL, MOUNT SINAI COMMUNITY FOUNDATION, AND SINAI COMMUNITY INSTITUTE, INC ARE TAX-EXEMPT ORGANIZATIONS UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND EACH, AS REQUIRED, FILES A FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY PROGRESS HEALTH, INC FILES FEDERAL AND ILLINOIS FORMS 1120 (U S CORPORATION INCOME TAX RETURN) ANNUALLY THE CORPORATION ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ISSUED GUIDANCE FOR UNCERTAINTY IN INCOME TAXES THE GUIDANCE PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT ATTRIBUTE FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN EXAMPLES OF TAX POSITIONS COMMON TO HEALTH SYSTEMS INCLUDE SUCH MATTERS AS THE FOLLOWING THE TAX-EXEMPT STATUS OF EACH ENTITY, THE NATURE, CHARACTERIZATION AND TAXABILITY OF JOINT VENTURE INCOME AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) UBIT IS REPORTED ON FORM 990T, AS APPROPRIATE THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES, IF ANY TAX POSITIONS ARE NOT OFFSET OR AGGREGATED WITH OTHER POSITIONS TAX POSITIONS THAT MEET THE MORE LIKELY THAN NOT RECOGNITION THRESHOLD ARE MEASURED AS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS MORE THAN 50 PERCENT LIKELY TO BE REALIZED ON SETTLEMENT WITH THE APPLICABLE TAXING AUTHORITY THE PORTION OF THE BENEFITS ASSOCIATED WITH TAX POSITIONS TAKEN THAT EXCEEDS THE AMOUNT MEASURED AS DESCRIBED ABOVE IS REFLECTED AS A LIABILITY FOR UNRECOGNIZED TAX BENEFITS IN THE CONSOLIDATED BALANCE SHEETS ALONG WITH ANY ASSOCIATED INTEREST AND PENALTIES THAT WOULD BE PAYABLE TO THE TAXING AUTHORITIES UPON EXAMINATION AS OF JUNE 30, 2019 AND 2018, THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED AND RECORDED FORMS 990 AND 1120 FILED BY THE CORPORATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) FOR UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN FORMS 990 AND 1120 FILED BY THE CORPORATION ARE NO LONGER SUBJECT TO EXAMINATION FOR THE YEARS ENDED JUNE 30, 2015 AND PRIOR</p>

**SCHEDULE H (Form 990)**

**Hospitals**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

► **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ► **Attach to Form 990.**  
 ► **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

Department of the Treasury  
 Internal Revenue Service

**Name of the organization**  
 Mount Sinai Hospital Medical Center

**Employer identification number**  
 36-1509000

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other _____ 300 %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 600 %	<b>3b</b> Yes	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b>	No
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			24,695,964		24,695,964	8 190 %
<b>b</b> Medicaid (from Worksheet 3, column a)			200,838,592	214,241,939	0	0 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			22,217,158	18,701,381	3,515,777	1 170 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			247,751,714	232,943,320	28,211,741	9 360 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			3,479,208		3,479,208	1 150 %
<b>f</b> Health professions education (from Worksheet 5)			8,036,568	2,509,712	5,526,856	1 830 %
<b>g</b> Subsidized health services (from Worksheet 6)			4,144,713		4,144,713	1 370 %
<b>h</b> Research (from Worksheet 7)						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,220,648		1,220,648	0 400 %
<b>j Total.</b> Other Benefits			16,881,137	2,509,712	14,371,425	4 750 %
<b>k Total.</b> Add lines 7d and 7j			264,632,851	235,453,032	42,583,166	14 110 %



**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>						

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1 Yes	
2	Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	21,554,840
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3	4,806,729
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5	Enter total revenue received from Medicare (including DSH and IME).	5	39,655,380
6	Enter Medicare allowable costs of care relating to payments on line 5.	6	28,223,329
7	Subtract line 6 from line 5. This is the surplus (or shortfall).	7	11,432,051
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

**Section C. Collection Practices**

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes
9b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
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11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

**1**

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)  
MOUNT SINAI HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): \_\_\_\_\_ 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		No
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		No
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA <u>20 19</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .		No
<b>b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		No
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy <u>20 19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART V, SECTION C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

**Part V Facility Information** (continued)**Financial Assistance Policy (FAP)**

MOUNT SINAI HOSPITAL

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>300</u> % and FPG family income limit for eligibility for discounted care of <u>600</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input type="checkbox"/> Asset level		
<b>d</b>	<input type="checkbox"/> Medical indigency		
<b>e</b>	<input checked="" type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>see pt V, sec C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

MOUNT SINAI HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	17	Yes
<b>18</b>	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . . If "No," indicate why	21	Yes
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

MOUNT SINAI HOSPITAL

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

- 22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care
- a**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
  - b**  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - c**  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
  - d**  The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
See Add'l Data	

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 3

Name and address	Type of Facility (describe)
<b>1</b> Hawthorne MRI 4701 W Cermak Cicero, IL 60804	Magnetic Resonance Imaging & OB Ultrasound Service
<b>2</b> Sinai Community Pharmacy California Ave 15th Street Chicago, IL 60608	Pharmacy Drugs and pharmaceuticals
<b>3</b> Sinai Touhy Pharmacy LLC 2907 W Touhy Avenue Chicago, IL 60645	Pharmacy Drugs and pharmaceuticals
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**Part VI Supplemental Information**

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, line 6a	Related Organization Community Benefit Report The Community Benefit Report is prepared by parent corporation Sinai Health System (36-3166895)
Part I, Line 7	<p>explanation of costing methodology The costing methodology used to calculate the amounts reported on Schedule H, Part I, lines 7a and 7b is the cost-to-charge ratio derived from the IRS's Schedule H, worksheet 2 instructions. The worksheet 3 (schedule H, Line 7b) instructions require including the provider tax expenses in column (C), total community benefit expense, as well as including the provider tax revenue and several supplemental payments under the Affordable Care Act in column (D), direct offsetting revenue. The provider tax revenue is intended to assist safety net hospitals to provide services to the community. We believe that to offset Medicaid shortfall with the net income distorts the result. Therefore, we are providing the percentages as if the net were not presented as an offset. In addition, the other Affordable Care Act supplemental payments should also not be considered in the calculation. If these items were removed from the calculation, net community benefit expense on line 7B, column (E) would have been \$76,830,226 or 25.6 percent of total expense. This would have increased the total net community benefit expense on line 7K, column (E) from \$42,583,166 to \$119,413,391 or 39.8 percent of total expense. Mount Sinai Hospital's true community benefit is better represented by this percentage. If the hospital were to use cost-to-charge ratio per the Audited Financial Statements, without adjustments to revenues and expenses per the IRS's Schedule H, worksheet 2 instructions, and removed provider tax expenses, provider tax revenues and several supplemental payments from the calculation, total net community benefit expense on line 7K, column (E) would be \$141,141,659 or 47.0%. This is computed by starting with the \$42,583,166 on schedule H, adding the impact of the provider tax related items as discussed above of \$73,860,226 and then adding the increase in the cost-of-charge ratio per Audited Financial Statements of \$21,728,267. We believe this is a more realistic computation as the cost to charge will include all expenses related to providing services Medicaid patients.</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part I, Line 7a, 7b and 7c	Net Community Benefit Expense for Financial Assistance, Medicaid, and other means-tested government programs Mount Sinai Hospital provided approximately \$21 million in financial assistance to the patients it served this year, in addition to unreimbursed cost of \$3.5 million to provide care for Medicare dual eligible and disabled patients. These shortfalls were offset by a \$37 million Medicaid surplus. The Medicaid surplus was due to receipts of Provider Tax Revenues and other ACA payments. The primary purpose of these supplemental payments was to offset the costs to provide care and other community services for the Hospital's disproportionately high Medicaid and financial indigent populations. On an aggregated basis, Sinai Health System provided over \$29 million in financial assistance, in addition to a Medicaid shortfall of \$2.4 million. Unreimbursed costs to provide care for Medicare dual eligible and disabled patients totaled \$6.3 million.
part i, line 7, column f	explanation of bad debt expenses Bad debt expense was included on Form 990, Part IX, line 25, column A, but was subtracted from the total expenses for purpose of calculating the percentage in this column. Bad debt expense is \$4,806,729.

## 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, line 2	<p>methodology used to estimate bad debt expense Mount Sinai Hospital estimates bad debt expense based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage and other collection indicators Management assesses the allowance for uncollectible accounts based upon historical write-off experience Part III, line 3 Methodology of Estimated amount &amp; Rational for including community benefit Mount Sinai Hospital first determines if a patient qualifies for charity care If a patient is classified as charity care, they would not be included as bad debt Some patients do not desire to complete the charity care applications and as such can be included in the bad debt amounts One example of a patient population that does not complete charity care applications is undocumented workers Part III, line 4 bad debt expense The Corporation maintains allowances for uncollectible accounts for estimated losses resulting from a payor's inability to make payments on accounts The Corporation estimates the allowance for uncollectible accounts based upon management's assessment of historical and expected net collections considering historical business and economic conditions, trends in health care coverage, and other collection indicators The Corporation recognizes a significant amount of patient service revenue at the time services are rendered even though the Corporation does not assess the patient's ability to pay at that time As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts) For uninsured patients that do not qualify for charity care, the Corporation establishes an allowance to reduce the carrying value of such receivable to their accounts based upon historical write-off experience After satisfaction of amounts due from insurance, the Corporation follows established guidelines for placing certain past-due balances with collection agencies, subject to the term of certain restrictions on collection efforts as determined by the Corporation The Corporation generally does not charge interest on past due accounts A significant portion of the Corporation's provision for doubtful accounts relates to self-pay patients, as well as co-payments and deductibles owed to the Corporation by patients with insurance</p>
Part III, Line 8	<p>Explanation Of Shortfall As Community Benefit There was no shortfall this year Mount Sinai Hospital utilized the cost to charge ratio calculated using IRS Form 990, Schedule H, Worksheet 2 (Ratio of Patient Care Cost to Charges) to estimate cost to provide care to Medicare patients Such cost is offset by Medicare receipts to determine shortfall</p>

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part III, Line 9b	Provision On Collection Practices For Qualified Patients Mount Sinai Hospital's collection process includes both letters and calls to inform patients of their outstanding balances and to explain available payment options If the patient is uninsured, a discount is applied to the patient's account in accordance with Illinois Patient Uninsured Act In addition, resources are made available to patients throughout the collection process These resources include a charity program targeted to low income individuals along with payment plans that start as low as \$25 a month The debt collection practices only apply to charity patients to the extent of copayments or patient portion balances and not to include amounts that have been approved as charity or financial assistance
Part VI, Line 2	Needs Assessment In addition to the community and hospital/office-based healthcare surveys, focus groups, and data analyses described in the Community Health Needs Assessment plan for Mount Sinai Hospital, the Hospital utilizes the following channels to gain greater insight into the health needs of its communities 1) Community and hospital/office-based health screenings 2) Presentation of patients in the Emergency Department and needs noted during the visit 3) Partnership activities with community-based organizations Mount Sinai Hospital focused on the health and social services needs of the populations served Mount Sinai Hospital begins outreach and assessment of community health by first evaluating which health conditions and diseases are prevalent among its inpatients and outpatients Determination of prevalence then guides the design of community services and also assures there is no bias based on race, gender, or patient's ability to pay Mount Sinai Hospital also works closely with other Sinai Health System entities, including Sinai Community Institute, Mount Sinai Community Foundation, and Sinai Urban Health Institute (SUHI), which partner with neighborhood groups and the community in various ways to understand health needs and improve overall wellbeing In particular, SUHI recently conducted one of the largest community-driven, face-to-face health surveys ever conducted in Chicago (Sinai Community Health Survey 2 0, www sinaisurvey org) Mount Sinai Hospital shared the 2019 Community Health Needs Assessment findings with local residents and community groups, forging interventional partnerships Together they confirmed the need for education and other interventions for asthma, obesity, diabetes, and breast cancer Mount Sinai Hospital also supports Sinai Community Institute and SUHI by scheduling clinicians and health educators to participate in health fairs, community forums and other educational events to provide health screenings, and education on prevention These forums arm participants with knowledge about the chronic diseases that can affect them and action plans for avoiding or managing those diseases

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
Part VI, Line 3	Patient Education of Eligibility for Assistance Mount Sinai Hospital informs patients of the charity care policy through signage in the Hospital, written communication, statements and related corporation Sinai Health System website Each hospital bill, invoice, or other summary of charges to an uninsured patient include with it, or on it, a prominent statement that an uninsured patient who meets certain income requirements may qualify for an uninsured discount along with information regarding how the patient may apply for financial assistance
PART VI, LINE 4	COMMUNITY INFORMATION Mount Sinai Hospital, as a part of Sinai Health System, serves a diverse population of 1 million people located on the west and southwest side of Chicago Over 65 7% of Mount Sinai hospital's patients are Medicaid recipients and 4 6% are uninsured Mount Sinai admits 1,694 inpatients to Sinai Children's Hospital inclusive of pediatric visits for asthma and diabetes Sinai's Neonatal Intensive Care Unit cared for 281 neonatal patients and Obstetrics cared for 1,737 mothers Mount Sinai Hospital Emergency Department had 40,826 patient visits Mount Sinai Hospital's medical interpreter services supports over 77 different languages including American sign language, making Sinai Health System a best practice medical interpreter program in the nation for deaf and hard of hearing patients and the limited English proficient patients Mount Sinai Hospital treats more Medicaid patients than any other hospital in Illinois

**990 Schedule H, Supplemental Information**

Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH Mount Sinai Hospital is part of Sinai Health System The System has a volunteer board comprised of respected leaders in banking, finance, manufacturing, legal, health care and other industries Mount Sinai Hospital extends medical staff privileges to all qualified physicians for all departments Mount Sinai Hospital invests any surplus funds into improving patient care
PART VI, LINE 6	Located on Chicago's West and Southwest Side, Sinai Health System is comprised of Mount Sinai Hospital, Holy Cross Hospital, Schwab Rehabilitation Hospital, Sinai Children's Hospital, Sinai Community Institute, Sinai Medical Group, and Sinai Urban Health Institute The entities of Sinai Health System collectively deliver a full range of quality inpatient and outpatient services, as well as a large number of innovative, community-based health, research and social service programs We focus our collective depth of expertise and passion to improve the health of the 1.5 million people who live in our diverse service area With our team of dedicated caregivers, Sinai Health System is committed to building stronger, healthier communities For more information on Sinai Health System, visit <a href="http://www.sinai.org/">HTTP://WWW.SINAI.ORG/</a>

# 990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7	STATES WHERE COMMUNITY BENEFIT REPORT FILED ILLINOIS

**Additional Data****Software ID:****Software Version:****EIN:** 36-1509000**Name:** Mount Sinai Hospital Medical Center**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>1</u>											
Name, address, primary website address, and state license number											
1	MOUNT SINAI HOSPITAL CALIFORNIA AVE AT 15TH STREET CHICAGO, IL 60608 www.sinai.org 1871581314	X		X	X			X			



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 3E & 3g	<p>Mount Sinai Hospital's 2019 CHNA provides a prioritized description of the significant health needs of the community identified in the CHNA PART V, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENTS THE COMMUNITY Mount Sinai Hospital took into account input from persons who represent the community In 2019 Mount Sinai Hospital partnered with the Alliance for Health Equity, a collaborative of 37 hospitals across Chicago and Suburban Cook County, to conduct a comprehensive community input process to better understand the needs and assets of the communities that make up their primary service areas Together, they facilitated 52 focus groups with community members Focus group participants were selected to represent medically underserved, low income, marginalized and minority populations Priority populations included veterans, individuals living with mental illness, communities of color, older adults, caregivers, teens and young adults, LGBTQ+ community members, adults and teens experiencing homelessness, families with children, faith communities, adults with disabilities, and children and adults living with chronic conditions such as diabetes and asthma The purpose of the focus groups were to gain insight on the most pressing health conditions affecting each community, the barriers to overcoming those conditions, and how a community hospital such as Mount Sinai Hospital might help improve the community's health Participants were also asked about underlying root causes of health issues that they see in their communities and specific strategies for addressing those health needs These groups were held in both English and Spanish, as appropriate Many people contributed to the CHNA Report, including the staff of the Sinai Urban Health Institute These are all people trained in public health (most are graduates of schools of public health with MPH or PHD degrees) We thus believe that the public health credentials of the authors of this report are substantial and notable Sinai Health System is a member of the Alliance for Health Equity, which helped to conduct a citywide CHNA from which SHS gathered most of our data The Alliance for Health Equity (Alliance) is a collaboration of 37 hospitals, 3 health departments, and community-based organizations working to improve health equity, wellness, and quality of life across 77 Chicago community areas and 125 Cook County suburban municipalities The Illinois Public Health Institute (IPHI) serves as the Alliance's backbone organization The purpose of the Alliance is to improve population and community health by 1) promoting health equity, 2) supporting capacity building, shared learning, and connecting local initiatives, 3) addressing social and structural determinants of health, 4) developing broad city- and county-wide initiatives and creating systems, 5) engaging community partners and working collaboratively with community leaders, 6) developing data systems to support shared impact measurement and co</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 3E & 3g	<p>community assessment, and 7) collaborating on population health policy and advocacy As part of its work to improve community health, the Alliance conducts a collaborative county and citywide Community Health Needs Assessment (CHNA) The 2019 CHNA is the second consecutive collaborative CHNA in Cook County and Chicago, and was intentionally built on the success of previous efforts, including the 2016 collaborative CHNA, Healthy Chicago 20 (2016), and Cook County WePLAN (2016) The Alliance worked closely with its Steering Committee and the City and County health departments to compile, design, and create the CHNA to meet regulatory requirements for nonprofit hospitals CHNA Methodology - Primary and Secondary Data Collection - Alliance Collaborative CHNA Report The Alliance collected primary data via four methods 1) a 16-question community input survey administered to over 5,900 adults aged 18 and over, 2) 27 community resident focus groups and 22 learning map sessions, 3) three health care and social service provider focus groups, and, 4) two stakeholder assessments (Forces of Change and Health Equity Capacity Assessments) led by partner health departments Alliance partners and stakeholders identified, gathered, and analyzed secondary data from a variety of sources The data was organized into six categories social and structural determinants of health, physical environment, health behaviors, health care and clinical care, behavioral health (mental health and substance use disorders), and health outcomes (birth outcomes, morbidity, and mortality) For complete information about the Alliance, the collaborative CHNA process, and data collection, see the Collaborative CHNA Report at <a href="http://allhealthequity.org/2019-chna-reports/">allhealthequity.org/2019-chna-reports/</a></p>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Part V, Line 7a - CHNA website	<a href="https://www.sinaio.org/community-health-needs-assessments-chna-and-community-health-improvement-plan-chip">https://www.sinaio.org/community-health-needs-assessments-chna-and-community-health-improvement-plan-chip</a> Part V, Line 10a - CHNA Implementation Strategy website <a href="https://www.sinaio.org/community-health-needs-assessments-chna-and-community-health-improvement-plan-chip">https://www.sinaio.org/community-health-needs-assessments-chna-and-community-health-improvement-plan-chip</a>

**Form 990 Part V Section C Supplemental Information for Part V, Section B.**

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
PART V, LINE 11 - EXPLANATION OF NEEDS ADDRESSED/NOT ADDRESSED	<p>Mount Sinai Hospital completed its 2019 CHNA. The CHNA identified significant health needs and barriers to care faced by the communities served by Mount Sinai Hospital. Mount Sinai Hospital leaders developed an implementation plan and rollout strategy that aligns with the Hospital's strategic plan and will be implemented over the course of three years. Mount Sinai Hospital is addressing the following significant health needs - Social Determinants of Health - Community Safety - Health Care Accessibility and Use - Chronic and Infectious Disease - Behavioral Health. Mount Sinai Hospital has implemented projects such as providing community education around asthma, breast health, diabetes, maternal and child health, and violence prevention. In the Hospital, we have conducted HIV screening programs, worked on a quality improvement project to address COPD readmissions and assisted patients with social service needs. It is our goal to provide the best care possible to address the needs of our community. The CHNA and its implementation plan have assisted in guiding our work on how to address the needs of our community. Mount Sinai Hospital remains fully engaged in implementing the strategies and expects to substantially complete the identified plans by the time of the next CHNA. Part V, Section B, Line 16a, 16b, &amp; 16c - Fap documents Website <a href="https://www.sinai.org/financial-assistance-0">HTTPS //WWW SINAI ORG/FINANCIAL-ASSISTANCE-0</a></p>

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

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Mount Sinai Hospital Medical Center

Employer identification number 36-1509000

Part I General Information on Grants and Assistance

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: ACCESS COMMUNITY HEALTH NETWORK, 36-3317058, 501(c)(3), 800,004, OPERATING SUPPORT.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 1
3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PROCEDURES FOR MONITORING USE OF GRANTS FUNDS U S	PART I, LINE 2 THIS IS AN EXTENSION OF OUR MISSION TO HELP ACCESS COMMUNITY HEALTH NETWORK PROVIDE SERVICES TO THE UNDERSERVED AND UNINSURED INDIVIDUALS WITHIN OUR PRIMARY SERVICE AREA ALL AWARDED GRANT USAGE IS MONITORED ANNUALLY THE RECIPIENT REPORTS TO SINAI HELATH SYSTEM THE ALLOCATIONS AND EXPENDITURES OF THE APPLICATION AND USAGE OF DISBURSED GRANT AWARDS

**Schedule J**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

## Compensation Information

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

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

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
Mount Sinai Hospital Medical Center

Employer identification number  
36-1509000

**Part I Questions Regarding Compensation**

		Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p><b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	<b>1b</b>	Yes			
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>	Yes			
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract  <input type="checkbox"/> Compensation survey or study  <input type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee			
<input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee				
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	Yes			
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	Yes			
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>		No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>					
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p><b>a</b> The organization?</p>	<b>5a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>		No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p><b>a</b> The organization?</p>	<b>6a</b>		No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>		No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	Yes			
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>		No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>				

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				

See Additional Data Table




**Part III Supplemental Information**

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

Return Reference	Explanation
Form 990, schedule j, part i, line 1	<p>THE SINAI HEALTH SYSTEM, FOR BUSINESS PURPOSES IS A CORPORATE MEMBER OF THE STANDARD CLUB THE MEMBERSHIP PROVIDED TO KAREN TEITELBAUM IS TREATED BY THE SINAI HEALTH SYSTEM AS A WORKING CONDITION FRINGE BENEFIT AND IS, THEREFORE, EXCLUDED FROM THE INDIVIDUAL'S TAXABLE INCOME FORM 990, SCHEDULE J, PART I, line 3 METHODS USED BY RELATED ORG TO ESTABLISH CEO COMPENSATION THE ORGANIZATION PAYS OUT COMPENSATION BASED ON THE FOLLOWING PROCEDURES AND GUIDELINES SINAI HEALTH SYSTEM (SHS) HAS A HUMAN RESOURCES COMMITTEE TO SUPPORT THE ORGANIZATIONAL PERFORMANCE OF SINAI HEALTH SYSTEMS AND ITS RELATED ENTITIES THROUGH THE ALIGNMENT OF EXECUTIVE COMPENSATION WITH SYSTEM STRATEGIES AND PROGRAMS AND ENSURE COMPLIANCE WITH APPLICABLE LAW THE VOTING MEMBERS OF THE COMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE ESTABLISHES DETAILED GOALS ANNUALLY OR MORE FREQUENTLY AS CIRCUMSTANCES REQUIRE THE COMMITTEE ESTABLISHES DETAILED GOALS ANNUALLY FOR THE PRESIDENT AND CEO AND OTHER EXECUTIVES, AND REVIEWS PERFORMANCE AGAINST THESE GOALS ON AN ANNUAL BASIS THE COMMITTEE ANNUALLY ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT TO BENCHMARK THE SALARIES AND BENEFITS OF THE ORGANIZATION'S ASSISTANT VICE PRESIDENT AND ABOVE COMPENSATION IS BASED ON A) DETAILED WRITTEN PERFORMANCE OF THE PRESIDENT AND CEO, B) EACH ELEMENT OF COMPENSATION, DATA OF THE COMPENSATION PROGRAM IN EFFECT FOR CEOS OF COMPARABLE ORGANIZATIONS, AND C) ANNUAL REVIEW OF CEO PERFORMANCE CONDUCTED AGAINST SHS ESTABLISHED GOALS THE COMMITTEE MAINTAINS WRITTEN MINUTES WHICH ARE MAINTAINED IN EXECUTIVE ADMINISTRATION Form 990, schedule j, part i, line 4a SEVERANCE PAYMENTS THE ORGANIZATION PAID SEVERANCE IN THE FORM OF WAGE CONTINUATION TO CHARLES WEIS, JR IN THE AMOUNT OF \$275,495 AND TO JAMES WILSON IN THE AMOUNT OF \$218,008 form 990, schedule j, part i, line 4b SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN Sinai Health System's (SHS) SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) WAS ESTABLISHED AS A NON-QUALIFIED RETIREMENT PLAN FOR ITS KEY EMPLOYEES, SPECIFICALLY THE CHIEF EXECUTIVE STAFF THIS PLAN PROVIDES ADDED BENEFITS THAT MAY BE ABOVE AND BEYOND THOSE THRESHOLDS COVERED IN OTHER TRADITIONAL RETIREMENT PLANS SHS'S SERP IS ENTIRELY FUNDED BY THE EMPLOYER, SHS THE SHS COMPENSATION COMMITTEE REVIEWS AND APPROVES ACCEPTANCE AND/OR MODIFICATIONS TO THE SERP PLAN THE SHS'S SERP PLAN OUTLINES THE ANNUAL EARNINGS PER THE INDIVIDUAL PARTICIPANTS AS WELL AS THE TIME FRAMES OF VESTMENT PER THOSE RESPECTIVE INDIVIDUALS THE PLAN VESTS UPON TWO YEARS OF SERVICE OR ATTAINMENT OF AGE 65 CY18 PAYMENTS INCREASE IN VALUE OF THE BENEFIT NOT VESTED IN CY18 LOREN F CHANDLER \$111,495 \$ 932 RACHEL DVORKEN \$93,684 \$ 828 CHARLES WEIS JR \$157,939 \$ 0 KAREN TEITELBAUM \$192,191 \$1,234 form 990, schedule j, part i, line 7 NON-FIXED PAYMENTS SINAI HEALTH SYSTEM HAS A HUMAN RESOURCES COMMITTEE TO SUPPORT THE ORGANIZATIONAL PERFORMANCE OF SINAI HEALTH SYSTEMS AND ITS RELATED ENTITIES THROUGH THE ALIGNMENT OF EXECUTIVE COMPENSATION WITH SYSTEM STRATEGIES AND PROGRAMS AND ENSURE COMPLIANCE WITH APPLICABLE LAW THE VOTING MEMBERS OF THE COMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE ESTABLISHES DETAILED GOALS ANNUALLY OR MORE FREQUENTLY AS CIRCUMSTANCES REQUIRE THE COMMITTEE ESTABLISHES DETAILED GOALS ANNUALLY FOR THE PRESIDENT AND CEO AND OTHER EXECUTIVES, AND REVIEWS PERFORMANCE AGAINST THESE GOALS ON AN ANNUAL BASIS THE COMMITTEE ANNUALLY ENGAGES AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT TO BENCHMARK THE SALARIES AND BENEFITS OF THE ORGANIZATION'S ASSISTANT VICE PRESIDENT AND ABOVE COMPENSATION IS BASED ON DETAILED WRITTEN PERFORMANCE OF THE PRESIDENT AND CEO, EACH ELEMENT OF COMPENSATION, DATA OF COMPENSATION PROGRAM IN EFFECT FOR CEOS OF COMPARABLE ORGANIZATIONS, AND CONDUCTS AN ANNUAL REVIEW OF CEO PERFORMANCE AGAINST ESTABLISHED GOALS THE COMMITTEE MAINTAINS WRITTEN MINUTES WHICH ARE MAINTAINED IN EXECUTIVE ADMINISTRATION</p>





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

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

**2018**

**Open to Public Inspection**

Department of the Treasury

Name of the organization

Mount Sinai Hospital Medical Center

Employer identification number

36-1509000

**990 Schedule O, Organizational Information**

Return Reference	Explanation
Form 990, part i, line 1	<p>DESCRIBE THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES AS A MEMBER OF SINAI HEALTH SYSTEM, MOUNT SINAI HOSPITAL MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES BY PROVIDING COMPREHENSIVE MEDICAL, SURGICAL, PEDIATRIC, PSYCHIATRIC, AND INTENSIVE CARE SERVICES THE VISION IS TO BE A NATIONAL MODEL FOR THE DELIVERY OF URBAN HEALTHCARE FORM 990, PART III, LINE 1 BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION AS A MEMBER OF SINAI HEALTH SYSTEM, MOUNT SINAI HOSPITAL MEDICAL CENTER'S MISSION IS TO IMPROVE THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES BY PROVIDING COMPREHENSIVE MEDICAL, SURGICAL, PEDIATRIC, PSYCHIATRIC, AND INTENSIVE CARE SERVICES THE VISION IS TO BE A NATIONAL MODEL FOR THE DELIVERY OF URBAN HEALTHCARE FORM 990, PART III, LINE 4A PROGRAM SERVICE ACCOMPLISHMENTS PATIENT CARE MOUNT SINAI HOSPITAL MEDICAL CENTER ( MOUNT SINAI HOSPITAL or MSH) IS A 288-LICENSED BED ACUTE CARE AND TEACHING HOSPITAL AFFILIATED WITH THE JEWISH FEDERATION OF METROPOLITAN CHICAGO MSH IS AN INTEGRAL PART OF THE SINAI HEALTH SYSTEM'S CORE MISSION TO IMPROVE THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES IT SERVES FOUNDED IN 1919, MSH PROVIDES A SIGNIFICANT PORTION OF THE TOTAL MEDICAL SERVICES AVAILABLE TO WEST SIDE RESIDENTS THESE SERVICES INCLUDE A FULL SPECTRUM OF CARE, INCLUDING MEDICAL, SURGICAL, PEDIATRIC, LEVEL III PERINATAL, INTENSIVE CARE, EMERGENCY, MATERNAL CHILD, AND PSYCHIATRIC SERVICES THE HOSPITAL'S EMERGENCY DEPARTMENT IS ONE OF FOUR LEVEL I TRAUMA CENTERS IN CHICAGO CHARITY CARE MOUNT SINAI HOSPITAL PROVIDED \$21,052,899 OF CHARITY CARE AT COST TO PATIENTS WHO WERE UNABLE TO PAY FOR SERVICES SINCE SO MANY OF OUR PATIENTS ARE UNINSURED OR OTHERWISE UNABLE TO AFFORD CARE, CHARITY CARE IS A VITAL PART OF OUR MISSION TO IMPROVE THE HEALTH OF THE COMMUNITIES WE SERVE COMMUNITY OUTREACH AS PART OF OUR MISSION TO IMPROVE THE HEALTH OF OUR COMMUNITIES, msh HAS LAUNCHED SEVERAL INITIATIVES TO STUDY AND ADDRESS SPECIFIC HEALTH ISSUES THE SINAI URBAN HEALTH INSTITUTE (SUHI) IS A NATIONALLY RECOGNIZED RESEARCH ORGANIZATION FUNDED AND OPERATED THROUGH MOUNT SINAI HOSPITAL SUHI HAS PUBLISHED GROUNDBREAKING RESEARCH ON RACIAL DISPARITIES, HIV, SMOKING RATES, ASTHMA, DIABETES, BREAST CANCER, AND OTHER HEALTH THREATS FACING LOW-INCOME MINORITY POPULATIONS FORM 990, PART III, LINE 4B PROGRAM SERVICE ACCOMPLISHMENTS PATIENT SERVICE-THERAPY &amp; DIAGNOSTICS WITH AN AGING POPULATION, REACHING AND PROVIDING HEALTH CARE TO OUR SENIORS ON A TIMELY BASIS HAS BECOME CRITICAL SINAI HOME HEALTH THROUGH ITS TRAINED NURSES KEEPS IN CONTACT WITH SENIORS THROUGH PERIODIC HOME VISITS SUCH VISITS PROVIDE AN OPPORTUNITY TO DO A GENERAL CHECKUP ON THEIR HEALTH, ENSURE THE PATIENTS ARE TAKING THE PRESCRIBED MEDICATION AND TO DISCUSS THEIR HEALTH CONCERNS THIS PROGRAM HAS BEEN WELL RECEIVED IN THE COMMUNITY SINAI IS ALSO DEVELOPING A DEDICATED GERIATRIC SERVICE LINE IN ORDER TO PROVIDE SUPERIOR CONTINUITY OF CARE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, part i, line 1	<p>ARE FOR ONCOLOGY PATIENTS, THE SINAI HEALTH SYSTEM CANCER CARE CENTER WAS ESTABLISHED IN 2008 WITH THE SUPPORT OF THE COLEMAN FOUNDATION, AN INTEGRATED ONCOLOGY CENTER WAS CREATE D THAT LINKS PHYSICIANS' OFFICES, A CHEMOTHERAPY CENTER AND AN INPATIENT UNIT ALL IN ONE A REA FORM 990, PART III, LINE 4C PROGRAM SERVICE ACCOMPLISHMENTS TEACHING &amp; RESEARCH MOUNT SINAI HOSPITAL PROVIDES UNDERGRADUATE TRAINING FOR MEDICAL STUDENTS IN SIX MAJOR SPECIALT IES - MEDICINE, SURGERY, OBSTETRICS/GYNECOLOGY, PEDIATRICS, PSYCHIATRY AND PHYSICAL MEDICI NE AS WELL AS A NUMBER OF SUB-SPECIALTIES THE HOUSE STAFF PROGRAM PROVIDES TRAINING FOR R ESIDENTS AND FELLOWS IN MAJOR CLINICAL AREAS IN 2008, RELATIONSHIPS WITH ACADEMIC MEDICAL CENTERS WERE EXPANDED THAT ENRICH THE PATIENT CARE RESOURCES AVAILABLE THROUGH AFFILIATIO NS WITH NORTHWESTERN MEMORIAL HOSPITAL, THE UNIVERSITY OF CHICAGO MEDICAL CENTER, RUSH UNI VERSITY MEDICAL CENTER, THE UNIVERSITY OF ILLINOIS-CHICAGO AND ROSALIND FRANKLIN UNIVERSIT Y RESEARCH PROGRAMS AT MOUNT SINAI HOSPITAL ARE ONGOING IN SEVERAL FIELDS INCLUDING CANCE R DETECTION AND TREATMENT, CHILD ABUSE, TRAUMA AND EMERGENCY MEDICINE, PEDIATRIC HIV/AIDS, UROLOGY, RHEUMATOLOGY, HEMATOLOGY AND NEONATOLOGY FORM 990, PART III, LINE 4D PROGRAM SE RVICE ACCOMPLISHMENTS AN OVERVIEW OF MOUNT SINAI HOSPITAL PERFORMANCE DURING FISCAL YEAR 2 019 IS GIVEN BELOW - PATIENT DAYS 57,138 - AVERAGE LENGTH OF STAY 4 63 DAYS - EMERGENCY ROOM VISITS 40,826 - OUTPATIENT SURGERIES 4,367 - CHARITY CARE (AT COST) \$21,052,899 A CCREDITATIONS AND CERTIFICATIONS - PALLIATIVE MEDICINE PROGRAM RECOGNIZED FOR OUTSTANDING ACHIEVEMENT BY THE COLEMAN FOUNDATION - OUTPATIENT PSYCHIATRY PROGRAMS ACCREDITED BY CARF - NATIONAL EXCELLENCE IN HEALTHCARE 2014 AWARD WINNER FOR OVERALL QUALITY CARE FROM PROFE SSIONAL RESEARCH CONSULTANTS - GET WITH THE GUIDELINES STROKE GOLD-PLUS QUALITY ACHIEVEMEN T AWARD WINNER FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION - ONCOL OGY PRACTICE INITIATIVE CERTIFICATION PROGRAM, AN AFFILIATED PROGRAM OF THE AMERICAN SOCIE TY OF CLINICAL ONCOLOGY - OB ULTRASOUND DEPARTMENT ACCREDITED BY THE AMERICAN INSTITUTE OF ULTRASOUND MEDICINE - MAMMOGRAPHY ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY - THE J OINT COMMISSION GOLD SEAL OF APPROVAL - EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS CERTI FICATION (EDAP) - AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER - ACCREDITED CHEST PAI N CENTER BY THE SOCIETY OF CHEST PAIN CENTERS PRIMARY STROKE CENTER AWARDS - INNOVATION I N QUALITY AWARD (ILLINOIS HOSPITAL ASSOCIATION) - ILLINOIS HOSPITAL ASSOCIATION PLEDGE QUA LITY ACHIEVEMENT AWARD - DEAF ILLINOIS AWARD FOR BEST HEALTH SERVICES IN 2007, 2009 AND 20 11 - ORGAN AND TISSUE DONOR NETWORK'S GIFT OF HOPE SILVER MEDAL OF HONOR FORM 990, PART V, LINE 1A FORM 1096 TRANSMITTAL OF U S INFORMATION RETURNS MOUNT SINAI HOSPITAL REPORTS ZE RO ON FORM 990, PART V, QUESTION 1A AS IT IS NOT REQUIRED TO FILE FORM 1096, TRANSMITTAL O F U S INFORMATION RETURNS AL</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, part I, line 1	L OF THE CORPORATION'S ACCOUNTS PAYABLE REPORTABLE ON FORM 1096 ARE PAID BY SINAI HEALTH S YSTEM, WHICH ISSUES ALL FORMS 1099, AND THE EXPENSE IS TRANSFERRED TO MOUNT SINAI HOSPITAL

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, LINE 1A</p>	<p>EXPLANATION OF DELEGATED BOARD AUTHORITY TO COMMITTEE THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE BOARD CHAIR, VICE CHAIR(S), SECRETARY, TREASURER AND PRESIDENT THE EXECUTIVE COMMITTEE SHALL HAVE THE POWER TO TRANSACT REGULAR BUSINESS OF THE CORPORATION DURING THE PERIOD BETWEEN MEETINGS OF THE BOARD, SUBJECT TO ANY PRIOR LIMITATION IMPOSED BY THE BOARD OR LAW WHEN ACTION IS TAKEN BY THE EXECUTIVE COMMITTEE, IT WILL BE REPORTED TO THE BOARD AT THE NEXT MEETING OF THE BOARD FORM 990, PART VI, LINE 6 EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDERS THERE ARE TWO CLASSES OF MEMBERS THE SOLE CORPORATE MEMBER AND INDIVIDUAL MEMBERS THE SOLE CORPORATE MEMBER OF THE CORPORATION IS SINAI HEALTH SYSTEM (EIN 36-3 166895), AN ILLINOIS NOT-FOR-PROFIT CORPORATION IN ADDITION, EVERY MEMBER OF THE JEWISH FEDERATION OF METROPOLITAN CHICAGO SHALL BE AN INDIVIDUAL MEMBER FORM 990, PART VI, LINE 7 A HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY DIRECTORS ARE ELECTED BY THE SOLE CORPORATE MEMBER, SINAI HEALTH SYSTEM, FOR A TERM OF 3 YEARS FROM AMONG THOSE PERSONS NOMINATED BY THE SINAI HEALTH SYSTEM BOARD RECRUITMENT, EDUCATION AND NOMINATING COMMITTEE ALL PROSPECTIVE DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM AS PART OF THE APPLICATION PROCESS, AND ANNUALLY THEREAFTER FORM 990, PART VI, LINE 7B DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS THE SOLE CORPORATE MEMBER, WORKING CLOSELY WITH THE CORPORATION'S BOARD OF DIRECTORS, HAS CERTAIN RESERVED POWERS OVER SIGNIFICANT CORPORATE ACTIONS, INCLUDING MATTERS SUCH AS APPOINTMENT OF CORPORATE OFFICERS, AMENDMENT OF GOVERNING DOCUMENTS, APPROVAL OF A MERGER, CONSOLIDATION OR DISSOLUTION, APPROVAL OF BUDGETS AND STRATEGIC PLANS, APPROVAL OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS FOR THE ORGANIZATION, AND APPROVAL OF NON-BUDGETED LONG-TERM DEBT THE SOLE CORPORATE MEMBER ALSO ENSURES THAT THE CORPORATION IS IN COMPLIANCE WITH ITS STATED CORPORATE AND CHARITABLE PURPOSE AND MISSION FORM 990, PART VI, LINE 11B FORM 990 REVIEW PROCESS THE FORM 990 INFORMATION WAS INITIALLY PROVIDED BY THE FINANCE STAFF WITH MULTI-DISCIPLINARY INPUT FROM PUBLIC AFFAIRS, CORPORATE COMPLIANCE AND OTHER APPROPRIATE STAFF OF THE ORGANIZATION THE FORM 990 WAS THEN PREPARED BY ERNST &amp; YOUNG, LLP AND REVIEWED BY SENIOR FINANCE STAFF AND OTHER MEMBERS OF SENIOR LEADERSHIP PRIOR TO THE FILING, THE FORM 990 WAS MADE AVAILABLE TO THE FULL BOARD OF DIRECTORS FORM 990, PART VI, LINE 12C EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS THE CONFLICT OF INTEREST DISCLOSURE FORM IS COMPLETED AND SIGNED ANNUALLY BY ALL BOARD MEMBERS AND OTHER EMPLOYEES WHO ARE IN A POSITION TO INFLUENCE PURCHASING DECISIONS, AFFILIATIONS OR REFERRALS, HIRING DECISIONS OR CONTRACTS CONFLICTS DISCLOSED ON THE CONFLICT OF INTEREST DISCLOSURE FORM ARE TAKEN INTO CONSIDERATION WHEN MAKING BOARD COMMITTEE ASSIGNMENTS IN ADDITION, INDIVIDUALS WHO HAVE A CONFLICT OF INTEREST MUST ABSTAIN FROM PARTICIPATING IN DECISIONS AFF</p>



## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	<p>ECTING THE INTERESTED PARTIES AND MAKE IT CLEAR WHY THEY ARE ABSTAINING IF THE POTENTIAL FOR CONFLICT OF INTEREST EXISTS, EMPLOYEES AND PHYSICIANS ARE REQUIRED TO DISCUSS THE SITUATION WITH MANAGEMENT BOARD MEMBERS OF THE SINAI HEALTH SYSTEM OR ANY OF ITS ENTITIES ARE REQUIRED TO REPORT POTENTIAL CONFLICTS TO THE CHIEF COMPLIANCE OFFICER WHO WILL REVIEW POTENTIAL CONFLICTS WITH THE SINAI HEALTH SYSTEM CHIEF EXECUTIVE OFFICER AND CHAIRMAN OF THE BOARD OF DIRECTORS FORM 990, PART VI, LINES 15A &amp; 15B COMPENSATION REVIEW &amp; APPROVAL PROCESS - OFFICERS &amp; KEY EMPLOYEES SINAI HEALTH SYSTEM HAS A HUMAN RESOURCES COMMITTEE THAT APPROVES ALL EXECUTIVE COMPENSATION ARRANGEMENTS, INCLUDING INCENTIVE COMPENSATION SINAI HEALTH SYSTEM'S HUMAN RESOURCES COMMITTEE SUPPORTS THE ORGANIZATIONAL PERFORMANCE OF SINAI HEALTH SYSTEM AND ITS RELATED ENTITIES THROUGH THE ALIGNMENT OF EXECUTIVE COMPENSATION WITH SYSTEM STRATEGIES AND PROGRAMS, AND ENSURES COMPLIANCE WITH APPLICABLE LAW THE VOTING MEMBERS OF THE COMMITTEE ARE INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS THE COMMITTEE MEETS TWICE ANNUALLY OR MORE FREQUENTLY AS CIRCUMSTANCES REQUIRE THE COMMITTEE ESTABLISHES DETAILED GOALS ANNUALLY FOR THE PRESIDENT AND CEO AND OTHER EXECUTIVES, AND REVIEWS PERFORMANCE AGAINST THESE GOALS ON AN ANNUAL BASIS THE COMMITTEE ANNUALLY ENGAGES AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO BENCHMARK THE SALARIES AND BENEFITS OF THE ORGANIZATION'S ASSISTANT VICE PRESIDENTS AND ABOVE, AS WELL AS A FEW DIRECTORS COMPENSATION IS BASED ON DETAILED WRITTEN PERFORMANCE APPRAISALS AND EXTERNAL MARKET DATA IN AN EXECUTIVE SESSION, THE COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO, EACH ELEMENT OF COMPENSATION, DATA OF COMPENSATION PROGRAMS IN EFFECT FOR CEOS OF COMPARABLE ORGANIZATIONS, AND CONDUCTS AN ANNUAL REVIEW OF CEO PERFORMANCE AGAINST ESTABLISHED GOALS THE COMMITTEE MAINTAINS WRITTEN MINUTES WHICH ARE MAINTAINED IN EXECUTIVE ADMINISTRATION FORM 990, PART VI, LINE 19 OTHER DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION RESERVE FOR INTERCO ALLOWANCE TOTAL EXPENSES 39272926 MANAGEMENT AND GENERAL 39272926

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION ALL OTHER EXPENSES TOTAL EXPENSES 11764714 PROGRAM SERVICES 10021467 MANAGEMENT AND GENERAL 1743247

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Mount Sinai Hospital Medical Center

**Employer identification number**

36-1509000

**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
<b>(1)</b> SINAI TOUHY PHARMACY LLC 2907 W TOUHY AVE CHICAGO, IL 60645 36-3305449	PHARMACY	IL	-45,000	117,000	MT SINAI HOS

**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
<b>(1)</b> MOUNT SINAI COMMUNITY FOUNDATION 2760 W 15TH PL 7TH FL  CHICAGO, IL 60608 33-3305449	HEALTHCARE	IL	501(c)(3)	12A TYPE I	SINAI HEALTH	Yes	
<b>(2)</b> SINAI COMMUNITY INSTITUE 2653 WEST OGDEN AVE  CHICAGO, IL 60608 36-3932824	HEALTHCARE	IL	501(c)(3)	10	SINAI HEALTH	Yes	
<b>(3)</b> SCHWAB REHAB HOSPITAL & CARE network CALIFORNIA AVE AT 15TH PLACE  CHICAGO, IL 60608 36-2179802	HEALTHCARE	IL	501(c)(3)	3	SINAI HEALTH	Yes	
<b>(4)</b> SINAI HEALTH SYSTEM CALIFORNIA AVE AT 15TH PL  CHICAGO, IL 60608 36-3166895	PARENT CORP	IL	501(c)(3)	12B TYPE II	NA		No
<b>(5)</b> HOLY CROSS HOSPITAL 2701 WEST 68TH ST  CHICAGO, IL 60629 36-2170133	HEALTHCARE	IL	501(c)(3)	3	SINAI HEALTH	Yes	
<b>(6)</b> MT SINAI HOSP MED CNT ENDOWMENT FNDTN 30 SOUTH WELLS NO 4049  CHICAGO, IL 60606 36-4310820	HEALTHCARE	IL	501(c)(3)	12A TYPE I	SINAI HEALTH	Yes	

**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	
<b>(1)</b> Hawthorne Works Med Imaging 8930 Waukegan Rd ste 130 morton grove, IL 60053 36-1509000	IMAGING	IL	MT SINAI HSPTL	RELATED	144,477	242,476		No	0	Yes		51 000 %

**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
<b>(1)</b> PROGRESS HEALTH INC 2701 W 68TH STREET CHICAGO, IL 60629 36-4109153	MGMT SERVICES	IL	SINAI HLTH SYS	C Corp	0	0			No
<b>(2)</b> Sinai Community Pharmacy CALIFORNIA AVE 15TH STREET CHICAGO, IL 60608 36-3832319	PHARMACY	IL	MT SINAI HOSp	C Corp	-58,510	128,450	100 000 %	Yes	

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

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

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

**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

See Additional Data Table

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

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

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

(a) 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 section 501(c)(3) organizations?		(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	

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

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

<b>Return Reference</b>	<b>Explanation</b>



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 36-1509000  
**Name:** Mount Sinai Hospital Medical Center

### Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	SCHWAB REHABILITATION HOSPITAL & CARE NETWORK	d	730,402	COST
(1)	SCHWAB REHABILITATION HOSPITAL & CARE NETWORK	j	50,037	COST
(2)	SCHWAB REHABILITATION HOSPITAL & CARE NETWORK	q	2,717,078	COST
(3)	Holy Cross Hospital	d	807,549	COST
(4)	Holy Cross Hospital	q	1,508,413	cost
(5)	Medical District Home Dialysis llc	q	54,203	cost
(6)	Mount Sinai Community Foundation	j	503,873	cost
(7)	Mount Sinai Community Foundation	m	19,791,120	cost
(8)	Progress Health	q	122,112	cost
(9)	Sinai Community Institute	k	373,965	cost