

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 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the **2019** calendar year, or tax year beginning **07-01-2019**, and ending **06-30-2020**

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 \$ **380,812,300**

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.sinaichicago.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.

3 Number of voting members of the governing body (Part VI, line 1a)	3	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,164
6 Total number of volunteers (estimate if necessary)	6	111
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	475,329
b Net unrelated business taxable income from Form 990-T, line 39	7b	322,929

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,150,670	29,604,216
9 Program service revenue (Part VIII, line 2g)	330,134,446	344,895,713
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,570,642	350,947
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,742,943	5,459,666
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	346,598,701	380,310,542
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	800,004	788,024
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	114,531,127	119,550,762
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶16		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	207,738,325	231,400,091
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	323,069,456	351,738,877
19 Revenue less expenses. Subtract line 18 from line 12	23,529,245	28,571,665
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	184,050,433	296,971,492
21 Total liabilities (Part X, line 26)	205,361,773	285,824,010
22 Net assets or fund balances. Subtract line 21 from line 20	-21,311,340	11,147,482

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: **GARY KRUGEL CFO** Date: **2021-05-11**
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: **ERNST & YOUNG US LLP** Preparer's signature: **ERNST & YOUNG US LLP** Date: **2021-05-11** Check if self-employed PTIN: **P01866614**
Firm's name: **ERNST & YOUNG US LLP** Firm's EIN: **36-1509000**
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.

4a (Code:) (Expenses \$ 221,413,649 including grants of \$ 788,004) (Revenue \$ 237,670,210)
See Additional Data

4b (Code:) (Expenses \$ 29,039,415 including grants of \$ 0) (Revenue \$ 110,970,434)
See Additional Data

4c (Code:) (Expenses \$ 7,310,541 including grants of \$ 0) (Revenue \$ 15,932)
See Additional Data

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

4e Total program service expenses ▶ 257,763,605

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main table containing questions 2a through 16, with columns for question text, a response box, and a Yes/No column. Includes sub-questions like 2a, 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16.

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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		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.)

		Yes	No
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

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. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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.

See instructions for the order in which to list the persons above.

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)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows: 1b Sub-Total, 1c Total from continuation sheets to Part VII, Section A, 1d Total (add lines 1b and 1c) with values 5,860,198, 1,316,333, and 302,228.

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 166

Table with 3 rows and 3 columns: Question, Yes, No. Row 3: Did the organization list any former officer... Row 4: For any individual listed on line 1a... Row 5: Did any person listed on line 1a receive or accrue compensation...

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows include CEP AMERICA, RENOVO SOLUTIONS LLC, G4S SOLUTIONS USA INC, SODEXO INC AFFILIATES, and PROFESSIONAL CLINICAL LABORATORIES.

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 42

Part VIII Statement of Revenue

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

Table with 5 main columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a-1g: Federated campaigns, Membership dues, Fundraising events, Related organizations, Government grants, All other contributions, Noncash contributions, and 1h Total.

Table for Program Service Revenue with columns for Business Code, Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 2a-2f: Patient revenue, PHARMACY 340B REVENUE, ICT Patient Srvc at cost, Cafeteria, Parking garage, All other program service revenue, and 2g Total.

Table for Other Revenue with columns for Total revenue, Related or exempt function revenue, Unrelated business revenue, and Revenue excluded from tax. Rows include 3-11: Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Net income from fundraising events, Net income from gaming activities, Net income from sales of inventory, and 11a-11d: Miscellaneous Revenue, MED STUDENT EDUCATION REVENUE, PREMIER PURCHASING, DAVITA PARTNERSHIP INCOME, All other revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	788,024	788,024		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	3,540,740	0	3,540,740	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	394,992	0	394,992	0
7 Other salaries and wages	98,782,574	96,359,309	2,423,265	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	783,065	734,588	48,477	0
9 Other employee benefits	8,950,905	8,854,039	96,866	0
10 Payroll taxes	7,098,486	6,660,457	438,029	0
11 Fees for services (non-employees):				
a Management	1,824,452	0	1,824,452	0
b Legal	636,473	0	636,473	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,736,882	14,685,522	51,360	0
12 Advertising and promotion	5,780	0	5,780	0
13 Office expenses	843,400	843,384	0	16
14 Information technology	2,414,398	26,057	2,388,341	0
15 Royalties	0	0	0	0
16 Occupancy	5,110,195	0	5,110,195	0
17 Travel	13,392	6,770	6,622	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	28,275	25,483	2,792	0
20 Interest	2,932,877	0	2,932,877	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	12,223,721	6,814,914	5,408,807	0
23 Insurance	3,836,427	0	3,836,427	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bad debt	29,671,457	29,671,457	0	0
b ICT Purchased services	45,786,508	23,475,137	22,311,371	0
c Drugs & medical supplies	34,780,067	34,780,067	0	0
d Provider assessment	16,806,456	16,806,456	0	0
e All other expenses	59,749,331	17,231,941	42,517,390	
25 Total functional expenses. Add lines 1 through 24e	351,738,877	257,763,605	93,975,256	16
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

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
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	1,868,507	2	1,876,305
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	63,302,132	4	41,299,991
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	2,107,470	7	1,335,834
	8 Inventories for sale or use	2,948,266	8	3,189,131
	9 Prepaid expenses and deferred charges	1,166,329	9	1,134,366
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 270,051,727		
	b Less: accumulated depreciation	10b 208,170,445	63,873,962	10c 61,881,282
	11 Investments—publicly traded securities	10,493,361	11	10,974,359
	12 Investments—other securities. See Part IV, line 11	1,642,649	12	1,764,567
	13 Investments—program-related. See Part IV, line 11	7,703,743	13	6,907,419
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	28,944,014	15	166,608,238
16 Total assets. Add lines 1 through 15 (must equal line 34)	184,050,433	16	296,971,492	
Liabilities	17 Accounts payable and accrued expenses	55,498,891	17	42,317,807
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	65,896,603	23	48,821,190
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	83,966,279	25	194,685,013
	26 Total liabilities. Add lines 17 through 25	205,361,773	26	285,824,010
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-22,090,452	27	8,626,589
	28 Net assets with donor restrictions	779,112	28	2,520,893
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-21,311,340	32	11,147,482	
33 Total liabilities and net assets/fund balances	184,050,433	33	296,971,492	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	380,310,542
2	Total expenses (must equal Part IX, column (A), line 25)	2	351,738,877
3	Revenue less expenses. Subtract line 2 from line 1	3	28,571,665
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-21,311,340
5	Net unrealized gains (losses) on investments	5	2,286,965
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,600,192
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,147,482

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
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 36-1509000

Name: Mount Sinai Hospital Medical Center

Form 990 (2019)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

Form 990, Part III, Line 4b:

SEE SCHEDULE O

Form 990, Part III, Line 4c:

SEE SCHEDULE O

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	15.0 25.0	X		X				1,148,138	0	31,597
MARIA ELENA LLIESCU CMO UNTIL 11/9/19	20.0 20.0				X			0	682,582	28,802
RUSSELL FIORELLA INTERIM CMO START 11/18/2019	20.0 20.0				X			0	633,751	50,084
LORI PACURA PRESIDENT, ACH UNTIL 11/9/2019	20.0 20.0			X				469,351	0	24,761
LOREN CHANDLER INTERIM CFO UNTIL 11/15/19	15.0 25.0			X				448,371	0	11,639
AIRICA STEED CHIEF OPERATING OFFICER	15.0 25.0				X			415,587	0	29,125
MATTHEW DOYLE INTERIM CFO UNTIL 9/27/19	15.0 25.0			X				398,723	0	0
RACHEL DVORKEN former GENERAL COUNSEL	0.0 0.0						X	382,119	0	12,873
VIVEK MEHTA CHIEF INFORMATION OFFICER	15.0 25.0				X			376,848	0	0
JASON N SPIGNER CHIEF HUMAN RESOURCES OFFICER	15.0 25.0				X			355,860	0	12,891

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			
SHARON HOMAN PRESIDENT - SINAI URBAN HEALTH	20.0 20.0					X		337,851	0	23,430
MICHELE MAZUREK CHIEF NURSING OFFICER- MSH	40.0 40.0				X			318,329	0	14,762
KAREN JANOUSEK CHF POPULATION HLTH & GR OFFCR	40.0 40.0					X		298,774	0	29,628
ROBERTA RAKOVE VP - GOVERNMENT AFFAIRS	40.0 40.0					X		302,102	0	25,836
JAMES BICAK VP, FACILITIES & PLANT OPRS	40.0 40.0					X		298,187	0	5,600
SALLIE HAZELRIGG CHIEF DEVELOPMENT OFFICER	40.0 40.0					X		254,496	0	1,200
GARY KRUGEL CFO START 11/11/19	15.0 25.0			X				55,462	0	0
ABRAHAM MORGAN DIRECTOR	2.0 10.0	X						0	0	0
ALEJANDRA GARZA DIRECTOR	2.0 10.0	X						0	0	0
ALEX PISSIOS 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			
ANNE COHN DONNELLY DIRECTOR	2.0 10.0	X						0	0	0
BRET MAXWELL DIRECTOR	2.0 10.0	X						0	0	0
BRIAN DOLAN DIRECTOR START 10/2019	2.0 10.0	X						0	0	0
DAVID SMITH DIRECTOR	2.0 10.0	X						0	0	0
IMMACULA WENDT SR DIRECTOR	2.0 10.0	X						0	0	0
KATYA NUQUES DIRECTOR	2.0 10.0	X						0	0	0
KEN AVNER DIRECTOR & TREASURER	2.0 10.0	X		X				0	0	0
LAURIE HERNANDEZ DIRECTOR & CHAIRMAN	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

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			
LESLIE MITCHEL-BOND DIRECTOR & SECRETARY	2.0 10.0	X		X				0	0	0
MICHAEL HAYES DIRECTOR	2.0 10.0	X						0	0	0
ROBERT S MARKIN DIRECTOR	2.0 10.0	X						0	0	0
ROXANNE DECYK DIRECTOR & VICE CHAIR	2.0 10.0	X		X				0	0	0
VINCENT WILLIAMS DIRECTOR	2.0 10.0	X						0	0	0
WAYNE M LERNER DIRECTOR	2.0 10.0	X						0	0	0
Jordan Hadelman DIRECTOR	2.0 10.0	X						0	0	0
Rachel Sternberg DIRECTOR START 12/2019	2.0 10.0	X						0	0	0
VIVIAN FUNCHES DIRECTOR	2.0 10.0	X						0	0	0
BOB WOLFBERG DIRECTOR UNTIL 8/2019	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			
KEITH WAKEFIELD DIRECTOR UNTIL 8/2019	2.0 10.0	X						0	0	0
MARK FRISCH DIRECTOR UNTIL 11/2019	2.0 10.0	X						0	0	0
TOM NODINE DIRECTOR UNTIL 7/2019	2.0 10.0	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2019

Open to Public Inspection

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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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	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>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f 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%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1	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:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	0
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?		No	0
f	Grants to other organizations for lobbying purposes?		No	0
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	0
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	0
i	Other activities?		No	0
j	Total. Add lines 1c through 1i			0
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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 mara ruff, vice president external affairs sinai health system and 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

OMB No. 1545-0047
2019
Open to Public Inspection

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 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? Yes No
- 6 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? Yes 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 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:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	2,136,133	5,394,140	6,073,963	5,272,743	5,134,684
b Contributions	167	27,943	13,364	942,646	378,800
c Net investment earnings, gains, and losses	71,865	105,110	472,492		
d Grants or scholarships					
e Other expenditures for facilities and programs	118,813	3,375,220	1,165,679	141,426	240,741
f Administrative expenses	50,432	15,840			
g End of year balance	2,038,920	2,136,133	5,394,140	6,073,963	5,272,743

- 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:

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

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,725,650		1,725,650
b Buildings		170,112,514	125,985,786	44,126,728
c Leasehold improvements		2,922,248	1,482,496	1,439,752
d Equipment		92,319,150	78,772,594	13,546,556
e Other		2,972,165	1,929,569	1,042,596
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				61,881,282

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)		
Total. (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)		
Total. (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	158,833,934
(2) Other Receivables	3,582,762
(3) Other Current Assets	2,273,214
(4) Other Long Term Assets	1,918,328
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	166,608,238

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. (1) Federal income taxes See Additional Data Table	0
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	194,685,013

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

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

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

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

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

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

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

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	23,181,793
Amounts Due To Third Parties	48,011,138
LT Capital Lease Obligation	464,572
Current Portion Capital Lease	327,171
Current Portion Long Term Debt	192,123
Current Portion Self Insurance	9,473,850
Deferred Liabilities	553,441
Other Current Liabilities	4,052,162
Due to Affiliate	103,452,697
Other Non-Current Liabilities	4,976,066

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
FORM 990, SCHEDULE D, PART X, LINE 2	<p>FIN 48(ASC 740) FOOTNOTE INCOME TAXES: MOUNT SINAI HOSPITAL MEDICAL CENTER, SCHWAB REHAB HOSPITAL, HOLY CROSS HOSPITAL, MOUNT SINAI COMMUNITY FOUNDATION, AND SINAI COMMUNITY INSTITUTE 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. THIS 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, 2020 AND 2019, 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, 2016 AND PRIOR.</p>

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

OMB No. 1545-0047
2019
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 for instructions and the latest information.

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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	Yes	
1b If "Yes," was it a written policy?	Yes	
2 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		
3 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. a 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 <u>300 %</u>	Yes	
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 <u>600 %</u>	Yes	
c 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.		
4 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"?	Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		No
c 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?		
6a Did the organization prepare a community benefit report during the tax year?	Yes	
b If "Yes," did the organization make it available to the public?	Yes	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(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
a Financial Assistance at cost (from Worksheet 1)			24,395,816		24,395,816	7.590 %
b Medicaid (from Worksheet 3, column a)			177,285,627	214,725,261		
c Costs of other means-tested government programs (from Worksheet 3, column b)			25,757,574	19,250,403	6,507,171	2.020 %
d Total Financial Assistance and Means-Tested Government Programs			227,439,017	233,975,664		9.610 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			5,075,791		5,075,791	1.580 %
f Health professions education (from Worksheet 5)			10,506,822	2,747,971	7,758,851	2.410 %
g Subsidized health services (from Worksheet 6)			56,132,549	15,144,045	40,988,504	12.750 %
h Research (from Worksheet 7)			738,110		738,110	0.230 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			944,098		944,098	0.290 %
j Total. Other Benefits			73,397,370	17,892,016	55,505,354	17.260 %
k Total. Add lines 7d and 7j			300,836,387	251,867,680	55,505,354	26.880 %

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			2,853,050	0	2,853,050	0.890 %
8 Workforce development						
9 Other						
10 Total			2,853,050	0	2,853,050	0.890 %

Part III Bad Debt, Medicare, & Collection Practices

		Yes	No
Section A. Bad Debt Expense			
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 29,671,457		
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 7,250,076		
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 33,550,197		
6 Enter Medicare allowable costs of care relating to payments on line 5	6 26,632,003		
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7 6,918,194		
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	
b 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

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(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				
4				
5				
6				
7				
8				
9				
10				
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
Community Health Needs Assessment			
1	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
2	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
3	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	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	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	
6 a	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	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
7	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	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	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	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	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	
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	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.		
12a	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	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	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:			
13	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:	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300. _____% and FPG family income limit for eligibility for discounted care of 600. _____%		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	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):	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
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		
c	<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		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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):	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<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)		
f	<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)		
g	<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		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<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		
j	<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
17	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
18	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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19	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: a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)	19	No
20	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): a <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 (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	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: a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes
-----------	---	----	-----

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
23		No
24		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, 20a, 20b, 20c, 20d, 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)
1 Hawthorne MRI 4701 W Cermak Cecero, IL 60804	Magnetic Resonance Imaging & OB Ultrasound Service
2 Sinai Community Pharmacy California Ave 15th Street Chicago, IL 60608	Pharmacy Drugs and pharmaceuticals
3 Sinai Touhy Pharmacy LLC 2907 W Touhy Avenue Chicago, IL 60645	Pharmacy Drugs and pharmaceuticals
4	
5	
6	
7	
8	
9	
10	

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.

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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	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 PER THE AUDITED FINANCIAL STATEMENTS. IRS 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 \$84,424,942 OR 26.2 PERCENT OF TOTAL EXPENSE. THIS WOULD HAVE INCREASED THE TOTAL NET COMMUNITY BENEFIT EXPENSE ON LINE 7K, COLUMN (E) FROM \$55,505,354 TO \$139,664,748 OR 43.4 PERCENT OF TOTAL EXPENSE. MOUNT SINAI HOSPITAL'S TRUE COMMUNITY BENEFIT IS BETTER REPRESENTED BY THIS PERCENTAGE.

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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 \$24.4 MILLION IN FINANCIAL ASSISTANCE TO THE PATIENTS IT SERVED THIS YEAR, IN ADDITION TO UNREIMBURSED COST OF \$6.5 MILLION TO PROVIDE CARE FOR MEDICARE DUAL ELIGIBLE AND DISABLE PATIENTS. THESE SHORTFALLS WERE OFFSET BY A \$37.4 MILLION MEDICAID SURPLUS. THE MEDICAID SURPLUS WAS DUE TO RECEIPTS OF PROVIDER TAX REVENUES AND OTHER ACA PAYMENTS. PRIMARY PURPOSE OF THESE SUPPLEMENTAL PAYMENTS WAS TO OFFSET THE COSTS TO PROVIDE CARE AND OTHER COMMUNITY SERVICES FOR THE HOSPITAL'S DISPROPORTIONALLY HIGH MEDICAID AND FINANCIAL INDIGENT POPULATIONS. ON AN AGGREGATED BASIS, SINAI HEALTH SYSTEM PROVIDED OVER \$39 MILLION IN FINANCIAL ASSISTANCE, IN ADDITION TO A MEDICAID SHORTFALL OF \$4.8 MILLION. UNREIMBURSED COSTS TO PROVIDE CARE FOR MEDICARE DUAL ELIGIBLE AND DISABLE PATIENTS TOTALED \$8.5 MILLION.
PART I, LINE 7, COLUMN F	EXPLANATION OF BAD DEBT EXPENSE 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 \$29,671,457. ESTIMATED AMOUNT OF BAD DEBT EXPENSE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY IS \$7,250,076.

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Form and Line Reference	Explanation
PART III, LINE 2	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 & RATIONALE 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.

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Form and Line Reference	Explanation
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 ESTIMATED NET REALIZABLE. MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE 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 TERMS 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.
PART III, LINE 8	EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT THERE WAS NO SHORTFALL THIS YEAR. MOUNT SINAI HOSPITAL UTILIZED THE COST TO CHARGE RATIO PER MEDICARE COST REPORT TO ESTIMATE COST TO PROVIDE CARE TO MEDICARE PATIENTS. SUCH COST IS OFFSET BY MEDICARE RECEIPTS TO DETERMINE SHORTFALL.

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Form and Line Reference	Explanation
PART III, LINE 9B	<p>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 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 COLLECTION PROCESS. THE RESOURCE INCLUDES 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 AMOUNTS THAT HAVE BEEN APPROVED AS CHARITY OR FINANCIAL ASSISTANCE.</p>
PART VI, LINE 2	<p>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. IN PARTICULAR, 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 ITS PRIMARY SERVICE AREAS. 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 CHICAGO ENTITIES, INCLUDING SINAI COMMUNITY INSTITUTE (SCI), 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. ADDITIONALLY, SUHI MANAGES VARIOUS COMMUNITY ADVISORY COMMITTEES COMPRISING RESIDENTS ACROSS MOUNT SINAI HOSPITAL'S SERVICE AREA TO GUIDE COMMUNITY-BASED INITIATIVES AND ASSESSMENTS. 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. 4) COMMUNITY EDUCATION ON COVID-19 BASIC FACTS, PREVENTION AND TESTING. SINAI HEALTH SYSTEM WORKED WITH A VARIETY OF PARTNERS AND QUALITY OF LIFE PLANS CONVENERS IN SERVICE AREAS TO DISSEMINATE RESOURCES RELATED TO CORONAVIRUS. ADDITIONALLY, SINAI DEVELOPED A COMMUNICATION STRATEGY TO REACH OUT DIRECTLY TO PARTNERS, PATIENTS, CLIENTS AND COMMUNITY MEMBERS THROUGH PRINTED FLYERS, EMAILS, SOCIAL MEDIA, RADIO AND TV INTERVIEWS, AND PHONE CALLS TO PROVIDE INFORMATION RELATED TO THE PANDEMIC AND HOW TO PREVENT CONTAGION. A COVID-19 HOTLINE WITH BILINGUAL SERVICES (ENGLISH AND SPANISH), AND A WEBSITE WERE CREATED TO ASSESS THIS NEED.</p>

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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 870,000 PEOPLE LOCATED ON THE WEST AND SOUTHWEST SIDE OF CHICAGO. ONE OUTLYING FACILITY, SINAI'S TOUHY CLINIC ON THE NORTH SIDE OF CHICAGO, SEES REFUGEES FROM MANY NATIONS (FOR EXAMPLE SUDAN, IRAQ AND BURMA) AS WELL AS RESIDENT ORTHODOX JEWISH AND RUSSIAN POPULATIONS. OTHERWISE, SINAI HEALTH SYSTEM SERVES PRIMARILY AFRICAN-AMERICAN AND LATINO PATIENTS. OVER 63.3% OF MOUNT SINAI HOSPITAL'S PATIENTS ARE MEDICAID RECIPIENTS AND 6.0% ARE UNINSURED. MOUNT SINAI ADMITS 1,639 INPATIENTS TO SINAI CHILDREN'S HOSPITAL INCLUSIVE OF PEDIATRIC VISITS FOR ASTHMA AND DIABETES. SINAI'S NEONATAL INTENSIVE CARE UNIT CARED FOR 283 NEONATAL PATIENTS AND OBSTETRICS CARED FOR 1,578 MOTHERS. MOUNT SINAI HOSPITAL EMERGENCY DEPARTMENT HAD 38,450 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.

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Form and Line Reference	Explanation
PART VI, LINE 5	PROMOTION OF COMMUNITY HEALTH MOUNT SINAI HOSPITAL IS A 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	AFFILIATED HEALTH CARE SYSTEM ROLES AND PROMOTION 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 http://www.sinaichicago.org/

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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**

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		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
1	Mount Sinai Hospital CALIFORNIA AVE AT 15TH STREET CHICAGO, IL 60608 www.sinaichicago.org 1871581314	X		X	X			X			

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, SECTION B, LINE 3E AND 3G	MOUNT SINAI HOSPITAL'S 2019 CHNA PROVIDES A PRIORITIZED DESCRIPTION OF THE SIGNIFICANT HEALTH NEEDS OF THE COMMUNITY IDENTIFIED IN THE CHNA.

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, SECTION B, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENTS	<p>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 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</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, SECTION B, LINE 5 - ACCOUNT INPUT FROM PERSON WHO REPRESENTS	<p>HEALTH NEEDS ASSESSMENT (CHNA). THE 2019 CHNA IS THE SECOND CONSECUTIVE COLLABORATIVE CHN A IN COOK COUNTY AND CHICAGO, AND WAS INTENTIONALLY BUILT ON THE SUCCESS OF PREVIOUS EFFOR TS, INCLUDING THE 2016 COLLABORATIVE CHNA, HEALTHY CHICAGO 2.0 (2016), AND COOK COUNTY WEP LAN (2016). THE ALLIANCE WORKED CLOSELY WITH ITS STEERING COMMITTEE AND THE CITY AND COUNT Y HEALTH DEPARTMENTS TO COMPILE, DESIGN, AND CREATE THE CHNA TO MEET REGULATORY REQUIREMEN TS FOR NONPROFIT HOSPITALS. CHNA METHODOLOGY - PRIMARY AND SECONDARY DATA COLLECTION - ALL IANCE 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 CHAN GE AND HEALTH EQUITY CAPACITY ASSESSMENTS) LED BY PARTNER HEALTH DEPARTMENTS. ALLIANCE PAR TNERS AND STAKEHOLDERS IDENTIFIED, GATHERED, AND ANALYZED SECONDARY DATA FROM A VARIETY OF SOURCES. THE DATA WAS ORGANIZED INTO SIX CATEGORIES: SOCIAL AND STRUCTURAL DETERMINANTS O F HEALTH, PHYSICAL ENVIRONMENT, HEALTH BEHAVIORS, HEALTH CARE AND CLINICAL CARE, BEHAVIORA L 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 http://www.allhealthequity.org/2019-chna-reports/</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, SECTION B, LINE 7A - CHNA WEBSITE	https://www.sinaichicago.org/en/community-health-needs-assessments-chna-and-community-health-improvement-plan-chip/

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, SECTION B, LINE 10A - CHNA IMPLEMENTATION STRATEGY WEBSITE	https://www.sinaichicago.org/en/community-health-needs-assessments-chna-and-community-health-improvement-plan-chip/

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, SECTION B, LINE 11 - EXPLANATION OF NEEDS ADDRESSED/NOT ADDRESSED	<p>MOUNT SINAI HOSPITAL'S 2019 CHNA IDENTIFIED SIGNIFICANT HEALTH NEEDS AND BARRIERS TO CARE FACED BY THE COMMUNITIES SERVED BY MOUNT SINAI HOSPITAL. SUBSEQUENTLY, MOUNT SINAI HOSPITAL LEADERS, IN COLLABORATION WITH SINAI URBAN HEALTH INSTITUTE STAFF, DEVELOPED THE MOUNT SINAI HOSPITAL 2019 COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP). MOUNT SINAI HOSPITAL'S CHIP IS A COMMUNITY-CENTERED, THREE-YEAR PLAN THAT TACKLES THE HEALTH CHALLENGES IDENTIFIED IN THE CHNA. Mount Sinai Hospital Medical Center is addressing all needs identified in its most recent CHNA through the Health Strategies identified below. MOUNT SINAI HOSPITAL IS STRATEGICALLY ADDRESSING THE FIVE SIGNIFICANT HEALTH NEEDS IDENTIFIED FROM ITS CHNA BY TARGETING HEALTH STRATEGIES ASSOCIATED WITH EACH SIGNIFICANT HEALTH NEED. THE FOLLOWING ARE THE DESCRIPTION, GOAL, AND HEALTH STRATEGIES OF EACH SIGNIFICANT HEALTH NEED: - SOCIAL DETERMINANTS OF HEALTH: SOCIAL DETERMINANTS INCLUDE A BROAD RANGE OF FACTORS THAT ARE NOT TRADITIONALLY CONSIDERED "HEALTH-RELATED," BUT ARE CRITICALLY IMPORTANT TO ACHIEVING OPTIMAL WELLBEING. SOCIAL DETERMINANTS OF HEALTH INCLUDE FACTORS SUCH AS FINANCIAL SECURITY AND ECONOMIC OPPORTUNITY, HEALTHY FOOD ACCESS AND AFFORDABILITY, SAFE HOUSING, AND FREEDOM FROM INJUSTICE. - GOAL: LEVERAGE OUR COMMUNITY AND PROFESSIONAL PARTNERSHIPS TO COLLABORATIVELY ADDRESS THE SOCIAL DETERMINANTS OF HEALTH. - HEALTH STRATEGIES: FOOD ACCESS; ECONOMIC VITALITY; ACCESSIBLE TRANSPORTATION; SAFE HOUSING; FREEDOM FROM INJUSTICE. - COMMUNITY SAFETY: COMMUNITIES AND PEOPLE CANNOT THRIVE WHILE FEELING UNSAFE IN THEIR NEIGHBORHOODS. WITHIN THIS PRIORITY, WE WILL SEEK MULTISECTOR SOLUTIONS THAT CREATE SAFE COMMUNITIES, FREE FROM VIOLENCE, AND ALSO ADDRESS THE TRAUMA CAUSED BY PAST VIOLENCE. - GOAL: COLLABORATE, INITIATE, AND ACTIVATE VIOLENCE PREVENTION, TREATMENT, AND REHABILITATION SERVICES AND PROGRAMS THAT TIE TO SENATOR DURBIN'S CHICAGO HEAL INITIATIVE, AND WORK TO ENSURE OUR COMMUNITIES ARE SAFE AND WELCOMING FOR EVERYONE, REGARDLESS OF DOCUMENTATION STATUS. - HEALTH STRATEGIES: RESEARCH ACTIVISM; TRAUMA RESPONSE; PARTNERSHIPS FOR SAFE COMMUNITIES; WELCOMING IMMIGRANTS. - HEALTH CARE ACCESSIBILITY AND USE: THIS PRIORITY FOCUSES ON ACCESS TO QUALITY PRIMARY AND SPECIALTY CARE, AS WELL AS ADEQUATE INSURANCE COVERAGE. WITHIN THIS AIM, WE WILL ENSURE THAT QUALITY, AGE- AND ABILITY-APPROPRIATE HEALTH CARE IS ACCESSIBLE TO ALL, REGARDLESS OF RACE, ETHNICITY, ZIP CODE, INCOME, INVOLVEMENT WITH THE JUSTICE SYSTEM, GENDER IDENTITY, SEXUAL ORIENTATION, OR CITIZENSHIP. - GOAL: IMPROVE ACCESS TO QUALITY, AGE- AND ABILITY-APPROPRIATE HEALTH CARE, REGARDLESS OF RACE, ETHNICITY, ZIP CODE, INCOME, JUSTICE SYSTEM INVOLVEMENT, GENDER IDENTITY, SEXUAL ORIENTATION, OR STATUS. - HEALTH STRATEGIES: COVERAGE; PRIMARY CARE EXPANSION AND PARTNERSHIP; INTEGRATED CARE; CULTURALLY-COMPETENT CARE; CAREGIVER WELLNESS. - CHRONIC AND INFECTIOUS DISEASE: THIS PRIORITY AREA INCLUDES A FOCUS ON PREVENTING AND TREATING CARDIOMETAB</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
<p>PART V, SECTION B, LINE 11 - EXPLANATION OF NEEDS ADDRESSED/NOT ADDRESSED</p>	<p>OLIC DISEASE (HEART DISEASE, STROKE, AND DIABETES), CANCER, AND INFECTIOUS DISEASE (PREDOMINANTLY HIV AND HEPATITIS). - GOAL: PREVENT THE ONSET OF INFECTIOUS AND CHRONIC DISEASE, AND PROVIDE EXCELLENCE IN CARE WHEN COMMUNITY MEMBERS FALL ILL. - HEALTH STRATEGIES: COMMUNITY-BASED PREVENTION; PREVENTIVE SERVICES; CARE CONTINUITY. - BEHAVIORAL HEALTH: WE CANNOT TREAT THE WHOLE PERSON WITHOUT ADDRESSING BEHAVIORAL HEALTH. IN THIS FOCUS AREA, WE WILL ADDRESS THE GREAT BURDEN OF MENTAL HEALTH AND SUBSTANCE USE DISORDERS WITHIN OUR COMMUNITIES, PROVIDING TIMELY AND CULTURALLY SENSITIVE CARE TO THOSE IN NEED. - GOAL: IMPROVE AWARENESS, ACCESS, AND LINKAGE TO BEHAVIORAL HEALTH SERVICES AND CARE. - HEALTH STRATEGIES: CARE ACCESS AND LINKAGE; CULTURALLY-INFORMED BEHAVIORAL HEALTH CARE; TRANSFORM BEHAVIORAL HEALTH CARE DELIVERY. IN ADDITION TO PURSUING INNOVATIVE HEALTH CARE APPROACHES, MOUNT SINAI HOSPITAL'S APPROACHES ALSO INCLUDE COLLABORATION WITH COMMUNITY RESIDENTS AND ORGANIZATIONS AS WELL AS PARTNERS THROUGHOUT THE CITY TO ADDRESS THE UNIQUE NEEDS OF THE COMMUNITIES IT SERVES. IT IS OUR GOAL TO PROVIDE THE BEST CARE POSSIBLE TO ADDRESS THE NEEDS OF THE COMMUNITIES WE SERVE. MOUNT SINAI HOSPITAL'S CHIP WAS INTEGRATED WITH THE CHIPS OF SCHWAB REHABILITATION HOSPITAL AND HOLY CROSS HOSPITAL TO DEVELOP A SYSTEM-WIDE SINAI CHICAGO CHIP. THE SINAI CHICAGO CHIP IS AVAILABLE VIA SINAI CHICAGO WEBSITE AND PAPER COPY. FOR COMPLETE INFORMATION ABOUT THE 2019 SINAI CHICAGO CHIP, SEE https://www.sinaichicago.org/en/community-health-needs-assessments-chna-and-community-health-improvement-plan-chip</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, SECTION B, LINES 16A, 16B, & 16C - FAP DOCUMENTS WEBSITE	https://www.sinaichicago.org/en/patients-visitors/patient-resources/financial-assistance-policy/

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**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

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? 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.

(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
(1) ACCESS COMMUNITY HEALTH NETWORK 1501 S CALIFORNIA AVE CHICAGO, IL 60608	36-3317058	501(c)(3)	788,024	0			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 ▶

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)

Compensation Information

OMB No. 1545-0047

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

2019

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 Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </p> <p> <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>		
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes	
<p>2 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 on Line 1a?</p>	2 Yes	
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </p> <p> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes	4b Yes
	4c	No
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b No
		No
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b No
		No
<p>7 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>	7 Yes	
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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	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 LOREN CHANDLER IN THE AMOUNT OF \$129,634, RACHEL DVORKEN IN THE AMOUNT OF \$78,327, AND LORI PACURA IN THE AMOUNT OF \$43,217.
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. CY2019 PAYMENTS INCREASE IN VALUE OF THE BENEFIT NOT VESTED IN CY19 KAREN TEITELBAUM \$71,864 \$1,481 LOREN CHANDLER \$50,385 \$0 RACHEL DVORKEN \$40,975 \$0
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.

Additional Data

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

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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				
1KAREN TEITELBAUM PRESIDENT & CEO	(i)	911,950	147,188	89,000	22,435	9,162	1,179,735	0
	(ii)	0	0	0	0	0	0	0
1MARIA ELENA LLIESCU CMO UNTIL 11/9/19	(i)	0	0	0	0	0	0	0
	(ii)	588,143	78,486	15,953	4,426	24,376	711,384	0
2RUSSELL FIORELLA INTERIM CMO START 11/18/2019	(i)	0	0	0	0	0	0	0
	(ii)	551,084	71,859	10,808	24,100	25,984	683,835	0
3LORI PACURA PRESIDENT, ACH UNTIL 11/9/2019	(i)	363,196	58,069	48,086	5,600	19,161	494,112	0
	(ii)	0	0	0	0	0	0	0
4LOREN CHANDLER INTERIM CFO UNTIL 11/15/19	(i)	184,477	82,577	181,317	6,616	5,023	460,010	0
	(ii)	0	0	0	0	0	0	0
5AIRICA STEED CHIEF OPERATING OFFICER	(i)	413,996	1,051	540	8,444	20,681	444,712	0
	(ii)	0	0	0	0	0	0	0
6MATTHEW DOYLE INTERIM CFO UNTIL 9/27/19	(i)	398,723	0	0	0	0	398,723	0
	(ii)	0	0	0	0	0	0	0
7RACHEL DVORKEN former GENERAL COUNSEL	(i)	210,832	49,914	121,373	12,873	0	394,992	0
	(ii)	0	0	0	0	0	0	0
8VIVEK MEHTA CHIEF INFORMATION OFFICER	(i)	345,744	30,000	1,104	0	0	376,848	0
	(ii)	0	0	0	0	0	0	0
9JASON N SPIGNER CHIEF HUMAN RESOURCES OFFICER	(i)	297,391	51,526	6,943	3,014	9,877	368,751	0
	(ii)	0	0	0	0	0	0	0
10SHARON HOMAN PRESIDENT - SINAI URBAN HEALTH	(i)	262,094	67,778	7,979	5,513	17,917	361,281	0
	(ii)	0	0	0	0	0	0	0
11MICHELE MAZUREK CHIEF NURSING OFFICER- MSH	(i)	293,434	21,804	3,091	5,600	9,162	333,091	0
	(ii)	0	0	0	0	0	0	0
12KAREN JANOUSEK CHF POPULATION HLTH & GR OFFCR	(i)	298,054	0	720	5,600	24,028	328,402	0
	(ii)	0	0	0	0	0	0	0
13ROBERTA RAKOVE VP - GOVERNMENT AFFAIRS	(i)	256,580	37,403	8,119	5,600	20,236	327,938	0
	(ii)	0	0	0	0	0	0	0
14JAMES BICAK VP, FACILITIES & PLANT OPRS	(i)	273,272	19,352	5,563	5,600	0	303,787	0
	(ii)	0	0	0	0	0	0	0
15SALLIE HAZELRIGG CHIEF DEVELOPMENT OFFICER	(i)	249,196	0	5,300	0	1,200	255,696	0
	(ii)	0	0	0	0	0	0	0

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 for the latest information.

OMB No. 1545-0047

2019**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, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 1	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>PROGRAM SERVICE ACCOMPLISHMENTS PATIENT CARE MOUNT SINAI HOSPITAL MEDICAL CENTER (MOUNT SINAI HOSPITAL OR MSH) IS A 319-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 \$24,395,816 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. PROGRAM SERVICE ACCOMPLISHMENTS AN OVERVIEW OF MOUNT SINAI HOSPITAL PERFORMANCE DURING FISCAL YEAR 2020 IS GIVEN BELOW: - PATIENT DAYS: 59,978 - AVERAGE LENGTH OF STAY: 4.94 DAYS - EMERGENCY ROOM VISITS: 38,549 - OUTPATIENT SURGERIES: 3,320 - CHARITY CARE (AT COST) : \$24,395,816 ACCREDITATIONS 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 PROFESSIONAL RESEARCH CONSULTANTS - GET WITH THE GUIDELINES STROKE GOLD-PLUS QUALITY ACHIEVEMENT AWARD WINNER FROM THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION - ONCOLOGY PRACTICE INITIATIVE CERTIFICATION PROGRAM, AN AFFILIATED PROGRAM OF THE AMERICAN SOCIETY OF CLINICAL ONCOLOGY - OB ULTRASOUND DEPARTMENT ACCREDITED BY THE AMERICAN INSTITUTE OF ULTRASOUND MEDICINE - MAMMOGRAPHY ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY - THE JOINT COMMISSION GOLD SEAL OF APPROVAL - EMERGENCY DEPARTMENT APPROVED FOR PEDIATRICS CERTIFICATION (EDAP) - AMERICAN COLLEGE OF SURGEONS COMMISSION ON CANCER - ACCREDITED CHEST PAIN CENTER BY THE SOCIETY OF CHEST PAIN CENTERS PRIMARY STROKE CENTER AWARDS: - INNOVATION IN QUALITY AWARD (ILLINOIS HOSPITAL ASSOCIATION) - ILLINOIS HOSPITAL ASSOCIATION PLEDGE QUALITY ACHIEVEMENT AWARD - DEAF ILLINOIS AWARD FOR BEST HEALTH SERVICES IN 2007, 2009 AND 2011 - ORGAN AND</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	TISSUE DONOR NETWORK'S GIFT OF HOPE SILVER MEDAL OF HONOR

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	PROGRAM SERVICE ACCOMPLISHMENTS PATIENT SERVICE-THERAPY & 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. 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 CREATED THAT LINKS PHYSICIANS' OFFICES, A CHEMOTHERAPY CENTER AND AN INPATIENT UNIT ALL IN ONE AREA.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	PROGRAM SERVICE ACCOMPLISHMENTS TEACHING & RESEARCH MOUNT SINAI HOSPITAL PROVIDES UNDERGRADUATE TRAINING FOR MEDICAL STUDENTS IN SIX MAJOR SPECIALTIES - MEDICINE, SURGERY, OBSTETRICS/GYNECOLOGY, PEDIATRICS, PSYCHIATRY AND PHYSICAL MEDICINE AS WELL AS A NUMBER OF SUB-SPECIALTIES. THE HOUSE STAFF PROGRAM PROVIDES TRAINING FOR RESIDENTS AND FELLOWS IN MAJOR CLINICAL AREAS. IN 2008, RELATIONSHIPS WITH ACADEMIC MEDICAL CENTERS WERE EXPANDED THAT ENRICH THE PATIENT CARE RESOURCES AVAILABLE THROUGH AFFILIATIONS WITH NORTHWESTERN MEMORIAL HOSPITAL, THE UNIVERSITY OF CHICAGO MEDICAL CENTER, RUSH UNIVERSITY MEDICAL CENTER, THE UNIVERSITY OF ILLINOIS-CHICAGO AND ROSALIND FRANKLIN UNIVERSITY. RESEARCH PROGRAMS AT MOUNT SINAI HOSPITAL ARE ONGOING IN SEVERAL FIELDS INCLUDING CANCER DETECTION AND TREATMENT, CHILD ABUSE, TRAUMA AND EMERGENCY MEDICINE, PEDIATRIC HIV/AIDS, UROLOGY, RHEUMATOLOGY, HEMATOLOGY AND NEONATOLOGY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, LINE 1A	FORM 1096 TRANSMITTAL OF U.S. INFORMATION RETURNS MOUNT SINAI HOSPITAL REPORTS ZERO ON FORM 990, PART V, QUESTION 1A AS IT IS NOT REQUIRED TO FILE FORM 1096, TRANSMITTAL OF U.S. INFORMATION RETURNS. ALL OF THE CORPORATION'S ACCOUNTS PAYABLE REPORTABLE ON FORM 1096 ARE PAID BY SINAI HEALTH SYSTEM, WHICH ISSUES ALL FORMS 1099, AND THE EXPENSE IS TRANSFERRED TO MOUNT SINAI HOSPITAL.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 1A	EXPLANATION OF DELEGATED BOARD AUTHORITY TO COMMITTEE THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE BOARD CHAIR, VICE CHAIR(S), SECRETARY, TREASURER AND PRESIDENT AND MAY HAVE ADDITIONAL BOARD MEMBERS AS DETERMINED BY THE BOARD CHAIRPERSON. 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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: 36-3166895), AN ILLINOIS NOT-FOR-PROFIT CORPORATION. IN ADDITION, EVERY MEMBER OF THE JEWISH FEDERATION OF METROPOLITAN CHICAGO SHALL BE AN INDIVIDUAL MEMBER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 7A	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 GOVERNANCE COMMITTEE. The GOVERNANCE COMMITTEE SHALL BE RESPONSIBLE FOR SELECTING AND REVIEWING PROSPECTIVE CANDIDATES FOR ELECTION TO THE BOARD OF DIRECTORS, COMMUNICATING EXPECTATIONS OF INDIVIDUAL BOARD MEMBERS, AND RECRUITING PROSPECTIVE BOARD MEMBERS WITH A FOCUS ON DIVERSITY AND EXPERTISE. ALL PROSPECTIVE DIRECTORS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM AS PART OF THE APPLICATION PROCESS, AND ANNUALLY THEREAFTER.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 & 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 AFFECTING 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINES 15A & 15B	<p>COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & 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.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	OTHER DOCUMENTS PUBLICLY AVAILABLE GOVERNING DOCUMENTS, CONFLICT OF INTEREST AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	OTHER CHANGES IN NET ASSETS NET ASSETS RELEASED FROM RESTRICTIONS \$ 1,600,192

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:RESERVE FOR INTERCO ALLOWANCES TOTAL EXPENSES:39412333 MANAGEMENT AND GENERAL:39412333 FUNDRAISING:

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:EQUIPMENT RENTAL & REPAIR TOTAL EXPENSES:5484774 PROGRAM SERVICES:4052003 MANAGEMENT AND GENERAL:1432771

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:FOOD SUPPLIES AND SERVICES TOTAL EXPENSES:2191217 PROGRAM SERVICES:2183631 MANAGEMENT AND GENERAL:7586

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION: PURCHASED SERVICES TOTAL EXPENSES: 1957862 PROGRAM SERVICES: 1155348 MANAGEMENT AND GENERAL: 802514

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:LABORATORY SERVICES TOTAL EXPENSES:7397884 PROGRAM SERVICES:7397884

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 24 - OTHER EXPENSES	DESCRIPTION:OTHER EXPENSES TOTAL EXPENSES:3305261 PROGRAM SERVICES:2443075 MANAGEMENT AND GENERAL:862186

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

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 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
(1) Sinai Touhy Pharmacy LLC 2907 W Touhy Ave Chicago, IL 60645 36-3305449	Pharmacy	IL	0	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
(1) MOUNT SINAI COMMUNITY FOUNDATION 2760 W 15TH PL 7TH FLR CHICAGO, IL 60608 33-3305449	HEALTHCARE	IL	501(c)(3)	12a Type I	SINAI HLTH	Yes	
(2) SINAI COMMUNITY INSTITUTE 2653 WEST OGDEN AVE CHICAGO, IL 60608 36-3932824	HEALTHCARE	IL	501(c)(3)	10	SINAI HLTH	Yes	
(3) SCHWAB REHAB HOSPITAL & CARE NETWORK 1401 S CALIFORNIA AVENUE CHICAGO, IL 60608 36-2179802	HEALTHCARE	IL	501(c)(3)	3	SINAI HLTH	Yes	
(4) SINAI HEALTH SYSTEM 15TH STREET CALIFORNIA AVE CHICAGO, IL 60608 36-3166895	PARENT CORP	IL	501(c)(3)	12b type II	NA		No
(5) HOLY CROSS HOSPITAL 2701 WEST 68TH ST CHICAGO, IL 60629 36-2170133	HEALTHCARE	IL	501(c)(3)	3	SINAI HLTH	Yes	
(6) MT SINAI HOSP MED CNT ENDOWMENT FNDIN 30 SOUTH WELLS NO 4049 CHICAGO, IL 60606 36-4310820	HEALTHCARE	IL	501(c)(3)	12a Type I	SINAI HLTH	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	
(1) Hawthore Works Med Imaging 8930 Waukegan Road Suite 130 Morton Grove, IL 60053 20-3364703	Imaging	IL	MT SINAI HSPTL	Related	158,870	196,143		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
(1) Progress Health Inc 2701 West 68th Street Chicago, IL 60269 36-4109153	MGMT SERVICES	IL	hch	C Corp					No
(2) Sinai Community Pharmacy California Ave and 15th Street Chciago, IL 60609 36-3832319	Pharmacy	IL	MT SINAI HOSP	C Corp	2,472,619	1,404,424	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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		No
b	Gift, grant, or capital contribution to related organization(s)		No
c	Gift, grant, or capital contribution from related organization(s)		No
d	Loans or loan guarantees to or for related organization(s)	Yes	
e	Loans or loan guarantees by related organization(s)		No
f	Dividends from related organization(s)		No
g	Sale of assets to related organization(s)		No
h	Purchase of assets from related organization(s)		No
i	Exchange of assets with related organization(s)		No
j	Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k	Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l	Performance of services or membership or fundraising solicitations for related organization(s)		No
m	Performance of services or membership or fundraising solicitations by related organization(s)		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		No
o	Sharing of paid employees with related organization(s)		No
p	Reimbursement paid to related organization(s) for expenses	Yes	
q	Reimbursement paid by related organization(s) for expenses	Yes	
r	Other transfer of cash or property to related organization(s)		No
s	Other transfer of cash or property from related organization(s)		No

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).

Return Reference	Explanation

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
HOLY CROSS HOSPITAL	d	156,181	COST
MOUNT SINAI COMMUNITY FOUNDATION	j	118,000	COST
SINAI COMMUNITY INSTITUTE INC	k	311,098	COST
MOUNT SINAI COMMUNITY FOUNDATION	p	21,024,910	COST
SCHWAB REHAB HOSPITAL AND CARE NETWORK	q	2,548,669	COST
MOUNT SINAI COMMUNITY FOUNDATION	q	59,064	COST
HOLY CROSS HOSPITAL	q	232,382	COST
PROGRESS HEALTH	q	122,112	COST